COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Cal created Sprtings. Co. 80918 Fame and address of principal officer/Diame Ferraro Ferraro	Αŀ	For the	e 2022 calendar year, or tax year beginning	a	nd ending		
Composition Doing business as A6 - 103.815	В	Check if applicable	C Name of organization			D Employer identi	ification number
Number and street (or P.O. box if mail is not delivered to street address) Roomsule Service Roomsule Section Roomsule Section Roomsule R		Addre	Save the Storks				
Number and street (of P.D. ox if main is not neered ourses) Number and street (of P.D. ox if main is not neered ourses) Profiting and street (of P.D. ox if main is not neered ourses) Profiting and street (of P.D. ox if main is not neered ourses) Profiting and street (of P.D. ox if main is not neered ourse) Profiting and street (of P.D. ox if main is not neered ourse) Profit or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code Profiting and address of principal officer. Diamne Ferraro Tax-exempt status: X Solici)(3) 501(c) (insert no.) 4947(a)(1) or 527			e Doing business as			46-1031815	
City or town, state or province, country, and ZIP or foreign postal code Colorado Sprzings Co 80318 City or town, state or province, country, and ZIP or foreign postal code Colorado Sprzings Co 80318 H(s) Is this a group return for subcordinates? Yes LX H(s) this agroup return for subcordinates? Yes LX H(s) this agroup return for subcordinates? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent? Yes LX H(s) the state or a subcordinate includent. Yes LX H(s) the subcordinate includent. H(s) the subcord		Initial return	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Telephone numb	per
City or town, state or province, country, and ZIP or foreign postal code G Gross excepts \$ 8 , e. 10		Ireturn	' I		300	866-639-047	19
Name and address of principal officer_Diamne Ferraro Annual Part State Annual Pa		ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	8,616,461.
Taxesempt status: \$\begin{align*}{ c c c c c c c c c c c c c c c c c c c	L	lreturn	Colorado Springs, Co 80916			H(a) Is this a group	
Taxexempts tastus: Softic()(3) Soft(c)(1) (insertinu.) 4947(a)(1) or Soft 11		Ition	I F Name and address of principal officer: Diain	ne Ferraro		for subordinate	es? Yes X No
J Webster: www.savetheet.orks.com			same as C above			H(b) Are all subordinates	s included? Yes No
Part I Summary The part Summary Summary	<u> </u>	Tax-ex	empt status: 🗓 501(c)(3) 🔲 501(c)()	(insert no.) 4947(a)(1) or 527	If "No," attach	a list. See instructions
Briefly describe the organization's mission or most significant activities: To create a story of hope and suppowerment for every woman facing an unplanned pregnancy.	_					' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	
Bigging describe the organization's mission or most significant activities: To create a story of hope and empowerment for every wonan facing an unplanned pregnancy. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 5 Net unrelated business revenue from Part VIII, column (C), line 12 6 Total unrelated business revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1p) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Investment lincome (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue, add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts rould (Part XI, column (A), line 1a) 14 Benefits paid to or for members (Part XI, column (A), line 1a) 15 Salaries, other compensation, employee benefits (Part XI, column (A), line 12) 16 Salaries, other compensation, employee benefits (Part XI, column (A), line 25) 17 Other expenses (Part XI, column (A), line 25) 18 Total sepenses. Add lines 13-17 (must equal Part XI, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Total indraising expenses (Part XI, column (A), line 25) 10 Total indraising expenses (Part XI, column (A), line 25) 10 Total indraising expenses (Part XI, column (A), line 25) 11 Total indraising expenses (Part XI, column (A), line 25) 11 Total indraising expenses (Part XI, column (A), line 25) 12 Total indraising expenses (Part XI, column (A), line 25) 13 Total column (A), line 25) 14 Total column (A), line 25) 15 Total undraising expenses (Part XI, column (A), line 25) 16 Total undraising expenses (Part XI,			_	sociation Other	L Year	of formation: 2012	M State of legal domicile; CO
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Value of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	ė	1			reate a sto	ory of hope and	
Value of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	aŭ						
Value of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	ern		-	·	-	1	I
Value of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 5 5 5 5 5 5 5	ģ	1		. , , , , , , , , , , , , , , , , , , ,			
6 Total number of volunteers (estimate if necessary) 7 To Total unrelated business revenue from Part VIII, column (C), line 12	જ						
Body Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	ties						+
Body Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	₹						
Prior Year Current Year S, 280, 100. S, 280	Ac						-
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 Total rundraising fees (Part IX, column (A), lines 11e) 2 Total rundraising expenses (Part IX, column (A), lines 11e) 2 Total rundraising expenses (Part IX, column (A), lines 11e) 3 Total rundraising expenses (Part IX, column (D), line 11e) 4 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2 Total assets (Part X, line 16) 4 Total liabilities (Part X, line 16) 2 Total liabilities (Part X, line 26) 2 Total liabilities (Part X, line 26) 3 Total liabilities (Part X, line 26) 4 Total liabilities (Part X, line 26) 5 Total liabilities (Part X, line 26)		В	Net unrelated business taxable income from Form	990-1, Part I, line 11	·····		-
9			Contributions and grants (Part VIII line 1b)				_
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Revenue	1	-				+
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1					<u> </u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8, 203, 663, 8, 355 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,505,763, 1,500 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0,							'
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,505,763. 1,500 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) 2,360,881. 3,034 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 17 Other expenses (Part IX, column (A), line 25) 1,055,737. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,230,383. 8,356 19 Revenue less expenses. Subtract line 18 from line 12 973,2801 19 Beginning of Current Year End of Year 10 Total assets (Part X, line 16) 4,327,538. 4,530 21 Total liabilities (Part X, line 26) 794,003. 1,014 22 Net assets or fund balances. Subtract line 21 from line 20 3,533,535. 3,516 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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer John Gore, Chief Financial Officer Type or print name and title Print Type preparer's name Ashley Peabody Preparer's signature Preparer's signature Line 19 Date John Gore, Chief Financial Officer Type or print name and title Print Type preparer's name Ashley Peabody Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746		1					
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 1							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,360,881. 3,034 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,055,737. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,363,739. 3,821 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,230,383. 8,356 19 Revenue less expenses. Subtract line 18 from line 12 973,2801 Beginning of Current Year End of Year End o							
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	s					2,360,881	3,034,431.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7, 230, 383. 8, 356 19 Revenue less expenses. Subtract line 18 from line 12 973, 2801 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4, 327, 538. 4, 530 21 Total liabilities (Part X, line 26) 794, 003. 1, 014 22 Net assets or fund balances. Subtract line 21 from line 20 3, 533, 535. 3, 516 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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Prim's name Capin Crouse LLP Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	nse						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7, 230, 383. 8, 356 19 Revenue less expenses. Subtract line 18 from line 12 973, 2801 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4, 327, 538. 4, 530 21 Total liabilities (Part X, line 26) 794, 003. 1, 014 22 Net assets or fund balances. Subtract line 21 from line 20 3, 533, 535. 3, 516 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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Prim's name Capin Crouse LLP Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	pe						
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19 Revenue less expenses. Subtract line 18 from line 12 973, 280. -1						7,230,383	8,356,700.
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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746		1				973,280	-1,098.
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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	ces				Ве	ginning of Current Yea	r End of Year
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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	sets alan	20	Total assets (Part X, line 16)			4,327,538	4,530,658.
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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	it AS nd B	21	Total liabilities (Part X, line 26)			794,003	1,014,129.
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 belie true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746				line 20		3,533,535	3,516,529.
Sign Here Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Firm's name Capin Crouse LLP Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746							
Signature of officer John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Date 10/2/2023 Firm's EIN 36-3990892 Phone no.505-502-2746							my knowledge and belief, it is
Here John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	rue	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information o	which preparer	has any knowledge.	
Here John Gore, Chief Financial Officer Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746			Signature of officer			Data	
Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Preparer Type or print name and title Date 10/2/2023 Indicate PTIN Indicate Indicate			Ů			Date	
Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Preparer's signature 10/2/2023 Firm's EIN 36-3990892 Phone no.505-502-2746	Her	re					
Paid Ashley Peabody 10/2/2023 if 10/2/2023 i			71 1	l	П	Date Louis	T T DTIN
Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746	Da:	А		Preparer's signature		10/2/2023 if	D01305070
Use Only Firm's address 2435 Research Parkway, STE 200 Colorado Springs, CO 80920 Phone no.505-502-2746				L COMMY L	1-carray	self-emp	
Colorado Springs, CO 80920 Phone no.505-502-2746		-		200		FIRM'S EIN	30-3330032
	ust	Unity	·		U	Dhana na E0	15_502_2746
May the IRS discuss this return with the preparer shown above? See instructions	1/10:	v +b > !!	,			Priorie 110.50	X Ves No

