Form	990
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## PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Open to Public

Inter	nal Rev	Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Α	For th	e 2022 calenc	lar year, or tax year beginning and	ending			
в	Check if applicat	<b>C</b> Name o	ation number				
_	Addr						
	chan	ge BIRC	HBARK FOUNDATION, INC.			•	
	chan	ge Doing b	usiness as		81-253122	0	
	retur	n Number		Room/suite	E Telephone number		
L	Final retur term		COOPER ST.		(831)471-		
_	ated Ame	City or 1	cown, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	463,005.	
	retur	DANI	A CRUZ, CA 95060		H(a) Is this a group ret		
	tion pend	F Name a	and address of principal officer: MERRIANNE BURTCH		for subordinates?	····· = =	
			COOPER ST, SANTA CRUZ, CA 95060		H(b) Are all subordinates incl		
			X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527		st. See instructions	
	Webs		BIRCHBARKFOUNDATION.ORG		H(c) Group exemption		
	Form c art l	Summary	X Corporation Trust Association Other	<b>L</b> Year	of formation: 2010 M	State of legal domicile: CA	
	T						
e.	1		be the organization's mission or most significant activities: <u>TO HC</u> FINANCIAL ASSISTANCE TO VULNERABL				
and							
Governance	2	Check this bo			1 1		
20	3		ting members of the governing body (Part VI, line 1a)			<u>     4    </u>	
				5			
ies.	5	Total number	40				
Activities &	6	Total number		0.			
AC			d business revenue from Part VIII, column (C), line 12			0.	
		inet unrelated	et unrelated business taxable income from Form 990-T, Part I, line 11			Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		Prior Year 444,899.	462,639.	
elle	9				0.	0.	
Revenue	10	•	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	403.	366.		
B	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-167.	-14,723.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		445,135.	448,282.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)		138,140.	0.	
	14		to or for members (Part IX, column (A), line 4)		0.	0.	
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		135,079.	185,644.	
Exnenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.	
Den	b		ing expenses (Part IX, column (D), line 25) 60,08	30.	-		
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		62,422.	183,569.	
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		335,641.	369,213.	
	19	-	expenses. Subtract line 18 from line 12		109,494.	79,069.	
or	E C				ginning of Current Year	End of Year	
Net Assets or	20	Total assets (	Part X, line 16)		214,164.	293,115.	
Ass	21		s (Part X, line 26)		0.	0.	
Net	22		fund balances. Subtract line 21 from line 20		214,164.	293,115.	
Ρ	art II			· ·			
Und	der pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my k	nowledge and belief, it is	
true	e, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.		

Signature of officer Date Sign ALYSSA PLICKA, BOARD TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature AUTUMN ROSSI 11/08/23 "self-employed P01404602 AUTUMN ROSSI Paid CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer Firm's name 1188 PADRE DRIVE, STE 101 Use Only Firm's address Phone no. (831) 759-6300 SALINAS, CA 93901 X Yes May the IRS discuss this return with the preparer shown above? See instructions No Form 990 (2022) 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) BIRCHBARK FOUNDATION, INC. 81-2531220 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: BY PROVIDING FINANCIAL RESOURCES FOR THOSE IN NEED AND EDUCATIONAL
	RESOURCES TO OUR COMMUNITY, BIRCHBARK FOUNDATION EMPOWERS PEOPLE TO
	MAKE INFORMED DECISIONS IN TIMES OF CRISIS AND TO BE BETTER ADVOCATES
	FOR THEIR PETS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$276,919. including grants of \$) (Revenue \$)
4a	(Code:)(Expenses \$276,919. including grants of \$) (Revenue \$) WE OFFER ASSISTANCE GRANTS DIRECTLY TO VETERINARY CLINICS FOR ANIMAL
	OWNERS WHO ARE UNABLE TO COVER SOME OR ALL OF THE COST OF THEIR PET'S
	VETERINARY MEDICAL CARE. IN 2022 GRANTS WERE PROVIDED TO A NUMBER PET
	OWNERS. IN 2022 STARTED THE SHARE TRASITION HOUSING SHELTER WHICH WILL
	PROVIDE SUPPLIES, MEDICAL ARE AND TRANSPORTATION RELATED TO PETS IN THE
	PROGRAM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 276,919.
	Form <b>990</b> (2022)
232002	12-13-22 <b>2</b>

Form	990	(2022)
FUIII	990	(2022)

