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TIN: 47-1906248

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Inspection

A Fo	or the 2020 c	alendar year, or tax year beginning 07-01-2020 , and ending 06-	30-2021			
B Chec	ck if applicable:	C Name of organization RURAL SCHOOLS COLLABORATIVE INC		D Employer	identif	ication number
	dress change	1.01.012.001.002.002.002.001.001.00		47-19062	248	
_	me change	Doing business as				
	tial return Il return/terminated					
_	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone	number	
	olication pending	PO BOX 1801	Suite	(417) 848	8-9083	
		City or town, state or province, country, and ZIP or foreign postal code	_	(121)		
		GALESBURG, IL 61402		G Gross rece	ints \$ 45	55,118
		F Name and address of principal officer:	H(a) Is this	a group retu	•	
		TAYLOR MCCABE-JUHNKĖ		dinates?	1111 101	□Yes ✓No
		PO BOX 1801 GALESBURG, IL 61402		l subordinate:	S	
T Tax	-exempt status:		includ	ed?		☐ Yes ☐No
	•	✓ 501(c)(3)		," attach a lis	•	•
J W	ebsite: ► WW	/W.RURALSCHOOLSCOLLABORATIVE.ORG	H(C) Group	exemption n	umber	•
			L Year of forma	tion: 2014	M Ctata	of legal domicile: WI
K Form	n of organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L fear of forma	uon: 2014 1	• State	or legal dornicile: WI
	-tl Cross					
Pa	t Sumi	mary scribe the organization's mission or most significant activities:				
	THE RURA	L SCHOOLS COLLABORATIVE BUILDS SUSTAINABLE RURAL COMMUNITIE	ES THROUGH A R	KEEN FOCUS	ON PLA	CE, TEACHERS, AND
ce	PHILANTH					
an						
еш						
O	2 Check thi	s box 🕨 🗆				
9		of voting members of the governing body (Part VI, line 1a)			3	8
S	4 Number o	of independent voting members of the governing body (Part VI, line 1b)		•	4	8
Activities & Governance	5 Total num	nber of individuals employed in calendar year 2020 (Part V, line 2a)		•	5	3
τīν	6 Total num	nber of volunteers (estimate if necessary)		_	6	8
Ac		elated business revenue from Part VIII, column (C), line 12		•	7a	0
		ated business taxable income from Form 990-T, line 39			7b	
	b Net unier	ated business taxable income from Form 990-1, line 39		V	1 70	Commant Vasu
	• • • • •	·	Pric	or Year	10	Current Year
2		ions and grants (Part VIII, line 1h)		270,54	18	452,988
Revenue	_	service revenue (Part VIII, line 2g)				0
æ	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,25	8	2,130
_	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		271,80)6	455,118
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		21,68	33	148,587
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)				0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		122,86	8	162,593
ISe	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
O.		aising expenses (Part IX, column (D), line 25) 10				
Expenses		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		62,50	13	51,047
	-				-	
	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		207,05	-	362,227
28	19 Revenue	less expenses. Subtract line 18 from line 12		64,75		92,891
Net Assets or Fund Balances			Beginning	of Current Yea	ar	End of Year
ets	20 Tatal -	ste (Dort V. line 16)		122.00	.0	245 754
Ass Ba		ets (Part X, line 16)		122,86	υ	215,751
et		ilities (Part X, line 26)				0
Zű	22 Net asset	s or fund balances. Subtract line 21 from line 20		122,86	0	215,751