Form 990 (2022) Save the Storks 46-1031815 Page 2
Part III | Statement of Program Service Accomplishments

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Empower women all over America to choose life. We are accomplishing	
	this by partnering with local pregnancy centers, cultural influencers,	
	and a grassroots movement of followers.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🗓 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,873,423. including grants of \$1,483,404.) (Revenue \$	2,034.
	Serving and Partnering with Pregnancy Health Clinics, Churches, and	
	other Pro-life Organizations create a story of hope and empowerment for	
	all women facing an unplanned pregnancy.	
	Pregnancy centers are a vital resource to their communities. They offer	
	free support and medical care, including pregnancy tests, ultrasounds,	
	STD/ STI testing, parenting and prenatal education programs, after	
	abortion support, and material resources. Our Partner Program exists to	
	ensure that pregnancy centers have the stability, support, and strategy	
	they need to expand their services to empower women to choose life.	
	Save the Storks' Church Programs & Partnerships equips the church to	
4b	(Code:) (Expenses \$1,444,327. including grants of \$) (Revenue \$)	
	Awareness and Marketing Impact 2022:	
	When we tell true stories of women who choose an empowered life for	
	themselves and their children, we help create a more compassionate	
	pro-life culture. That's why raising awareness is an important part of	
	what we do. Through videos, documentaries, blogs, and social media, we	
	work to showcase the importance of pro-life views and voices.	
	-In 2022, America's largest abortion provider received a historic	
	donation of \$275 million from a private donor. This \$2 billion abortion	
	provider spent over \$16 million in social media campaigns alone in	
	2022, thus ensuring that millions of young women were inundated with	
4c	(Code:) (Expenses \$1,247,374. including grants of \$17,023.) (Revenue \$	·
	Events	
	Save the Storks uses events to educate, empower, and equip communities	
	to serve and celebrate every life. Our 2022 events included:	
	33.00 Notice 1 People in Pollon My had once the order about	
	-AACC National Event in Dallas, TX had over three thousand church	
	members, counselors, and mental health care professionals, attending	
	this event. Many learned about Save the Storks and gain understanding	
	regarding the truth about abortion, how to care for women facing	
	unplanned pregnancies, and how to embrace adoption as a great option	
	for moms who are not ready to parent.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,565,124.	

Form 990 (2022) Save the Storks Part 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -t a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

46-1031815

Form 990 (2022) Save the Storks Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
•	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	х	
Pai				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	l

46-1031815

O22) Save the Storks Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, glad for the celeidard year ending with or within the year covered by this return 2 3 3 4 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Yes	No
By Hall least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unrolated business gross incore of \$1,000 or more during the year? 41 If Yes, Finals Rifed a Form \$901 for this year? If *No* To line 3b, provide an explenation on Schedule O 42 A ray 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) 42 A Tay 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 accounts (FBAR). 43 If Yes, enter the name of the foreign country 54 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 55 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 56 Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 56 Did with the organization and prescribed the account such any contributions that twer not tax deductible as charitable contributions? 57 If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 58 If Yes,* did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 59 If Yes,* did the organization include aparty and accomplication and party for goods and services provided to the payor? 70 If year and year the organization include with every solicitation and party for goods and services provided to the payor? 71 If Yes,* did the organization selected payor that a solicitation of the goods or services provided? 72 If the organization selected payor that a solicitation of the good	2 a				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 5b If "Yes," have calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the organization that it was or is a party to a promibled tax shelter transaction? 5c If "Yes," did the organization face organization the foreign B861? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles of antitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or antitable contribution and partly for gods and services provided? 6c If the organization receive a payment in excess of \$5" make party as a contribution and partly for gods and services provided? 6c If "Yes," did the organization seleve than excess of \$5" make party as a contribution and partly for gods and services provided? 6c If "Yes," did the organization seleve than excess of \$5" make party as a contribution on a personal benefit contract? 7c If "Yes," did the organization seleve than excess of \$5" make par		The destroy of the salestan year estains with a very sear estated by the retain.	ł		
b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provided an explanation on Schedule O 4 At any time during the calendary war, 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)? 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 shefter transaction at any time during the tax year? 5b Did any taxoble party notify the organization file Form 8886-T? 6c I "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6c I "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). b If the organization receive any time of the value of the goods or services provided? b If "Yes," did the organization northy the donor of the value of the goods or services provided? b If "Yes," did the organization will be contribution of a gualified manual property for which it was required to file Form 2822? b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2822? b If the organization curve year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7				Х	
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Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
d If "Yes," indicate the number of Forms 8282 filled during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 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? Sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Sponsoring organization and example to a tra	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
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	17		17		
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