Form 990 (2022) BIRCHBARK FOUNDATION, INC.
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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FUIII	330	(2022)

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 BIRCHBARK FOUNDATION, INC.
 81-2531220
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 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
<b>D</b> -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	싄		
b		<u> </u>		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	 /00000
232004	<b>4</b>	Form	330	(2022)
	7			

## 13571108 131839 A794874

Form	990 (2022) BIRCHBARK FOUNDATION, INC. 81-25312 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	220	Pa	age <b>5</b>		
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	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).	_		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х		
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua				
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.0				
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.	-	000	(00000)		
232005	12-13-22	Form	390	(2022)		

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<sup>5</sup> 2022.05000 BIRCHBARK FOUNDATION, INC A7948741

Form 990	(2022)
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## BIRCHBARK FOUNDATION, INC.

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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
 X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		4	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	4		
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b			X	
			- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. <b>12</b> a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	. 12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?			X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The comprise tion is QEO. Every this Director, and an increase and official	15a		x
				X
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
60				
Ud	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antity during the year?	16-		X
Ŀ-	taxable entity during the year?	. <u>16a</u>		⊢
α	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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EMMA SANCHEZ - 831.471.7255			
	101 COOPER ST., SANTA CRUZ, CA 95060			

Part VII	Compensation of Officers,	Directors, Tr	rustees, K	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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)

• List the organization's five current nighest 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 organization compensated any current officer, director, or trustee.

(A) Name and title	<b>(B)</b> Average hours per	box	not c	Pos heck ss pe	more rson i	than o s both	n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	<u> </u>			Highest compensated sn_t/u		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHELLE FRAMPTON EXECUTIVE DIR.	40.00	x		x				63,750.	0.	0.
(2) MERRIANNE BURTCH	5.00							05,750.	0.	0.
PRESIDENT	5.00	x		x				0.	0.	0.
(3) KELLY MURPHY	10.00	- 23						Ŭ.		
VICE PRESIDENT		x		x				0.	0.	0.
(4) DANIELA APOSTOL	2.00	1		<u> </u>						<u>,</u>
SECRETARY		х		x				0.	0.	0.
(5) BETSY LECLERC	2.00									
SECRETARY		х		x				0.	0.	0.
(6) ALYSSA PLICKA	2.00									
TREASURER		Х		х				0.	0.	0.
(7) AMY BOYLE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTINA COURCIER	2.00									
DIRECTOR		Х						0.	0.	0.
		_								
		-								
		1								
222007 10 10 20	1	I	1		I	1	1	1	1	Eorm <b>990</b> (2022)