Signature Block

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

11/6/	23, 3:14 PM	
urry	KIIOWICUYCI	

	\ _				2021-10-28			
Sign		gnature of officer			Date			
Here	IA	YLOR MCCABE-JUHNKE STAFF DIRI pe or print name and title	ECTOR					
		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	7404		
Paid	_			2021-10-28	self-employed			
	parer	Firm's name BRS CPAS & A	DVISORS PC		Firm's EIN > 20-56943	82		
use	Only	505						
		SPRINGFIELD,	MO 65807			_	_	
			rer shown above? (see instruction				□No	
For P	aperwork	Reduction Act Notice, see	ne separate instructions.	Cat. N	lo. 11282Y	F	orm 99	0 (2020
			Page 2					
_	000 (2020)							_
	990 (2020)	atement of Program Ser	vice Accomplishments					Page 2
Fal		_	esponse or note to any line in th	is Part III				
1		scribe the organization's mission		is i dittili		<u> </u>		
			RTS THE DEVELOPMENT OF RUF	RAL SCHOOL COMMUNITIE	S THROUGH A KEEN F	OCUS	ON PLA	CE,
TEAC	HERS, AND	PHILANTHROPY.						
2	Did the or	ganization undertake any sign	ificant program services during t	the year which were not lis	ted on			
	-	form 990 or 990-EZ?				UΥ	res 🔽	No
3	•	escribe these new services on	Schedule O. or make significant changes in h	ow it conducts, any progra	m			
							Yes	✓ No
	If "Yes," de	escribe these changes on Scho	edule O.					
4	Section 50		vice accomplishments for each or lations are required to report the ervice reported.					
4a	(Code:) (Expenses \$	235,452 including gra	ants of \$ 118,550) (Revenue \$)	
	THE ORGAN	IZATION SUCCESSFULLY LAUNCHE	D THE I AM A RURAL TEACHER CAMP	PAIGN THAT GAVE VOICE TO RU	JRAL CLASSROOM TEACH			
			NAL RURAL EDUCATION ASSOCIATION HE RECRUITMENT OF RURAL TEACHE		LONG INTENSIVE SOCIA	L MARK	ETING CA	MPAIGN
4b	(Code:) (Expenses \$	27,537 including gra VARDED MODEST GRANTS TO RURAL) (Revenue \$	EVDCH) DDOJECTS	2 NINE
		/ERE SELECTED TO PARTICIPATE IN		TEACHERS IN SOTT ORT OF TE	ACE BASED ACTION RES	LAKCII	ricosecis	J. IVIIVE
	(6.1.	\/F	7.707	2.500) (B			
4c	(Code: THE RURAL) (Expenses \$ SCHOOLS COLLABORATIVE CONTI	7,787 including gra NUED TO SUPPORT PLACE-BASED ED) (Revenue \$ IERSHIP WITH TETON SC	IENCE S) SCHOOLS	OUT OF
		VYOMING. THIS HAS RESULTED IN IG THEIR STUDENTS TO THEIR RES	THE PLACE NETWORK, A GROUP OF SPECTIVE COMMUNITIES.	SMALL AND MOSTLY HIGH POV	ERTY RURAL SCHOOLS T	HAT ARI	Е СОММІТ	ITED TO
4d		gram services (Describe in Sch	•					
	(Expenses	<u>'</u>	including grants of \$) (Revenue s	5)		
4e	тосат рго	gram service expenses 🕨	270,776				Form 99	0 (2020
								•
			Page 3	-				
Form	990 (2020))						Page 3
	, ,	ecklist of Required Sch	edules					. uge s
		•					Yes	No
1			501(c)(3) or 4947(a)(1) (other t	than a private foundation)?	If "Yes," complete	1	Yes	
2	Schedule A		Schedule B, Schedule of Contril	hutare (see instructions)?	49 .	2	Yes	<u> </u>
3			indirect political campaign activ				1.03	No
		office? If "Yes," complete Sche				3		
4			the organization engage in lobl		section 501(h)			

10/23	5, 3.14 PM Kurai Schools Conaborative inc - Full Filling- Nonprofit Explorer - Profublica			
	election in enect during the tax year: 11 Tes, complete schedule c, Lattil	4		No
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	
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Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No		
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		No		
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No		
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		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
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 $2 \cdot \cdot \cdot$	35b		_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No		
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		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
Pai	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		(2000)		
		F	orm 99	0 (2020)		
	Page 5					
	990 (2020)			Page 5		
	Statements Regarding Other IRS Filings and Tax Compliance (continued) Fater the number of employees reported on Form W. 2. Transmitted of Wase and					
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					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					

За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country:					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
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					
c	Enter the amount of reserves on hand					
14a	L4a Did the organization receive any payments for indoor tanning services during the tax year?					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		
			OO	n (2020		