sec	tion A. Governing Body and Management				
		_	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	4			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?	2		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?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X	
6	Did the organization have members or stockholders?	°			
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a			
D		7h		х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>	
	The governing body?	8a	х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•			
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	12c	X		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х		
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X		
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CO, GA, MA, MN, MS, SC, TN, VA, WA, WI, WV, AK				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	3)s only) availa	able	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website 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, a	nd finar	ncial		
	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				
	John Gore - 866-639-0479 4050 Lee Vance View Drive 300 Colorado Springs CO 80918				
	4050 Lee Vance View Drive, 300, Colorado Springs, CO 80918				

Form 990 (2022) Save the Storks 46-1031815 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Check this box if neither the organization	nor any related	orga	aniza	ation	n cor	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	erson	is bot	th an	compensation	compensation	amount of
	week	-	l a		1	I	1	from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	educ		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	lndj	Insti	Officer	Key	High	Former			
(1) Diane Ferraro	50.00									
CEO				Х				186,328.	0.	15,295.
(2) John Gore	50.00									
CFO				Х				133,977.	0.	37,389.
(3) Annie Tang Humphrey	50.00									
C00				Х				161,735.	0.	3,505.
(4) JD Dahler	45.00									
Director of Development						Х		125,354.	0.	34,146.
(5) Kevin Edwards	45.00									
Director of Marketing						Х		104,242.	0.	28,225.
(6) Josue Calderon	45.00									
Director of User Experience						Х		108,490.	0.	11,542.
(7) Karysse Trandem	2.25									
Board Member/Event speaker		Х						35,000.	0.	0.
(8) Herb McCarthy	10.00									
Chairman/Consultant		Х		Х				0.	0.	0.
(9) Gary Kehr	2.00									
Board Treasurer		Х		Х				0.	0.	0.
(10) Stephan Tchividjian	2.00									
Board Member		Х						0.	0.	0.
(11) Eric Dunavant	2.00									
Board Member		Х						0.	0.	0.
(12) Thomas Kim	1.00									
Board Member		Х						0.	0.	0.
(13) Dawn Williams	1.00									
Board Member		Х						0.	0.	0.
]								
]								
		1								
	1	1			1	1	1	I .	1	

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Form 990 (2022) Save the Storks 46-1031815 Page **8**

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable		Es	timate	ed
		hours per week					is bot or/trus		compensation	compensation from related			other	of
		(list any	tor						the	organizations			oti iei pensa	ition
		hours for	r direc				peq		organization	(W-2/1099-MISC) /		om th	
		related	stee o	rustee			oen sa 1		(W-2/1099-MISC/	1099-NEC)		_	anizat	
		organizations below	ual tru	onal t		ployee	t com		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	ons
-			=	=	0	~	Τ 60	ш			+			
											\dashv			
											+			
											\dashv			
											+			
1b	Subtotal								855,126.		0.		130,	102.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								855,126.		0.		130,	102.
2	Total number of individuals (including but no	ot limited to th	iose	liste	ed al	OOV	e) wł	no r	received more than \$100	0,000 of reportable				6
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, or	· hiç	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for so										[3		Х
4	For any individual listed on line 1a, is the su	-								-				
	and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J i	for such individual		L	4	Х	
5	Did any person listed on line 1a receive or a	•				•			•					
800	rendered to the organization? If "Yes," comp	olete Schedul	e J f	or su	ıch ,	pers	son .					5		Х
1	tion B. Independent Contractors Complete this table for your five highest cor	mnoneated in	dono	ndo	nt c	ontr	racto	orc :	that received more than	\$100,000 of comp	onca	tion f	rom	
•	the organization. Report compensation for t	=	-								ciisa	llioi i	10111	
	(A)	·····- ,							(B)	,		(C	;)	
	Name and business	address							Description of s	ervices	Co		rsatio	n
	ow Ventures, 301-1321 Blanshard St	reet,												
	oria, British Columbia, CANAD							_	IT development/Mar	keting			603,	522.
	erWorks 2 Powder Hill Pl NE, Poulsbo, WA	98370							Digital Marketing				301	218.
	lan-Media, LLC, 1901 North Glenvil							-	Documentary				J U # ,	, 4 + 0 .
	re, Richardson, TX 75081							- 1	Sponsorship/Promot	ion			221	319.
	•							\exists						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Form 990 (2022) Save the St
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
		Crieck ii Scrieddie O contains a respons	e or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
o ol		- <u>-</u>					Sections 512 - 514
lit al		Federated campaigns 1a					
<u>ਤ</u> ੂੰ ਤੂੰ		Membership dues 1b					
Ψ,		Fundraising events 1c	304,480.				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations1d					
ns,	•	e Government grants (contributions)					
e ji	1	All other contributions, gifts, grants, and					
듗된		similar amounts not included above 1f	8,183,524.				
age Jg C	9	Noncash contributions included in lines 1a-1f 1g \$					
<u>ā č</u>		Total. Add lines 1a-1f		8,488,004.			
			Business Code				
9	2 8	a					
ē Ž	ı)					
S all			1 1				
Program Service Revenue		d					
90 H		•					
<u>-</u>	f All other program service revenue						
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)		25,822.			25,822.
	4	Income from investment of tax-exempt bond					
	5	Royalties	·	704.			704.
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not rental income or (loca)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(4)				
		Less; cost or other basis					
<u>o</u>							
eur							
her Revenue		, , , , , , , , , , , , , , , , , , , ,					
P F		Net gain or (loss)					
ď	8 6	· ·					
١							
		contributions reported on line 1c). See	a 16,254.				
		Part IV, line 18					
		Less: direct expenses	- '	220 516			220 516
		Net income or (loss) from fundraising events		-228,516.			-228,516.
	9 7	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses	b				
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns	10 102				
		and allowances 10					
		Less: cost of goods sold10					
\rightarrow		Net income or (loss) from sales of inventory		2,034.	2,034.		
sn		_	Business Code				
ne eo	11 8	Revenue share	900099	59,309.			59,309.
Miscellaneous Revenue	ı	·					
Se.		·					
Ž		d All other revenue	900099	8,245.			8,245.
		Total. Add lines 11a-11d		67,554.			
	12	Total revenue. See instructions	ı	8 355 602.	2 034.	0.	-134 436.