7

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustese, Key Employees, and Highest Compensated Employees (continued) Name and title           (A)         (B)         (C)         (D)         (E)         Estimated           Name and title         Normal Sections, Trustese, Key Employees, and Highest Compensation from salidated         Reportable		990 (2022) BIRCHBARK	FOUNDA	ΔTΙ	ON	ί,	IN	IC.			81-25	31	220	Pa	age <b>8</b>
Name and title     Average Presentation week (Bit and organizations presentation (Participanti organizations presentation)     Peopriation (Participanti organizations presentation)     Reportable (Participanti organizations presentation)     Reportable (Participanti organizations presentation)     Estimated presentation (Participanti organizations presentation)     Estimated presentation (Participanti organization)     Estimated presentation (Participanti organiza	Par	VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
In the organization list any forme of ficer, director, truster, key employee, or highest compensation from the organization list any forme of ficer, director, truster, key employee, or highest compensation from the organization list any forme of ficer, director, truster, key employee, or highest compensation from the organization from the organization for the calendar year ending with or within the conduction of services			Average hours per week (list any hours for related organizations	box offi	not ch , unles cer an	Pos heck i ss per	ition more rson is irecto	than c s both pr/trust	tee)	Reportable compensation from the organization (W-2/1099-MISC/	Reportable compensation from related organizations (W-2/1099-MIS	5	an com fr org and	timate nount other pensa om the anizat d relat	of tion e ion ed
In the substate of the organization of the organization of antividual listed on line 1a, is the sum of reportable compensation or individual listed on line 1a, is the sum of reportable compensation or individual listed on line 1a, is the sum of reportable compensation or individual listed on line 1a, is the sum of reportable compensation or individual listed on line 1a, is the sum of reportable compensation or individual listed organizations greater than \$150,000° if "res," complete Schedule J for such received more than \$100,000 of compensation from the organization or individual listed on line 1a, is the sum of reportable compensation or individual listed organization from the organization or individual listed organizations greater than \$150,000° if "res," complete Schedule J for such received more than \$100,000 of compensation from the organization or individual listed organization or individual listed organization from the organization or individual listed organization from the organization or individual listed organization or individual listed organization from the organization or individual listed organization is the received compensation or individual for services to the organization or individual listed organization or individual listed organization or individual listed organization is the such dragonderat contractors that received more than \$100,000 of compensation from the organization or individual of services to the organization or individual organization is any the period second to be organization or individual organization is a such received more than \$100,000 of compensation from the organization or individual organization or individual organization organization organization or individual organization organization organization organization or individual organization organiza				Individ	Institut	Officer	key em	Highest employ	Former				orga	anizati	ons
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					=	0	Ĭ	<u> </u>	<u> </u>						
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
d Total (add lines 1b and 1c)       63,750       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         3 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       Compensation         1 Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1															
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual          Yes No 3          X Yes," complete Schedule J for such individual 4          X 3          X 4          X 4          X 3          X 4          X 3          X 4          X X															
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       X       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       NoNE       Description of services       Compensation         (A)       NoNE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4       X										eceived more than \$100,	000 of reportable				•
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		compensation from the organization												Yes	
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i></li></ul>	3	Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2													3		X
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         1       Contact or the compensation for the calendar year ending with or within the organization's tax year.       Compensation         (A)       (B)       (C)       Compensation         NONE       Description of services       Compensation         Compensation       Compensation       Com	4												4		Х
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services         Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services				77
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services         Compensation       Compensation         (a)       (C)       Compensation         Name and business address       NONE       Description of services         Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than	Sect		plete Schedule	e J fe	or su	ich i	oers	on .					5		X
(A) Name and business address       (B) NONE       (C) Description of services         Image: Compensation       Image: Compensation         Image: Compensa	1											ensat	tion fro	m	
Name and business address     NONE     Description of services     Compensation			he calendar ye	ear e	endin	ig w	ith c	or wi	thin 		ear.			3	
			address	NC	ONE	2					ervices	С			n
									_						
	2		•	ot lin	nited	d to			ted	above) who received mo	ore than				

Form **990** (2022)

232008 12-13-22

			BIRCHBARK FOUNDATI	ION,	INC.		81-2531	220 Page <b>9</b>
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response or note to	o any line	in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ត ស	1	а	Federated campaigns 1a 65,0	005.				
ran			Membership dues 1b					
۵ ۵		с		391.				
ar /			Related organizations 1d					
s, Mil		е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above If 370, 2	243.				
o tri		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f		462,639.			
			Busines	s Code				
e	2	а						
e rci		b						
Senue		с						
leve eve		d						
Program Service Revenue		е						
Ъ,		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, and		266			266
			other similar amounts)		366.			366.
	4 Income from investment of tax-exempt bond proc			Г				
	5		Royalties					
	_		(i) Real (ii) Per	rsonal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c	_				
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities (ii) O	runer				
			assets other than inventory <b>7a</b>					
Ø		D	Less: cost or other basis					
venue		_	and sales expenses     7b       Gain or (loss)     7c	_				
				-				
r B			Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not including \$ 27,391. of					
0			contributions reported on line 1c). See					
			Part IV, line 18	0.				
		h	Less: direct expenses 8b 14,	723.				
			Net income or (loss) from fundraising events $\frac{ \mathbf{O}\mathbf{F} ^2 - \frac{1}{2}}{ \mathbf{O}\mathbf{F} ^2}$		-14,723.			-14,723.
	9		Gross income from gaming activities. See		=,:==•			_,
	-	-	Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
			Busines					
sno	11	а						
ellaneo evenue		b						
iell: eve		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		448,282.	0.	0.	-14,357.
23200	9 12-	13-	22					Form <b>990</b> (2022)