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Form 990 (2020)

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Section A. Governing Body and Management	-
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			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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 organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: TAYLOR MCCABE-JUHNKE PO BOX 1801 GALESBURG, IL 61402 (417) 848-9083			
			orm 00	\mathbf{n} (2020)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related	Average hours per week (list any hours for related						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) CAROL SILVEY	2.00	Х		х				0	0	0
BOARD CHAIR		^		^				Ü		Ů
(2) LARRY LEE VICE CHAIR	1.00	Х		х				0	0	0
(3) JOSH GIBB SECRETARY	1.00	х		Х				0	0	0
(4) JULIE LEETH TREASURER	1.00	х						0	0	0
(5) TAMMY LA PRAD BOARD MEMBER	1.00	Х						0	0	0
(6) NATE MCCLENNEN BOARD MEMBER	1.00	х						0	0	0
(7) MICHAEL ROBINSON BOARD MEMBER	1.00	х						0	0	0
(8) JAMES BEDDOW BOARD MEMEBE	1.00	х						0	0	0
(9) GARY FUNK STAFF DIRECT	40.00			х				60,000	0	0
							_			

Form **990** (2020)

Page 8

Form 990 (2	2020)	Page 8
Dort VIII	Section A Officers Directors Trustees Key Employees and Highest Compensated Employees (continued)	

(A) Name and title	(B) Average hours per week (list any hours	than d	one booth a	ne box, unless person cor oth an officer and a director/trustee) orga		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	Ž/1099-MISĆ)	organization and related organizations
				-						
1b Sub-Total						, ,	-			
c Total from continuation sheets d Total (add lines 1b and 1c) .								60,000		

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 ▶

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
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		No
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		No

Section B. Independent Contractors

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) Name and business address	(B) Description of services	(C) Compensation

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form **990** (2020)

					Page 9			
Forr	n 990 (2020)							Page 9
Р	art VIII Statem	ent of R	evenue					
	Check if	Schedule C) contains a res	ponse or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
60	derated campaign	ns	1a		<u>l</u>	revenue		312 314
ant	derated campaign		1 415					
٠Ž	The snip dues		1b					
Gifts, Grants	indraising events		1c					
ms,	lated organizatio	ns	1d					
ntribu	vernment grants (co	ontributions)	1e					
ပိ	An other contributions, and similar amounts no above	gifts, grants ot included	5, 1f					
g	452,988 Noncash contributions	included in	1					
	lines 1a - 1f:\$		1g					
h	Total. Add lines 1a-	-1f		452,000				
				Business Code				<u> </u>
	2a							
2	- Land More Develor							
20100	<u> </u>							
5	D .							
prac	<u> </u>							
5	,							
à								
	f All other progra							
	9 Total. Add line3 Investment incor			toract and other			I	
	similar amounts)			terest, and other	2,130			2,130
	4 Income from inve		· ·	i				
	5 Royalties	·	(i) Real	(ii) Personal				
		'ı .	(i) Real	(ii) i cisonai				
	6a Gross rents b Less: rental	6a						
	expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental inco	me or (loss	5)	•				
		I,	(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a						
	b Less: cost or other basis and	7b						