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Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			, ,	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,500,427.	1,500,427.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	573,352.	441,520.	51,170.	80,662.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	60,000.		60,000.	
7	Other salaries and wages	2,147,371.	1,668,500.	185,905.	292,966.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,683.	34,653.	3,894.	6,136.
9	Other employee benefits	22,437.	17,401.	1,955.	3,081.
10	Payroll taxes	186,588.	144,706.	16,259.	25,623.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	64,633.	51,706.	9,695.	3,232.
С	Accounting	41,780.		41,780.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,800.		2,800.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,169,741.	880,134.	83,034.	206,573.
12	Advertising and promotion	712,551.	439,832.	3,949.	268,770.
13	Office expenses	391,185.	168,972.	167,129.	55,084.
14	Information technology	81,312.	62,348.	11,040.	7,924.
15	Royalties				
16	Occupancy	251,376.	200,536.	20,669.	30,171.
17	Travel	330,963.	248,569.	35,179.	47,215.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	475,477.	460,390.	15,087.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	224,213.	172,181.	23,732.	28,300.
23	Insurance				
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 0.)				
а	Mobile unit repairs	75,811.	73,249.	2,562.	
b		,	, -	,	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,356,700.	6,565,124.	735,839.	1,055,737.
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 x if following SOP 98-2 (ASC 958-720)	525,537.	307,032.	0.	218,505.

Form 990 (2022)
Part X Balance Sheet 46-1031815 Save the Storks Page **11**

Ра	rt X	Balance Sheet					_
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	815,388.	1	988,903		
	2	Savings and temporary cash investments			2,117,561.	2	415,763
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	rsons (as defined				
		under section 4958(f)(1)), and persons descr	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8	48,020	
⋖	9	Prepaid expenses and deferred charges			207,507.	9	101,772
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	1,810,486.			
	b	Less: accumulated depreciation	1,166,145.	10c	1,041,996		
	11	Investments - publicly traded securities			11	862,856	
	12	Investments - other securities. See Part IV, li			12	846,156	
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		1,625.	14	1,625	
	15	Other assets. See Part IV, line 11	19,312.	15	223,567		
	16	Total assets. Add lines 1 through 15 (must e	33)	4,327,538.	16	4,530,658	
	17	Accounts payable and accrued expenses		202,596.	17	302,690	
	18	Grants payable	160,000.	18	130,000		
	19	Deferred revenue		10,774.	19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or	former offi	cer, director,			
≣		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pers	ons		22	
_	23	Secured mortgages and notes payable to ur			262,118.	23	252,875
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). Complete Part X			
		of Schedule D			158,515.		328,564
	26	Total liabilities. Add lines 17 through 25			794,003.	26	1,014,129
Ś		Organizations that follow FASB ASC 958,	check he	e X			
nce		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			3,441,815.	27	3,389,706
d B	28	Net assets with donor restrictions			91,720.	28	126,823
ä		Organizations that do not follow FASB AS	C 958, ch	eck here			
or F		and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		• • • • • • • • • • • • • • • • • • • •		31	
ž	32	Total net assets or fund balances			3,533,535.	32	3,516,529
	33	Total liabilities and net assets/fund balances			4,327,538.	33	4,530,658.

Form **990** (2022)

Save the Storks 46-1031815 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 8 355 602. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 8,356,700. -1,098. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,533,535. 4 -15,908. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 3,516,529. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 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

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

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

Form **990** (2022)

За

Х

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

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

Inspection
Employer identification number

46-1031815 Save the Storks Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·				
Cale	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.")	5,529,397.	9,650,290.	8,994,271.	8,280,100.	8,488,004.	40,942,062.
2	Tax revenues levied for the organ-						
	ization'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	5,529,397.	9,650,290.	8,994,271.	8,280,100.	8,488,004.	40,942,062.
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.						40,942,062.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5,529,397.	9,650,290.	8,994,271.	8,280,100.	8,488,004.	40,942,062.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,280.	12,831.	7,329.	9,186.	26,526.	57,152.
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.)	1,925.	5,468.	10,607.	8,706.	67,554.	94,260.
11							41,093,474.
12	Gross receipts from related activities					12	2,806,741.
13	First 5 years. If the Form 990 is for th	· ·	rst, second, third, fo	ourth, or fifth tax y	ear as a section 5	601(c)(3)	
80	organization, check this box and stop		roontogo				<u></u>
	etion C. Computation of Publ			- L (f)		44	99.63 %
	Public support percentage for 2022 (14	
15	Public support percentage from 2021					15	
102	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h							
L	33 1/3% support test - 2021. If the c	•		•		•	
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
17 a	and if the organization meets the fact	-					
	· ·		·	•	•	· ·	
h	meets the facts-and-circumstances to 10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·	*	-	I7a and line 15 is:	
L	more, and if the organization meets the	_					10/0 01
	organization meets the facts-and-circ		•				
10	Private foundation If the organization						,

Page 2

Part III | 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						
Cale	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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
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						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	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						
	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						
c	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
			-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

<u>Schedule A (Form 990) 2022</u> Save the Storks 46-1031815 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
3a		
3b		
SD		
3с		
4a		
4 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
10b	000	

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			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		·	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

 Schedule A (Form 990) 2022
 Save the Storks
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 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion 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-function	ally integra	ited Type III supporting ord	anization (see	

Schedule A (Form 990) 2022

instructions).

Da	t V Tune III Non Eupetionally Integrated 500	(a)(2) Cupporting Org	onizations			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	ction D - Distributions Current Year					
	Amounts paid to supported organizations to accomplish exe	• •		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details 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	ne organization is responsive	е			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		ı	10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
С	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					
	Excess from 2022					

Schedule A (Form 990) 2022

Conceded William Coop 2022
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Other Income
2018 Amount: \$ 1,925.
2019 Amount: \$ 5,468.
2020 Amount: \$ 10,607.
2021 Amount: \$ 8,706.
2022 Amount: \$ 67,554.

