efile	e Pu	ublic Visu	ual Render	ObjectId:	202310799349	300381 - Submis	sion: 20	23-03 <sup>-</sup>	-20	Т	IN: 47-1906248
	0	חר	Re	turn of O	rganizatior	n Exempt Fro	m Inc	ome	Тах		OMB No. 1545-0047
Form	3:	90	Under section	n 501(c), 527, c	or 4947(a)(1) of th	e Internal Revenue C	ode (exce	pt priva	ate founda	tions)	2021
		f the Treasury nue Service				r instructions and th	,				Open to Public Inspection
A F	or th	ne 2021 ca	alendar year,	or tax year be	ginning 07-01-20	21 , and ending 06	-30-2022				
B Che	ck if a	applicable:	C Name of organ	ization LS COLLABORATIV					D Employ	er identi	ification number
		change							47-190	6248	
∪ Na O Ini		hange	Doing business	as							
_		rn/terminated									
		ed return	Number and st PO BOX 1801	reet (or P.O. box if	f mail is not delivered f	co street address) Room,	/suite		E Telephon		
О Ар	plicat	ion pending							(316) 2	10-2930	0
			City or town, s GALESBURG, I		ountry, and ZIP or fore	eign postal code			<b>G</b> Gross re	ceipts \$ 5	511,502
		ſ		address of princ	ipal officer:		H(a)	Is this	a group re	turn for	
			TAYLOR MCCA	BE-JOHNKE			H(b)	Are all	inates? subordinat	tes	□Yes ☑No □Yes □No
I Tax	k-exe	mpt status:	<b>5</b> 01(c)(3)	501(c) ( )	(insert no.)	4947(a)(1) or 527		include		list See	instructions.
J W	ebsi	te: 🕨 WW		OLSCOLLABORA			H(c)		exemption		
K Forr	n of c	organization:	Corporation	Trust C A	ssociation 🗌 Other I	•	L Year	of format	ion: 2014	M State	e of legal domicile: WI
Da	art I	Sum	marv								
		Briefly des THE RURA	cribe the organ L SCHOOLS CO	LLABORATIVE S	n or most significan UPPORTS THE DEV	t activities: ELOPMENT OF RURAL	SCHOOL C	COMMUN	NITIES THR	ROUGH A	A KEEN FOCUS ON
Ce		PLACE, TE	ACHERS, AND I	HILANTHROPY.							
ma											
Governance	_		- h • • •								
			s box <b>&gt;</b> of voting memb	ers of the gover	ning body (Part VI,	line 1a)				3	8
s S	4	Number o	of independent	voting members	of the governing b	ody (Part VI, line 1b)				4	8
Activities &	5	Total num	ber of individu	als employed in	calendar year 2021	(Part V, line 2a) .				5	8
ctiv	6	Total num	ber of voluntee	ers (estimate if r	necessary)					6	10
۹	7a	Total unre	elated business	revenue from P	art VIII, column (C)	, line 12				7a	0
	b	Net unrel	ated business t	axable income f	rom Form 990-T, Pa	rt I, line 11 🔒 .				7b	
								Prio	or Year		Current Year
9	8	Contribut	ions and grants	(Part VIII, line 1	lh)				452,	988	511,438
Revenue	9	-			2g)						0
Rev					), lines 3, 4, and 7c				2,	130	64
				. ,,	es 5, 6d, 8c, 9c, 10	. ,			455,	110	0 511,502
						, column (A), line 12)					
					(, column (A), lines , column (A), line 4				148,	587	32,041
						) • • • • • • olumn (A), lines 5–10	、		162,	503	229,230
See			-				,		102,	555	0
Expenses			-	Part IX, column (D							0
Ă					es 11a-11d, 11f-24	le)			51,0	047	161,482
					equal Part IX, colum				362,3		422,753
				-					92,		88,749
Net Assets or Fund Balances							Beg	jinning c	of Current Y	'ear	End of Year
alai	20	Total asse	ets (Part X. line	16)					215,	751	304,500
t As id B				-					,		0
Pun			· ·		e 21 from line 20				215,	751	304,500
Pa	irt II		ature Block				L				