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TIN: 47-1906248

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

		he organization					Employer identific	ation number			
RURAL	. SCHO	OLS COLLABORATIVE INC					47-1906248				
	rt I	Reason for Public					See instructions.				
The o	rganiz	ration is not a private four		•	•						
1		A church, convention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .										
4		A medical research orga name, city, and state:	nization operate	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii). E	nter the hospital's			
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	ped in section			
6		A federal, state, or local			scribed in sectio	on 170(b)(1)(A	۱)(v).				
7	~	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in			
8		A community trust descri		•	(Complete Part I	I.)					
9		An agricultural research non-land grant college of						ege or university or a			
10		An organization that nor from activities related to investment income and 30, 1975. See section !	its exempt fun unrelated busin	ections—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross			
11		An organization organize			r public safety. S	ee section 509	(a)(4).				
12		An organization organize more publicly supported in lines 12a through 12d	organizations of	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
а		Type I. A supporting or organization(s) the pow- complete Part IV, Sec	er to regularly a	appoint or elect a majo							
b		Type II. A supporting omanagement of the sup must complete Part I	porting organiza	ation vested in the san							
С		Type III functionally supported organization(ted with, its			
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satist	fy a distribution i	requirement and					
e		Check this box if the orgintegrated, or Type III n	janization receiv	ved a written determin	ation from the II		pe I, Type II, Type III	functionally			
f		r the number of supported	-				<u> </u>				
g		de the following informati Name of supported	on about the su		s). (iv) Is the orga	anization listed	(w) Amount of	(vi) Amount of			
	(1)	organization	(II) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern		(v) Amount of monetary support (see instructions)	other support (see instructions)			
					Yes	No					
Tota	<u> </u>										
		work Reduction Act Not	ice, see the Ir	nstructions for	Cat. No. 11285	iF S	l Schedule A (Form 9	90 or 990-EZ) 2020			
		or 990-EZ.	,				•	,			
				D-	~ · · ·						
				Pag	ge 2 ———						
Schoo	lulo ^	(Form 990 or 990-EZ) 20	120								
	rt II	<u> </u>		ations Described	in Sections 1	70(b)(1)(A)	(iv) and 170(b)(1	Page 2			

(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 failed to qualify under the tests listed below, please complete Part III.)

Rural Schools Collaborative Inc - Full Filing- Nonprofit Explorer - ProPublica

11/6/23, 3:14 PM

11/6/2	3, 3:14 PM	Rural Sc	chools Collaborative	Inc - Full Filing-	Nonprofit Explorer - P	roPublica			
4	nax revenues revied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support								
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total	
9	fiscal year beginning in) Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on.								
12									
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
4.4	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second thir	d fourth or fifth	tay year as a section	on 501(c)(3) or	nanizat	ion	
14	check this box and stop here	-			=		_		\neg
Se	ection C. Computation of Public					<u> </u>			
			JIILUGC						
	Public support percentage for 2020 (lin	ne 8, column (f) c		, column (f))		15			
15	Public support percentage for 2020 (lin Public support percentage from 2019 S		divided by line 13,			15 16			
15 16	Public support percentage from 2019 S	Schedule A, Part I	divided by line 13, II, line 15						
15 16		Schedule A, Part I	divided by line 13, III, line 15 Percentage						
15 16 Se	Public support percentage from 2019 section D. Computation of Invest	Schedule A, Part I ment Income 20 (line 10c, colu	divided by line 13, III, line 15 Percentage mn (f) divided by	line 13, column	(f))	16			
15 16 Se 17 18	Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20. Investment income percentage from 2	Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A,	divided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column	(f))	16 17 18	ne 17 i:	s not	
15 16 Se 17 18 19a	Public support percentage from 2019 section D. Computation of Invest Investment income percentage from 2011 Investment income percentage from 20131/3% support tests—2020. If the computation is support tests—2020.	Schedule A, Part I ment Income 20 (line 10c, colu colu) Schedule A, organization did n	Percentage mn (f) divided by Part III, line 17. not check the box	line 13, column	(f))	16			
15 16 Se 17 18 19a	Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20. Investment income percentage from 2	Schedule A, Part I ment Income 20 (line 10c, colu 0.019 Schedule A, organization did not top here. The olumn istop here.	Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi	line 13, column	(f))	16 17 18 33 1/3%, and lii ion	. ▶		18 is
15 16 Se 17 18 19a	Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20. Investment income percentage from 2 331/3% support tests—2020. If the comore than 33 1/3%, check this box and sec	Schedule A, Part I Ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The ole organization did	Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box	line 13, column	(f))	16 17 18 33 1/3%, and linion more than 33 1	> /3% an	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 20. Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 3 1/3% support tests—2019. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The ore organization did a and stop here.	Percentage mn (f) divided by Part III, line 17 . oot check the box rganization qualifi not check a box The organization	line 13, column on line 14, and lies as a publicly son line 14 or line qualifies as a pul	(f))	16	▶ /3% an . ▶ 〔	d line	18 is
15 16 Se 17 18 19a	Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 3 3 1/3% support tests—2019. If the	Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The ore organization did a and stop here.	Percentage mn (f) divided by Part III, line 17 . oot check the box rganization qualifi not check a box The organization	line 13, column on line 14, and lies as a publicly son line 14 or line qualifies as a pul	(f))	16	▶ /3% an . ▶ 〔	d line	
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15 16 Se 17 18 19a b	Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 2011. Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization	Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The ore organization did a and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box The organization a box on line 14,	on line 13, column on line 14, and lies as a publicly son line 14 or line qualifies as a pul	(f))	16	▶ /3% an . ▶ 〔	d line O-EZ)	2020
15 16 Se 17 18 19a b	Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 201 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 3 3 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization of the foundation of the organization of the foundation of the organization of the foundation of the organization of t	Schedule A, Part I ment Income 20 (line 10c, colu colu colu colu colu colu colu colu	Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box The organization a box on line 14,	on line 13, column on line 14, and lies as a publicly son line 14 or line qualifies as a pul	(f))	16	▶ /3% an . ▶ 〔	d line O-EZ)	
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15 16 Se 17 18 19a b 20	Public support percentage from 2019 Section D. Computation of Invest Investment income percentage from 201 I	Is a box on line 12 cections A and D, and certains organizations list upported organizations list upported organizations list upported organizations are seen as a box on line 12 cections A and D, and certains are seen are seen as a box on line 12 cections A and D, and certains are seen are seen as a box on line 12 cections A and D, and certains are seen are se	Percentage III, line 15 Percentage IIII, line 15 Percentage IIII, line 17 . IIII line 17 . IIIII line 17 . IIII line 17 . IIII line 17 . Page 4 IIII line 17 . Page 4	r line 13, column	(f))	16 17 18 33 1/3%, and linion		P P u checked box	2020 age 4 ked
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	, p = wapper ang gamanasus		Yes	No
Se	organization. ction C. Type II Supporting Organizations	2		
	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			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"		Yes	No
Se	VI. ction B. Type I Supporting Organizations			
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
b	A family member of a person described in 11a above?	11b		
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
Par			- F	aye 3
Sched	lule A (Form 990 or 990-EZ) 2020		г	Page 5
	Page 5 ————			
	Schedule A (Form 990		0-EZ)	2020
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).	10b		
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.	10a		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
9a	complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
8	contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"	7		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 L of Schedule L (Form 990 or 990-EZ)			
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.	6		
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
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			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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.	4b		
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.	4a		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
	Rural Schools Collaborative Inc - Full Filing- Nonprofit Explorer - ProPublica Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	1	I	I