Schedule B (Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

	Save the Storks	46-1031815
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
—		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total uny one contributor. Complete Parts I and II. See instructions for determining a contribut	•
Special Rules		
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts (b) instead of the contributor name and address), II, and III.	scientific,
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>
answer "No" on Part IV,	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Filing requirements of Schedule B (Form 990).	
LHA For Paperwork Redi	iction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (202

Name of organization

Employer identification number

Save the Storks

46-1031815

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Save the Storks

46-1031815

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
		I W	i

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Name of or	rganization		Employer identification number		
Save the	Storks		46-1031815		
Part III		through (e) and the following line entr haritable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
()) !					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ļ	(e) Transfer of gift				
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	-				

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.

OMB No. 1545-0047

Inspection

Name of the organization

Save the Storks

Employer identification number 46 - 1031815

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	nservation easements during the year
7	Amount of evapones included in monitoring inspecting home	dling of violations, and enforcing concern	ation accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	we eatisfy the requirements of section 17	7/h)/4)/B)(i)
Ü	and section 170(h)(4)(B)(ii)?	- · · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	note to the organization o infariolal states.	nome that decembes the
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	,	•
	(i) Revenue included on Form 990, Part VIII, line 1		 \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part Y		ф

	dule D (Form 990) 2022 Save the S							6-10318			age 2
Pai	t III Organizations Maintaining (Collections of A	rt, Histo	orical Tre	easures, c	or Othe	er Simila	ır Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	ıt make s	ignificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı <u> </u> ∟	oan or exch	nange progra	am					
b	Scholarly research	е	• 🗆 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how the	ey further th	ne organizati	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, his	torical treas	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arrar	igements. Comple	ete if the	organizatior	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for c	ontribution	s or other as	sets not	included		-		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:							
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				,
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liabil	ity?	L	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	i i									
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four	years	back
	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	•	ce (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		<u>_</u> %									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held ar	nd administe	ered for th	ne		г	· ·	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organize								3b		
4	Describe in Part XIII the intended uses of the		owment fu	unds.							
Pai	t VI Land, Buildings, and Equipm		0 D+ IV	B 44- 0	5 000	. D+.V	li 40				
	Complete if the organization answere										
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Boo	k value	€
		basis (investr	ment)	basis (dep	reciation				200
	Land				31,300.						300.
	Buildings				365,262.		23,0				621.
	Leasehold improvements				944,907.		551,3				712.
	Equipment				132,767.		127,8				946.
	Other				336,250.		65,8			_	417.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	Uc.)				1	,041,	996.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Save the Storks		46-	-1031815	Page 🤄
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o			d of year marks	t value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	1-01-year marke	t value
(1) Financial derivatives				
(2) Closely held equity interests (3) Other				
(A) Treasury bills and bonds	316,640.	Cost		
(B) Municipal bonds	280,255.	Cost		
(C) Corporate bonds	249,261.	Cost		
(D)	,			
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	846,156.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1d See Form 990 Part Y line 15		
	escription	Ta. Gee Form 556, Fare X, line 16.	(b) Book	value
(1)			(-,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) Operating Lease Obligation				328,564
(3)			 	
(4)				
(5)			 	
<u>(6)</u>			 	
(7)			 	
(8)			 	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		 	328,564
2 Liability for uncertain tax positions. In Part XIII. provide t	•	the organization's financial statements	that reports the	

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,597,753.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-15,908.		
b					
С					
d	Other (Describe in Part XIII.)		260,859.		
	Add lines 2a through 2d			2e	244,951.
3	Subtract line 2e from line 1			3	8,352,802.
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	2,800.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	2,800.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)			5	8,355,602.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta			Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	8,614,759.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · ·
а		2a			
b	B				
c					
	Other (Describe in Part XIII.)		260,859.		
	Add lines 2a through 2d			2e	260,859.
3	Subtract line 2e from line 1			3	8,353,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				7 7 7 7 7 7 7 7 7
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,800.		
	Other (Describe in Part XIII.)		2,000.		
		•		40	2,800.
_				4c	8,356,700.
5 Pa	rt XIII Supplemental Information.			3	0,330,700.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Dort IV lines 1h a	ad Oh: Dort V. ling	1: Dort V li	no 2: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			+, Fail A, II	ne 2, Fait Ai,
111163	20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide an	y additional imornia	ition.		
Part	XI, Line 2d - Other Adjustments:				
	z AI, Bine za ocher najasemenes.				
Cost	of goods sold	16,089.			
	5 01 g000b b010	10,003.			
Firer					
		244 770			
Fvei	nt expenses	244,770.			
	al to Schedule D, Part XI, Line 2d	244,770.			
Tota	al to Schedule D, Part XI, Line 2d				
Tota					
Tota	al to Schedule D, Part XI, Line 2d E XII, Line 2d - Other Adjustments:	260,859.			
Tota	al to Schedule D, Part XI, Line 2d				
Part	al to Schedule D, Part XI, Line 2d E XII, Line 2d - Other Adjustments:	260,859. 16,089.			
Part	al to Schedule D, Part XI, Line 2d E XII, Line 2d - Other Adjustments:	260,859.			
Part Cost	al to Schedule D, Part XI, Line 2d E XII, Line 2d - Other Adjustments: C of goods sold at expenses	16,089. 244,770.			
Part Cost	al to Schedule D, Part XI, Line 2d E XII, Line 2d - Other Adjustments:	260,859. 16,089.			
Part Cost	al to Schedule D, Part XI, Line 2d E XII, Line 2d - Other Adjustments: C of goods sold at expenses	16,089. 244,770.			