<sup>232009 12-13-22</sup> 

BIRCHBARK FOUNDATION, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
	ts and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21				
	nts and other assistance to domestic				
	viduals. See Part IV, line 22				
	nts and other assistance to foreign				
-	nizations, foreign governments, and foreign				
	riduals. See Part IV, lines 15 and 16 efits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees	63,750.	63,750.		
	pensation not included above to disqualified				
	ons (as defined under section 4958(f)(1)) and				
-	ons described in section 4958(c)(3)(B)				
	er salaries and wages	109,415.	42,719.	19,049.	47,647
	ion plan accruals and contributions (include	,	, ,, ,	,,,,	_ , , , , , , , , , , , , , , , , , , ,
	on 401(k) and 403(b) employer contributions				
	er employee benefits	1,071.		1,071.	
	oll taxes	11,408.	8,083.	391.	2,934
	s for services (nonemployees):	/_0			
	agement				
		4,887.		4,887.	
0	punting				
	bying				
	essional fundraising services. See Part IV, line 17				
	stment management fees				
	er. (If line 11g amount exceeds 10% of line 25,				
-	nn (A), amount, list line 11g expenses on Sch O.)				
	ertising and promotion	4,530.	525.	208.	3,797
	e expenses	7,824.	2,361.	3,136.	2,327
	mation technology	2,318.	1,745.	482.	91
	alties				
	upancy				
7 Trav					
	nents of travel or entertainment expenses				
for a	ny federal, state, or local public officials				
9 Cont	ferences, conventions, and meetings				
0 Inter	est				
1 Payr	nents to affiliates				
	reciation, depletion, and amortization				
3 Insu	rance	2,527.		2,527.	
	expenses. Itemize expenses not covered				
	e. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A),				
amol	unt, list line 24e expenses on Schedule O.)				
	OGRAM EXPENSES	153,546.	153,546.		
	NTRACTORS	4,915.	4,190.	125.	600
-	LES AND USE TAX	2,684.			2,684
d DUI	ES AND SUBSCRIPTIONS	282.		282.	
e All o	ther expenses	56.		56.	
5 Total	functional expenses. Add lines 1 through 24e	369,213.	276,919.	32,214.	60,080
6 Joint	costs. Complete this line only if the organization				
repor	ted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
Chec	k here if following SOP 98-2 (ASC 958-720)				

10

13571108 131839 A794874

33

Total liabilities and net assets/fund balances

214,164.

33

293,115.

Form 990 (2022)

BIRCHBARK FOUNDATION, INC.

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

(A) Beginning of year (B) End of year 214,046. 56,704. 1 1 Cash - non-interest-bearing 236,411 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 118. 0. Other assets. See Part IV, line 11 15 15 214,164. 293,115 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 25,564. 25,564. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 30 30 188,600. 31 267,551. 31 Retained earnings, endowment, accumulated income, or other funds 293,115. 214,164. Total net assets or fund balances 32 32

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) BIRCHBARK FOUNDATION, INC.	81-	-2531220	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	448				
2	Total expenses (must equal Part IX, column (A), line 25)	2	369				
3	Revenue less expenses. Subtract line 2 from line 1	3			69.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	214	,10	<u>54.</u>		
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		-1:	18.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	293	,1:	<u>15.</u>		
Pa	rt 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: X Cash Cash Corual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?			_			
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C	).				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200			

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. 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								

## Name of the organization

Name of	f the organization								r identification number			
	BIRC	HBARK FOUNI	DATION, ]	INC.				8	1-2531220			
Part I	Reason for Public (	Charity Status.	All organizations	s must co	omplete th	nis part.) S	ee instruction	S.				
The orga	nization is not a private found	ation because it is: (F	or lines 1 throug	gh 12, ch	neck only o	one box.)						
1 📃	A church, convention of ch	urches, or association	n of churches de	escribed	in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule	E (Form	990).)							
3 🔄	A hospital or a cooperative	hospital service orga	nization describ	ed in <b>se</b>	ction 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in con	junction with a h	nospital	described	in sectio	n <b>170(b)(1)(A</b> )	(iii). Enter	the hospital's name,			
	_ city, and state:											
5	An organization operated for	or the benefit of a coll	ege or university	y owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)										
6	A federal, state, or local go	vernment or governm	ental unit descri	bed in s	section 17	′0(b)(1)(A)	v).					
7 X												
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Comp	lete Part	II.)							
9	An agricultural research org	•	-			-		-	-			
	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 norma											
	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.											
<b>.</b>	See section 509(a)(2). (Co						O(-)(A)					
11	An organization organized a	•			•							
12	An organization organized a	-	-		-			•				
	more publicly supported or	-										
<b>a</b> [	lines 12a through 12d that	• •			-			-	aivina			
a∟	the supported organization	-	-		• • • •	-						
	organization. You must o				majonty 0				apporting			
b	Type II. A supporting org	-			on with its	sunnorte	d organizatio	n(s) hy hay	vina			
	control or management o	-					-		-			
	organization(s). You mus								Sonta			
c	Type III functionally inte				n connect	ion with, a	nd functional	lv integrate	ed with			
•	its supported organization		•					ly integrate				
d	Type III non-functionally			-				ted organiz	zation(s)			
	that is not functionally int			-				-				
	requirement (see instruct	<b>v</b>	0 ,		•							
e	Check this box if the orga	-	-					II. Type III				
	functionally integrated, or						51 / 51	, <b>,</b>				
f En	ter the number of supported of	organizations	<i>,</i>									
g Pr	ovide the following informatior											
	(i) Name of supported	(ii) EIN	(iii) Type of organ (described on line		(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other			
	organization		above (see instrue		Yes	No	support (see in	structions)	support (see instructions)			
Total									1			