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

						2023-02-15			
Sign	Sig	gnature of officer				Date			
Here	ТА	YLOR MCCABE-JUHNKE EXECUTIVE DIREC	CTOR						
	Ту	pe or print name and title			-				
Paid	1	Print/Type preparer's name	Preparer's signat	ture	Date 2023-03-20		IN 1057509		
Pre	parer	Firm's name 🕨 ELLIOTT ROBINSON	AND COMPANY LLP			Firm's EIN > 43-1	189134		
Use	Only	Firm's address > 2305 S BLACKMAN R	D STE D			Phone no. (417) 88	37-0585		
		SPRINGFIELD, MO	558092809						
May t	he IRS disc	cuss this return with the preparer sh	own above? (see ii	nstructions)			🗹 Yes		
For P	aperwork	Reduction Act Notice, see the se	eparate instruction	ons.	Cat. N	lo. 11282Y	F	orm <b>99</b>	<b>0</b> (2021)
				Page 2					
Form	990 (2021)	)							Page <b>2</b>
Par	t III St	atement of Program Service	Accomplishme	ents					
		eck if Schedule O contains a respon	se or note to any li	ne in this Part III .					
1	,	scribe the organization's mission:							
		OOLS COLLABORATIVE SUPPORTS T PHILANTHROPY.	THE DEVELOPMENT	OF RURAL SCHOOL	COMMUNITIE	S THROUGH A KE	EN FOCUS	ON PLA	CE,
2	Did the or	ganization undertake any significant	t program services	during the year whic	ch were not lis	ted on	_	_	
	•	Form 990 or 990-EZ?					ר 🗆	les 🗹	No
-		escribe these new services on Schee							
3		ganization cease conducting, or mal	ke significant chang	ges in how it conduct	ts, any progra	m	C	)	
	services?						Ĺ	Yes	🎽 No
		escribe these changes on Schedule							
4		he organization's program service a							
		D1(c)(3) and 501(c)(4) organizations ue, if any, for each program service		eport the amount of	grants and allo	ocations to others	, the total	expense	:S,
4a	(Code:	) (Expenses \$ NIZATION SUCCESSFULLY LAUNCHED THE		uding grants of \$	ΤΗΕ Ι ΔΜ Δ ΒΙΙΒ	) (Revenue \$	T THAT PRO	) VIDED TC	
	AND GAVE	VOICE TO RURAL CLASSROOM TEACHERS	FROM ACROSS THE V	NORLD. THIS INCLUDED					
	GUIDE", AN	ID STORIES AND CELEBRATION OF THE R	URAL TEACHING PROP	-ESSION.					
4b	(Code:	) (Expenses \$	32.041 incl	uding grants of \$	32.041	) (Revenue \$		)	
10	•	S IN PLACE FELLOWS PROGRAM AWARDE					ION PROJEC	, TS. ELEVI	EN
	FELLOWS W	VERE SELECTED TO PARTICIPATE IN THE F	PROGRAM.						
4c	(Code:	) (Expenses \$	1,750 incl	uding grants of \$		) (Revenue \$		)	
40	•	IOOLS COLLABORATIVE CONTINUED TO S			I A SIGNATURE I		A RURAL TE	) ACHER AS	S PART
	OF THE NAT	TIONAL SIGNATURE PROJECT AWARD GRA	ANT PROGRAM IN PAR	TNERSHIP WITH THE NA	ATIONAL RURAL	EDUCATION ASSOCI	ATION.		
4d	Other prog	gram services (Describe in Schedule	e O.) ling grants of \$		) (Revenue s	±	)		
4e		gram service expenses	282,309		) (Revenue :	p	)		
46	Total pro		202,309					Form <b>99</b>	<b>0</b> (2021)
									• (2022)
				Page 3					
<b>F</b>	000 (2021)	N N							_
	990 (2021)								Page <b>3</b>
Par	tIV Ch	ecklist of Required Schedule	25					Yes	No
1	Is the ora	anization described in section 501(c	)(3) or 4947(a)(1)	(other than a privat	e foundation)?	If "Yes," complete	te	Yes	
	Schedule /				• • •	, ,	1		
2	Is the orga	anization required to complete Sche	dule B, Schedule o	f Contributors? See i	instructions.	😼	2	Yes	
3		ganization engage in direct or indire			lf of or in oppo	osition to candidat	tes 3		No
	IOF PUBLIC	office? If "Yes," complete Schedule	c, Parti			• •	3		<b> </b>
4		<b>i01(c)(3) organizations.</b> Did the one of the one of the tax year? <i>If "Yes,</i> and the tax year? <i>If "Yes,</i> and the tax year?					_		
	2.22001111		piece Schedu				4	1	No