Schedule D (Form 990) 2022	Save the Storks al Information (continued)	3	46-1031815	Page 5
Part XIII Supplement	al Information (continued)			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Save the St	torks				46-1031815	entineation number
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitate and solicitate are solicitated and solicitated are solicitated and solicitated are solicitated. Solicitated and solicitated are solicitated are solicitated are solicitated and solicitated are solicitated are solicitated are solicitated and solicitated are solicitated ar	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from i	registration

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr	~		· · · · · · · · · · · · · · · · · · ·	
		or iditariasing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	320,734.			320,734.
	2	Less: Contributions	304,480.			304,480.
	3	Gross income (line 1 minus line 2)	16,254.			16,254.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	18,857.			18,857.
irect E	7	Food and beverages	63,681.			63,681.
	8	Entertainment	2,700.			2,700.
	9	Other direct expenses				159,532.
	10	Direct expense summary. Add lines 4 throug				244,770.
	11					-228,516.
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Вè	١.					
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	Fnt	ter the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				••
		ere any of the organization's gaming licenses r	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
b	If "	Yes," explain:				

Sch	ledule G (Form 990) 2022 Save the Storks 46-1	031815		Page 3
11	Does the organization conduct gaming activities with nonmembers?	. 🗆	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. Ш	Yes	└── No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Nome			
	Name			
	Address			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Consider recognition of			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	Save the Storks		46-1031815	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization							Employer identification number
Save the Stor							46-1031815
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	sistance?						tion X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
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 grant or assistance
A Caring Pregnancy Center 500 Colorado Ave Pueblo, CO 81004	74-2392820	501(c)(3)	5,150.	0.			Stats & Story Grant and Event Sponsorship
A Woman's Choice 1234 E Lime Street Lakeland, FL 33801	59-2853796	501(c)(3)	65,428.	0.			Mobile Medical Unit Funding
Alternatives Pregnancy Center 1111 Howe Ave., Ste 610 Sacramento, CA 95825	94-2844514	501(c)(3)	5,500.	0.			Stats and Story Grants
Aspire Together 5399 Williston Rd, Ste 207 Williston, VT 05495	03-0297936	501(c)(3)	55,000.	0.			Mobile Medical Unit Funding
Blueridge Pregnancy Center 3701 Old Forest Rd Lynchburg, VA 24501	54-1912289	501(c)(3)	15,000.	0.			Center Makeover Grant
BlueBird Bus of Hope 1007 Shayler Rd Cincinnati, OH 45245 2 Enter total number of section 501(c)(3)	88-1668309	501(c)(3)	10,000.	0.			Ministry Launch Support

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) Save the Storks 46-1031815 Page 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 non-cash assistance	(h) Purpose of grant or assistance
Bridge Women's Center							
127 White Oak Lane							Mobile Medical Unit
Old Bridge, NJ 08857	22-2603508	501(c)(3)	46,427.	0.			Funding
Bright Hope Pregnancy Support							
Center - 1034 Hamilton Street -							Mobile Medical Unit
Allentown, PA 18101	23-2185001	501(c)(3)	31,427.	0.			Funding
CareNet Pregnancy Centers of NCW							
4 S. Main St.							Mobile Medical Unit
Omak, WA 98841	91-1638873	501(c)(3)	20,102.	0.			Funding
Caring Families Pregnancy Services							
PO Box 71							Mobile Medical Unit
Willimantic, CT 06226	06-1214017	501(c)(3)	144,285.	0.			Funding
William Cie, el Colle	00 1211017	301(0)(3)	111,203.	•			r unumg
Catholic Charities Diocese of Palm							
Beach - 100 W. 20th Street -							
Riviera Beach, FL 33404	59-2470479	501(c)(3)	5,500.	0.			Stats and Story Grant
Choices Clinics							
619 Eichenfeld Dr.							Mobile Medical Unit
Brandon, FL 33511	59-3229320	501(c)(3)	30,000.	0.			Funding
			11,700.	-			
Community Pregnancy Center of Lake							
Norman - 212 Caldwell Avenue -							Mobile Medical Unit
Mooreville, NC 28115	56-1782296	501(c)(3)	13,417.	0.			Funding
Crisis Pregnancy Center of							
Northern California - 2460 Athens							Mobile Medical Unit
Ave - Redding, CA 96001	68-0037686	501(c)(3)	122,984.	0.			Funding
Crossroads Women's Clinic							
120 Church Street							Mobile Medical Unit
Tiptonville, TN 38079	62-1867845	501(c)(3)	30,000.	0.			 Funding

Schedule I (Form 990) Save the Storks 46-1031815 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(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 non-cash assistance	(h) Purpose of grant or assistance
Deeper Still Inland Empire							
6788 Cartilla Ave							
Rancho Cucamonga, CA 91701	87-3981990	501(c)(3)	9,031.	0.			Ministry Support
Embrace Grace							
700 W Bedford Euless Road Suite G							
Hurst, TX 76053	45-5202711	501(c)(3)	5,500.	0.			Ministry Support
Every Mother's Advocate							
1101 NW 33rd St							
Pompano Beach, FL 33064	46-3401334	501(c)(3)	130,000.	0.			Pilot Program Grant
Family Life Services of Washtenaw							
County - 840 Maus Avenue -							
Ypsilanti, MI 48198	38-2582878	501(c)(3)	14,535.	0.			Center Makeover Grant
Laura's Loft							
1700 Northside Dr NW Ste A7							
Atlanta, GA 30318	88-2833916	501(c)(3)	7,000.	0.			Ministry Launch Support
Living Help Center							
8345 Firestone BLVD SUITE 300							Mobile Medical Unit
Downey, CA 90241	95-4130506	501(c)(3)	35,000.	0.			Funding
Next Step Resource Center							
1817 Old York Hwy E							
Dunlap, TN 37327	81-1510377	501(c)(3)	15,000.	0.			Center Makeover Grant
			, ,				
Options - A Women's Care Center							
1840 N. Hacienda Blvd #13							
La Puente, CA 91744	85-0484800	501(c)(3)	10,000.	0.			Center Makeover Grant
Pregnancy Care Center of Burke							
County - 302 S Main Street -							Mobile Medical Unit
Drexel, NC 28619	56-1547564	501(c)(3)	70,000.	0.			Funding