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1	Were a majority of the organization's directors or trustees during the tax year also a n each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed the	, contr	ol or management of the	1		
Se	ection D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the			
_	, , , , , , , , , , , ,		h., the a arrangement	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elorganization(s) or (ii) serving on the governing body of a supported organization? If "lorganization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the	2		
3	By reason of the relationship described in line 2 above, did the organization's supporter voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supporter	tion's	income or assets at all times	3		
-		a orga	mzacions playea in cins regard.			
1 a b	The organization is the parent of each of its supported organizations. Complete	line	3 below.	,		
2	Activities Test. Answer lines 2a and 2b below.					<u> </u>
					Yes	No
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purporesponsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part \	VI identify those supported how the organization was	2a		
b	Did the activities described in line 2a, above constitute activities that, but for the orga	nizatio	on's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the organization's involvement.	' expla	in in Part VI the reasons for	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? If "Yes" or "No", provide details in Part VI.	icers, (directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, prograsupported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations</i>			3b		
			Schedule A (Form 990	or 99	90-EZ)	2020
	Page 6 ————					
Sche	dule A (Form 990 or 990-EZ) 2020				F	Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying true				e	
	instructions. All other Type III non-functionally integrated supporting organiza	itions	· · · · · · · · · · · · · · · · · · ·		rent Yea	r
	Section A - Adjusted Net Income		(A) FIIOI Teal		onal)	ı
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				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a	1			