## Schedule A (Form 990) 2022

BIRCHBARK FOUNDATION, INC.

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

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

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	94,833.	95,564.	264,503.	444,899.	462,639.	1362438.			
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					4.5.0.5.0.0	10000			
	Total. Add lines 1 through 3	94,833.	95,564.	264,503.	444,899.	462,639.	1362438.			
5										
	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)						<u>219,707.</u> 1142731.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						1142/31.			
	••	(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000				
	ndar year (or fiscal year beginning in)	(a) 2018 94,833.	(b) 2019 95,564.	(c) 2020 264,503.	(d) 2021 444,899.	(e) 2022 462,639.	(f) Total 1362438.			
-	Amounts from line 4	94,055.	95,504.	204,303.	444,099.	402,039.	1302430.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	104.	120.	265.	403.	366.	1,258.			
•	and income from similar sources	104.	120.	205.	403.	500.	1,200.			
9	Net income from unrelated business									
	activities, whether or not the		157,040.				157,040.			
10	business is regularly carried on		137,040.				137,040.			
10	Other income. Do not include gain									
	or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						1520736.			
	Gross receipts from related activities,		(and			12	1020,000			
	First 5 years. If the Form 990 is for th	`	,	fourth or fifth tax y	vear as a section 5					
10	organization, check this box and <b>stor</b>	-		-						
See	ction C. Computation of Publi									
	Public support percentage for 2022 (I			olumn (f))		14	75.14 %			
	Public support percentage from 2021					15	79.41 %			
	33 1/3% support test - 2022. If the o					ore, check this bo	k and			
	stop here. The organization qualifies									
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	- <b>2022.</b> If the org	anization did not o							
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation				
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
	Schedule A (Form 990) 2022									

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Schedule A				FOUNDATION		
Part III	Support	Schedule	for Organizations	Described in Se	ction 509(a)	(2)

BIRCHBARK FOUNDATION, INC.

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness 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						
• • • • • • • • • • • • • • • • • • • •						
<ul><li>6 Total. Add lines 1 through 5</li><li>7a Amounts included on lines 1, 2, and</li></ul>						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021		
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
<ul> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
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	0		,	,	()()	,
check this box and stop here Section C. Computation of Publ						·····
15 Public support percentage for 2022 (			colump (f))		15	%
16 Public support percentage for 2022 (		•			16	%
Section D. Computation of Inves						/0
17 Investment income percentage for 2		%				
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						tion L
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
232023 12-09-22		15	5		Sched	lule A (Form 990) 2022

### BIRCHBARK FOUNDATION, INC.

1

Yes No

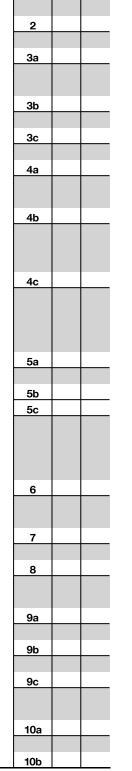
## Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2022

2022.05000 BIRCHBARK FOUNDATION, INC A7948741

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(Form 990) 2022	BIRCHBARK	FOUNDATION,	INC

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1 4	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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).

	Section D.	All Typ	e III Sup	porting	Organizations
--	------------	---------	-----------	---------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a 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.*

c		The organization supported a governmental entity	Describe in <b>Part VI</b> how you supported a governmental entit	y (see instruction <u>s</u>	s).
---	--	--	---	-----------------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** 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.** 

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022

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Sche	· · · · · · · · · · · · · · · · · · ·	NC.		81-2531220 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		

emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

## BIRCHBARK FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Pa	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(contin</sub>	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). 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			
	(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			10	
		(i)	(ii)		(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2022	ns	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				
	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 <b>Part VI.</b> 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.				