Schedule I (Form 990) Save the Storks 46-1031815 Page 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 non-cash assistance	(h) Purpose of grant or assistance
Pregnancy Resource Center							
103 Station Drive							Center Makeover and Stat
Maryville, TN 37804	58-1704864	501(c)(3)	11,500.	0.			& Story Grants
Ethics and Religious Liberty							
Commission - 901 Commerce Street							
Ste. 550 - Nashville, TN 37203	62-6007072	501(c)(3)	30,000.	0.			Ultrasound Machine Grant
Life of a Single Mom							
12015 Justice Ave							
Baton Rouge, LA 70816	45-3478448	501(c)(3)	10,000.	0.			Ministry Support
Summit Bodyworks							
13525 Co Rd 8							
Fort Lupton, CO 80621			0.	41,185.	FMV	Chassis	Mobile Medical Unit
- ·			-	, -			
TruChoice							Mobile Medical Unit
115 Warden Lane							Funding, Center Makeover
San marcos, TX 78666	74-2347237	501(c)(3)	82,592.	0.			Grant
Women's Care Center of Erie County							
4408 Peach Street							Mobile Medical Unit
Erie, PA 16509	25-1433389	501(c)(3)	122,984.	0.			Funding
Women's Life Services							
200 Front Street, Suite A							Mobile Medical Unit
Vestal, NY 13850	30-0735548	501(c)(3)	53,320.	0.			Funding
Women's Resource Center							Mobile Medical Unit
407 E Market Street							Modile Medical Unit Funding, Center Makeover
Crawfordsville, IN 47933	35-1831872	501(c)(3)	136,934.	0.			Grant
CTAWLOTABVILLE, IN 4/333	33-1031072	501(0)(3)	130,334.	0.			ST diff.

 Schedule I (Form 990) 2022
 Save the Storks
 46-1031815
 Page 2

Part III Grants and Other Assistance to Domestic Individuals	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	. age
Part III can be duplicated if additional space is needed. (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
			1		
Death W. Complemental Left and the Decide the information	unional in Deut I. In	- O. D. Hill In con-	(h)	alaliki a a ali ingga manaki a a	
Part IV Supplemental Information. Provide the information rec	quired in Part I, iin	ie 2; Part III, columi	n (b); and any other a	aditional information.	
Part I, Line 2:					
The organization tracks grant expenditures in accor	rdance with t	he accrual			
pasis of accounting, using expense reports, grant f	Foodback and	o+hom			
pasts of accounting, using expense reports, grant i	reedback, and	other			
appropriate documentation.					
The condition placed upon the grants given for Mobi	ile Medical U	nits was			
proof that the MMU was fully funded. Funds were not					
proof that the mid was fully funded, funds were not	. rescricted .	Dac Mere			
contingent on completion of a Mobile Medical Unit.					

232102 10-31-22 Schedule I (Form 990) 2022

Schedule I (Form 990) Save the Storks 46-1031815 Page 2 Part IV | Supplemental Information Stats and Story grants are given for regular reporting of stories directly related to the program impact that affiliate pregnancy centers experienced as a result of our Mobile Medical Units. Makeover grants have been awarded to help centers either rebuild in the event of disaster or to update their centers with needed cosmetic and/or structural change/improvements.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Save the Storks

Department of the Treasury

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

Employer identification number 46-1031815

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? Х b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b c Participate in or receive payment from an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 Save the Storks 46-1031815 Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Diane Ferraro	(i)	171,328.	15,000.	0.	4,877.	10,459.	201,664.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) John Gore	(i)	123,977.	10,000.	0.	4,500.	32,930.	171,407.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Annie Tang Humphrey	(i)	149,735.	12,000.	0.	3,240.	306.	165,281.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JD Dahler	(i)	122,093.	400.	2,861.	4,072.	30,116.	159,542.	0.
Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 Save the Storks	40-1031013	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also compl	ete this part for any additional information	າ.
Part I, Line 7:		
The organization made nonfixed payments in the form of discretionary		
ponuses.		

SCHEDULE O (Form 990)

Department of the Treasury

Save the Storks

Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Employer identification number

46-1031815

Form 990, Part III, Line 4a, Program Service Accomplishments: reach women in an unplanned pregnancy and empower them to choose life with the love of Jesus. 4 in 10 women were regularly attending church when they had their first abortion. God is calling the Church to be the place where women and men are empowered to choose life, without judgement, Our Community Partner program exists to connect other like-minded pro-life organizations together to bring even more support, care, and resources to women facing an unplanned pregnancy. Our state-of-the-art mobile medical units provide women with excellent care, comprehensive and compassionate support, and real options. By offering pregnancy tests, ultrasounds, and STD/STI testing, all at no cost, Stork Buses bridge the gap between pregnancy centers and women so they can access quality healthcare no matter where they are. A woman facing an unplanned pregnancy is not always presented with the full range of options available to her. That's why mobile medical clinics also called Stork Buses - are so important. A Stork Bus helps pregnancy health clinics, churches and other life affirming organizations take services into their communities to reach more abortion-determined and abortion-vulnerable women who desperately need hope and help in their unexpected pregnancy. When a woman boards a Save the Storks mobile medical clinic she will get the support she needs.

These mobile medical clinics, overseen by licensed medical

Name of the organization Save the Storks	Employer identification number 46-1031815
professionals, are equipped with state-of-the-art ultrasound machines	
and licensed sonographers, as well as trained advocates to talk through	
her options. Save the Storks works closely with the Pregnancy Health	
Clinics, Churches, and other organizations to customize the Mobile	
Medical Clinics to best serve their communities. The National Partner	
Program team at Save the Storks works with these partners to ensure	
they have the best strategies for a successful Mobile Medical Clinic	
launch. Our experienced team facilitates comprehensive training to	
equip our partners with the know-how to optimize their impact with	
their new mobile medical ministry. Thanks to the generosity of our	
donors, and in partnership with our affiliate pregnancy resource	
centers, churches, and other Pro-life organizations, we have built 89	
mobile medical clinics over our 11 year history, reaching women near	
abortion clinics, on college campuses, in rural areas and inner cities.	
As of the end of 2022, our mobile medical clinics were serving women in	
30 states across America.	
Save the Storks has developed a unique way to reach abortion-determined	
and abortion-vulnerable mothers with our Stork Bus Mobile Medical	
Clinics. We've seen Stork Buses profoundly expand the reach and	
increase the impact of pregnancy health clinics all over the nation.	
These mobile medical units minimize the distance between the pregnancy	
health clinic and the women most in need of the services, while	
extending the limited operating hours of many local pregnancy health	
clinics that are not able to stay open the long hours of abortion	
providers in the area.	