1b 1c

1d

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

 $\boldsymbol{c}\ \ \mbox{Fair market value of other non-exempt-use assets}$

е	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indehtedness annlicable to non-exempt use assets	2	

efile Public Visual Render	ObjectId: 2021430593493003	19 - Submission: 2021-11-01		TIN: 47-1906248
Schedule B	Sched	ule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)	► Attach t	to Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury Internal Revenue Service	Go to www.irs.g	g <u>ov/Form990</u> for the latest inforr	nation.	2020
Name of the organization	ATIVE INC		Employer i	dentification number
RURAL SCHOOLS COLLABORA	ATIVE INC		47-1906248	
Organization type (check of	one):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number)	organization		
	4947(a)(1) nonexempt cha	aritable trust not treated as a p	rivate foundation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private f	oundation		
	4947(a)(1) nonexempt cha	aritable trust treated as a priva	te foundation	
	☐ 501(c)(3) taxable private f	oundation		
under sections 509(a received from any or 990, Part VIII, line 1I For an organization during the year, total purposes, or for the For an organization during the year, cont If this box is checked purpose. Don't compreligious, charitable, Caution: An organization th	described in section 501(c)(3) filing a)(1) and 170(b)(1)(A)(vi), that che contributor, during the year, to h, or (ii) Form 990-EZ, line 1. Condescribed in section 501(c)(7), (8 I contributions of more than \$1,00 prevention of cruelty to children of described in section 501(c)(7), (8 tributions exclusively for religious d, enter here the total contribution olete any of the parts unless the Cetc., contributions totaling \$5,000 parts isn't covered by the General R	ecked Schedule A (Form 990 of tal contributions of the greater inplete Parts I and II.), or (10) filing Form 990 or 99 of exclusively for religious, chapter animals. Complete Parts I, II.), or (10) filing Form 990 or 99, charitable, etc., purposes, but its that were received during the General Rule applies to this or or more during the year.	or 990-EZ), Part II, line 13, of (1) \$5,000 or (2) 2% of 0-EZ that received from an initable, scientific, literary, or and III. 0-EZ that received from an to such contributions totally year for an exclusively reganization because it received.	16a, or 16b, and that the amount on (i) Form by one contributor, or educational by one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively
990-EZ, or 990-PF), but it m	nust answer "No" on Part IV, line , line 2, to certify that it doesn't m	2, of its Form 990; or check the	e box on line H of its Form	
		Cat. No. 30613X	Schedule B (Form 99)	
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF			Ochedale B (Form 330), 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2020)
Schedule 5	(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org		Employer identification	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	T/ 17002 1 0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

		— In thing Point Explorer Troi doller	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) b. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
(a) o. from	(b) Description of noncash property given	(See instructions) (C) FMV (or estimate)	(d) Date received
(a) (a) from	(b)	(See instructions) (C) FMV (or estimate)	(d)
(a)	Description of noncash property given	(See instructions)	Date received
o. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(6)

Return Reference

Additional Data

11/6/23, 3:14 PM Rural Schools Collaborative Inc - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202143059349300319 - Submission: 2021-11-01 TIN: 47-1906248 Note: To capture the full content of this document, please select landscape mode ($11" \times 8.5"$) when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Employer identification number Name of the organization RURAL SCHOOLS COLLABORATIVE INC 47-1906248 Part T **General Information on Grants and Assistance** 1 ✓ No ☐ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (if applicable) (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization arant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) UNIVERSITY OF WISCONSIN PLATTEVILLE 25.000 (2) TETON SCI SCHOOLS 25,000 (3) QUINCY UNIVERSITY 25,000 (4) UNIVERSITY OF NORTH 25,000 DAKOTA 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2020 Page 2 -Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (f) Description of noncash assistance recipients (1) (2) (3) (4) (5)

(7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Schedule I (Form 990) 2020

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Explanation

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TIN: 47-1906248

OMB No. 1545-0047

2020

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Name of the organization RURAL SCHOOLS COLLABORATIVE INC

Employer identification number

47-1906248

Return Reference	Explanation	
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS SHARED DIGITALLY WITH THE BOARD FOR REVIEW BEFORE IT IS FILED.	
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST STATEMENTS FROM BOARD MEMBERS ARE REVIEWED ANNUALLY.	
FORM 990, PAGE 6, PART VI,	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	