Schedule A	(Form 990) 2022	BIRCHBARK	FOUNDATION,	INC.	81-2531220 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	a, 6, 9a, 9b, 9c, 11a, 11b , Section E, lines 1c, 2a	), and 11c; Part IV, Section B	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, I; Part V, Section B, line 1e; Part V, additional information.
	(See instructions.)				
232028 12-09-2	2		20		Schedule A (Form 990) 2022

#### 223451 11-15-22

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

# 2022

Employer identification number

В	IRCHBARK FOUNDATION, INC.	81-2531220
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

81-2531220

BIRCHBARK FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$25,000.	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
2	, , , , , , , , , , , , , , , , ,	\$41,264.	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
3		\$100,000.	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
4		\$109,000.	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
5		\$25,000.	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
6		\$23,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

2022.05000 BIRCHBARK FOUNDATION, INC A7948741

22

Name of organization

Employer identification number

IRCHBARK H	81	81-2531220	
Part I Contr	ibutors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	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
<u>   8                                 </u>		\$10,000.	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
9		\$10,000.	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
<u>10</u>		\$10,000.	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
<u>11</u>		\$10,000.	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

Schedule B (Form 990) (2022)

noncash contributions.)

Page **2** 

223452 11-15-22

Name of organization

Page 3

Employer identification number

81-2531220

BIRCHBARK FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II 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
		   _\$	

## 13571108 131839 A794874

Schedule	B (Form 990) (2022)		Page 4					
Name of c	organization		Employer identification number					
BIRCH	BARK FOUNDATION, INC.		81-2531220					
Part III			ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	SS for the year. (Enter this info. once.)					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
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	(b) Purpose of gift (c) Use of gift							
Part I			(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	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	nd ZIP + 4	Relationship of transferor to transferee					
		[						

Schedule B (Form 990) (2022)

## 13571108 131839 A794874

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990) 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.						2022		
epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Inspection Inspection								Open to Public Inspection
						Emplover i	dentification number	
Ũ		RK FOUNDATION, INC					81-253	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>								
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (or fi	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by organization	
			Yes	No				
Total								
<ul> <li>3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.</li> </ul>								

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

Schedule G (Form 990) 2022

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BIRCHBARK FOUNDATION, INC.