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** Save the Storks 46-1031815 chose life. Form 990, Part III, Line 4b, Program Service Accomplishments: their messaging, shaping how they think about abortion and normalizing its nature. -Save the Storks brought in general marketing, project management, content, user experience and creative experts to serve on staff and as contractors to build up the marketing team and provide a message of HOPE to women facing unplanned pregnancies. Influencers have also played a key role in expanding Save the Storks' reach and getting our mission and message to a wider audience. -Social media is an integral part of our Awareness and Marketing strategy. In 2022 we reached over 329,000 subscribers to our platforms (Facebook, Instagram, TikTok, Twitter and YouTube) -Our posts had over 1.77 Billion impressions -The ministry has been investing more resources in producing more videos that share stories of hope and empowerment, and in 2023 a focus will be on video outreach via social media. Form 990, Part III, Line 4c, Program Service Accomplishments: -E-Women Conferences in Tulsa, OK, Lynchburg, VA and Lancaster, PA we reached the hearts of over 3500 women at each location. They learned about Save the Storks, the redemptive post-abortive story of our COO and our Partner Development Manager, and the remarkable journey of a

Schedule O (Form 990) 2022 Page **2**

Name of the organization Save the Storks	Employer identification number 46-1031815
birth mother on our team, whose biological daughter is now flourishing	
in the care of her loving adoptive family. Women were inspired to take	
a stand for life in the communities they live inIgnite Men's	
Conference in Lynchburg, VA where over 3400 men learned about Save the	
Storks and the truth about how instrumental their voice is in caring	
for women in unplanned pregnancies. Numerous men tearfully confided in	
us about accompanying their girlfriends to Planned Parenthood for	
abortions, a secret they had never shared with anyone prior to this	
event. A particular gentleman was so deeply touched by our testimony	
that he chose to open up to his son during the conference, revealing	
for the first time that he had accompanied his girlfriend for an	
abortion and hadn't intervened. This marked the beginning of his	
post-abortive healing we were able to provide support for.	
-Pro-Life Innovator Summit 2022 was a huge success as the two winners	
from this conference went on to make significant impact in the Pro-life	
Movement. Bluebird Bus of Hope and Laura's Loft were the two winners	
of this conference. The Pro-life Innovators Summit is a 3-day	
interactive conference equipping and empowering participants to turn	
their pro-life ministry plan into a reality. The weekend ends with a	
Shark Tank-like pitch session where each attendee presents their	
pro-life non-profit to a Review Board.	
-Flyway 2022 hosted over 30 Executive Directors from pregnancy resource	
centers across the country for three days in Colorado Springs, CO.	
Trainers and guest speakers dedicated their time to provide training	
and inspiration to these Executive Directors, fostering organizational	
growth and the expansion of their outreach efforts. We met our goal of	0.1.1.2/= 000000000000000000000000000000000000
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization Save the Storks	Employer identification number 46-1031815
educating the Executive Directors on how to amplify engagement across	•
diverse spheres of influence, thereby optimizing effectiveness among	
their team members, medical directors, the community, strategic	
partners (including other PRCs), donors, and Generation Z their	
primary patient demographicExponential Conference in Orlando, FL and	
the Southern Baptist Convention in Anaheim, CA allowed us to engage	
influential members of various church denominations with the training	
and resources Save the Storks provides to them, so they are equipped to	
be there for women in their congregations who are facing an unplanned	
pregnancy. Over 13,000 were in attendance between the two events.	
-We hosted our first ever, A Gathering For Every Woman conference in	
Tulsa, OK where 300 women learned about how Save the Storks is empowers	
and supports women in unplanned pregnancies and how they can take	
action in their own city of Tulsa to tangible support women in their	
community.	
-CareNet National Conference and Heartbeat International Conference had	
over 6,000 pregnancy resource center employees that Save the Storks	
stands alongside in providing the resources and support they need to	
reach more women and save more babies. We shared about our National	
Partner Program and how we contribute extra stability and strategy to	
expand Pregnancy Center's impact in raising women's healthcare	
standards.	
Form 990, Part VI, Section B, line 11b:	
The 990 was prepared by an independent CPA firm and reviewed in detail by	
the organization's Chief Financial Officer for accuracy. It was then	Schodula O /Form 990) 2022

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

Name of the organization	Employer identification number
Save the Storks	46-1031815
provided to all members of the board for review prior to being filed with	
the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The organization requires all officers and board members to annually	
complete and sign a conflict of interest questionnaire. The board Chairman	
reviews the signed statements and ensures that interested persons are in	
compliance with the conflict of interest policy. The board Chairman's	
statement is reviewed by the remaining board members. Should any potential	
conflicts of interest be disclosed, the board member or officer would be	
asked to refrain from participation in any deliberation or decision with	
regard to matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15:	
Form 990, Part VI, Section B, Line 15a:	
The independent members of the Board approves compensation for the CEO,	
using comparability data. The approval process is documented in the	
minutes.	
Form 990, Part VI, Section B, Line 15b:	
The CEO provided board Chairman and board Treasurer with comparative	
compensation/salary ranges for other officers. Comparability data was	
compiled in the first quarter of 2021 and consisted of salary ranges for	
comparable executive officer level positions primarily in Colorado and	
California, and focused on roles at non-profits when available. Salary	
ranges also gathered from websites such as Glassdoor.com and Indeed.com.	
After reviewing the data, compensation was approved by the board Chairman	
and board Treasurer and the outcome is included in personnel files.	Sahadula O (Farra 000) 0000

Schedule O (Form 990) 2022 Page **2**

Name of the organization		Employer identification number
Save the Storks		46-1031815
Form 990, Part VI, Line 17, List of States receiving copy of	of Form 990:	
CO,GA,MA,MN,MS,SC,TN,VA,WA,WI,WV,AK,NH,HI,ND		
Form 990, Part VI, Section C, Line 19:		
The organization makes its governing documents, conflict of	interest	
policy, and financial statements available to the public up	oon reguest.	
Form 990, Part IX, Line 11g, Other Fees:		
Video production:		
Program service expenses	61,364.	
Management and general expenses	0.	
Fundraising expenses	9,989.	
Total expenses	71,353.	
Other fees:		
Program service expenses	818,770.	
Management and general expenses	83,034.	
Fundraising expenses	196,584.	
Total expenses	1,098,388.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,169,741.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 46-1031815 Save the Storks File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4050 Lee Vance View Drive, 300 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Colorado Springs, CO 80918 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) John Gore The books are in the care of ► 4050 Lee Vance View Drive, 300 - Colorado Springs, CO 80918 Telephone No. ▶ 866-639-0479 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

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instructions.