81-2531220 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Perform         NONE         (d) Total ever (add col. (a) thr col. (c))           1         Gross receipts         16,234.         11,157.         27,3           2         Less: Contributions         16,234.         11,157.         27,3           3         Gross income (line 1 minus line 2)         16,234.         11,157.         27,3           4         Cash prizes         16,234.         11,157.         27,3           5         Noncash prizes         16,234.         11,157.         27,3           6         Rent/facility costs         16,234.         11,157.         10           7         Food and beverages         16,234.         11,157.         14,7           9         Other direct expenses summary. Add lines 4 through 9 in column (d)         14,7         14,7		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e		ts greater than \$5,000.
PALL IN LOVEMISC         col. (c)           (event type)         (cvent type)         (col. number)         col. (c)           1         Gross receipts         16,234.         11,157.         27,3           2         Less: Contributions         16,234.         11,157.         27,3           3         Gross income (line 1 minus line 2)         -         -         -           4         Cash prizes         -         -         -         -           5         Noncash prizes         -         -         -         -         -           6         Rent/facility costs         -			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
generation       (event type)       (total number)         1       Gross receipts       16,234.       11,157.       27,3         2       Less: Contributions       16,234.       11,157.       27,3         3       Gross income (line 1 minus line 2)			FALL IN LOVE	MISC		
2       Less: Contributions       16,234.       11,157.       27,3         3       Gross income (line 1 minus line 2)	۵		(event type)	(event type)	(total number)	coi. (c))
2       Less: Contributions       16,234.       11,157.       27,3         3       Gross income (line 1 minus line 2)	Jevenu	Gross receipts	16,234.	11,157.		27,391.
4       Cash prizes		Less: Contributions	16,234.	11,157.		27,391.
s       Noncash prizes	3	Gross income (line 1 minus line 2)				
8       Rent/facility costs	4	Cash prizes				
8       Entertainment       14,723.       14,7         90       Other direct expenses       14,723.       14,7         10       Direct expense summary. Subtract line 10 from line 3, column (d)       14,7         11       Net income summary. Subtract line 10 from line 3, column (d)       -14,7         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming col. (a) through col. (b) Pull tabs/instant         11       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (cl) Total gaming col. (a) through col. (b) Pull tabs/instant         12       Cash prizes       (b) Pull tabs/instant       (c) Other gaming       (cl. (a) through col. (a) through col. (b) Pull tabs/instant         13       Noncash prizes       (a) Enter the state       (b) Pull tabs/instant       (cl. (b) Pull tabs/instant         14       Gross revenue       (a) Enter the state(s) in which the organization conducts gaming activities:       (cl. (b) Pull tabs/instant       (cl. (cl. (b) Pull tabs/instant)         14       Gross revenue       (cl. Conduct       (cl. Cond		Noncash prizes				
8       Entertainment       14,723.       14,7         9       Other direct expenses       14,723.       14,7         10       Direct expense summary. Add lines 4 through 9 in column (d)       14,7         11       Net income summary. Subtract line 10 from line 3, column (d)       -14,7         2art III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming col. (a) through column (d)         1       Gross revenue	6 benses	Rent/facility costs				
8       Entertainment       14,723.       14,7         90       Other direct expenses       14,723.       14,7         10       Direct expense summary. Subtract line 10 from line 3, column (d)       14,7         11       Net income summary. Subtract line 10 from line 3, column (d)       -14,7         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming col. (a) through col. (b) Pull tabs/instant         11       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (cl) Total gaming col. (a) through col. (b) Pull tabs/instant         12       Cash prizes       (b) Pull tabs/instant       (c) Other gaming       (cl. (a) through col. (a) through col. (b) Pull tabs/instant         13       Noncash prizes       (a) Enter the state       (b) Pull tabs/instant       (cl. (b) Pull tabs/instant         14       Gross revenue       (a) Enter the state(s) in which the organization conducts gaming activities:       (cl. (b) Pull tabs/instant       (cl. (cl. (b) Pull tabs/instant)         14       Gross revenue       (cl. Conduct       (cl. Cond	ect Ex	Food and beverages				
9 Other direct expenses	_	Entertainment				
10       Direct expense summary. Add lines 4 through 9 in column (d)       14, 7         11       Net income summary. Subtract line 10 from line 3, column (d)       -14, 7         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming col. (a) through of bingo/progressive bingo         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming col. (a) through of bingo/progressive bingo         2       Cash prizes       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming col. (a) through of bingo/progressive bingo         3       Noncash prizes       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming col. (a) through of bingo/progressive bingo         4       Rent/facility costs       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming col. (a) through of bingo/progressive bingo         5       Other direct expenses       (b) Pull tabs/instant       (c) Other gaming       (c) (a) through of bingo/progressive bingo         6       Volunteer labor       No       No       No       No         7       Direct expense summary. Add lines 2 through 5 in column (d)       (c) Pull tabs/instant						14,723.
11 Net income summary. Subtract line 10 from line 3, column (d)       -14, 7         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming (col. (a) through col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo         2       Cash prizes						14,723.
Carrier III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo         1       Gross revenue						-14,723.
2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Enter the state(s) in which the organization conducts gaming activities:   a Is the organization licensed to conduct gaming activities in each of these states?   b If "No," explain:	Revenu			bingo/progressive bingo		col. (a) through col. (c)
3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Enter the state(s) in which the organization conducts gaming activities:   a Is the organization licensed to conduct gaming activities in each of these states?   b If "No," explain:	<u> </u>	Gross revenue	+			
5       Other direct expenses       Yes%       Yes%       Yes%         6       Volunteer labor       No       No       No         7       Direct expense summary. Add lines 2 through 5 in column (d)       No       No         8       Net gaming income summary. Subtract line 7 from line 1, column (d)       Yes       Yes         9       Enter the state(s) in which the organization conducts gaming activities:       Yes       Yes         a       Is the organization licensed to conduct gaming activities in each of these states?       Yes       Yes         b       If "No," explain:       Yes       Yes       Yes	ses 2	Cash prizes				
5       Other direct expenses       Yes%       Yes%       Yes%         6       Volunteer labor       No       No       No         7       Direct expense summary. Add lines 2 through 5 in column (d)       No       No         8       Net gaming income summary. Subtract line 7 from line 1, column (d)       Yes       Yes         9       Enter the state(s) in which the organization conducts gaming activities:       Yes       Yes         a       Is the organization licensed to conduct gaming activities in each of these states?       Yes       Yes         b       If "No," explain:       Yes       Yes       Yes	8 Expen	Noncash prizes				
6       Volunteer labor       Yes%       Yes%       Yes%         7       Direct expense summary. Add lines 2 through 5 in column (d)       No       No         8       Net gaming income summary. Subtract line 7 from line 1, column (d)	4 Direct	Rent/facility costs				
6       Volunteer labor       No       No         7       Direct expense summary. Add lines 2 through 5 in column (d)       No         8       Net gaming income summary. Subtract line 7 from line 1, column (d)         9       Enter the state(s) in which the organization conducts gaming activities:         a       Is the organization licensed to conduct gaming activities in each of these states?         b       If "No," explain:	5	Other direct expenses		Vec %		
8 Net gaming income summary. Subtract line 7 from line 1, column (d)         9 Enter the state(s) in which the organization conducts gaming activities:         a Is the organization licensed to conduct gaming activities in each of these states?         b If "No," explain:             0a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	6	Volunteer labor				
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> <li></li></ul>	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?       Yes         b If "No," explain:	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
<ul> <li>b If "No," explain:</li> <li>Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</li> </ul>	<b>9</b> Er	nter the state(s) in which the organization condu	ucts gaming activities:			
						Yes No
	_					
					ear?	Yes No
	_					
2082 10-27-22 Schedule G (Form 990	2082 -	10-27-22			Sche	dule G (Form 990) 202

Schedule G (Form 990) 2022	BIRCHBARK	FOUNDATION,	INC.	81-2531220 Page 3
<b>11</b> Does the organization conduct	gaming activities with r	nonmembers?		Yes No
			partnership or other entity formed	
to administer charitable gaming	?			Yes No
13 Indicate the percentage of gam	ing activity conducted	in:		
a The organization's facility				<u>13a %</u>
<b>b</b> An outside facility				13b %
<b>14</b> Enter the name and address of	the person who prepar	es the organization's ga	ming/special events books and reco	rds:
News				
Name				
Address				
<b>15a</b> Does the organization have a co	ontract with a third part	y from whom the organi	zation receives gaming revenue?	Yes 🛄 No
<b>b</b> If "Yes," enter the amount of ga	imina revenue received	by the organization	\$ and the a	mount
of gaming revenue retained by				
c If "Yes," enter name and addres				
Name				
Address				
<b>16</b> Gaming manager information:				
Name				
Gaming manager compensation	ר \$			
Description of services provided	d			
Director/officer	Employee		ent contractor	
17 Mandatory distributions:				
a Is the organization required unc	ler state law to make cl	naritable distributions fro	om the gaming proceeds to	
retain the state gaming license?	?			Yes No
			other exempt organizations or spent	in the
organization's own exempt acti				
			by Part I, line 2b, columns (iii) and (v	); and Part III, lines 9, 9b, 10b,
	as applicable. Also pro	vide any additional infor	mation. See instructions.	
PART I, LINE 2B, CO	OLUMN (V):			
FALL IN LOVE WITH	BIRCHBARK FU	NDRAISING DI	NNER AND SILENT AU	CTION
232083 10-27-22				Schedule G (Form 990) 2022

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Schedule G	
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BIRCHBARK FOUNDATION, INC.

Part IV	Supplemental Information (co	ontinued)	
			0.1
			Schedule G (Form 990)

SCHEDULE O (Form 990)

## Department of the Treasury

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



81-2531220

OMB No. 1545-0047

BIRCHBARK FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNAFFORDABLE MEDICAL EXPENSES TO SAVE THE LIFE OF A PET, AND SUPPORT

FOR ALL FAMILIES WITH OUR EDUCATION AND PET LOSS COUNSELING PROGRAMS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SHARE CENTER TRANSITION HOUSING SHELTER. PROVIDE SUPPLIES, MEDICAL

CARE, AND TRANSPORTATION TO PET CARE FOR PETS BELONGING TO RESIDENTS OF

THE PROGRAM

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE 990 RETURN IS PROVIDED TO THE BOARD OF DIRECTOR FOR

REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY WRITTEN REQUEST.

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

Schedule O (Form 990) 2022

232211 10-28-22