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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		No
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
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V $\mathfrak{B}$	10	Yes	
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.			
Schedule D, Part VI. 🗐	11a		No
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
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗐	11c		No
in Part X, line 16? If "Yes," complete Schedule D, Part IX 🧐	11d		No
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕵	11e		No
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	Yes	
	12a	Yes	
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
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	14b		No
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		No
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
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
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
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
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	204		
	200	Yes	
	assessments, or similar amounts as defined in Rev. Proc. 96-19? If "Yes," complete Schedule C, Part III . 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 II . 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 . 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 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II . 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 . If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V . 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 V li Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part V li Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Did the organization report an amount	assessments, or similar amounts as defined in Rev. Proc. 98-197 <i>If</i> "Yes," <i>complete Schedule C, Part III</i> . 5 Did the organization maintain any donor advised funds or acy similar funds or accounts <i>II</i> "Yes," <i>complete Schedule D</i> , Part III	assessments, or similar amounts as defined in Rev. Proc. 98-192 <i>If</i> "Yes," <i>complete Schedule C, Part II</i> . 5           Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right oprovide advice on the distribution or investment of amounts in such funds or accounts <i>II</i> "Yes," <i>complete Schedule D, Part</i> II         6           Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>II</i> "Yes," <i>complete Schedule D, Part</i> II         7           Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historical treasures, or other similar assets? <i>II</i> "Yes," <i>complete Schedule D, Part</i> II         8           Did the organization receive or thor a mount in Part X, line 21 for escrow or custodial account liability; serve as a custodian receive anis endownents; <i>I'res," complete Schedule D, Part</i> VI         9           Did the organization, directly or through a related organization, hold assets in temporarily restricted endownents, premanent dnownents, or quasi endownents? <i>II'res," complete Schedule D, Part</i> VI         10         Yes           Did the organization report an amount for investments—orber securities in Part X, line 12 <i>II'res," complete Schedule D, Part</i> VI         11a         11b           Did the organization report an amount for investments—orber securities in Part X, line 12 <i>II'res," complete Schedule D, Part</i> VII         11a         11b           Did the organization report an amount for investments—orgen related in Part X, line 13 that is 5% or more of its total assets reported

Page 4

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

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, 20022 If "Year" are was lines 34b through 34d and

https://projects.propublica.org/nonprofits/organizations/471906248/202310799349300381/full

Page **4** 

No

No

No

Yes

23

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	the last day of the year, that was issued after December 31, 2002? If ites, answer lines 240 through 240 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? If "Yes," complete Schedule L, Part 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,</i> Part 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? <i>If "Yes," complete Schedule L, Part II</i>	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 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		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 line 28a or 28b? If "Yes," 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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part 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	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		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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	-		0
	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		165	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b>	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	orm <b>99</b>	No <b>0</b> (2021
	Page 5			
Form	990 (2021)			Page 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	3		

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.
3a Did the organization have unrelated husiness cross income of \$1,000 or more during the year?

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No

2b

Yes

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	Did the organization have dimensional business gross meanie or $\varphi_{1,000}$ or more during the year:	24	NU
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb	
	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)? 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).	4a	No
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
		5b	INO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f	
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		 
5	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 9	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	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:	50	
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources		
5	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. <b>12b</b>		
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 <b>13b</b>		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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	If "Yes," see the instructions and file Form 4720, Schedule N. 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Form 990 (2021)

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Par	VI <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
1	Enter the number of veting members of the governing body at the and of the tay year $1 - 9$		Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 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 <b>1b</b>			
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 Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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 on 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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
1/				
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	$\Box$ Own website $\Box$ Another's website $ee$ Upon request $\Box$ 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 (316) 210-2930			

Form 990 (2021)

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#### Form 990 (2021)

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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, 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 the instructions for the order in which to list the persons above.

 $\square$ 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					son	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) TAYLOR MCCABE-JUHNKE EXECUTIVE DI	40.00			x				48,791	0	0
(2) JIM BEDDOW BOARD MEMBER	1.00	х						0	0	0
(3) BRIAN FOGLE BOARD MEMBER	1.00	х						0	0	0
(4) JOSHUA GIBB BOARD CHAIR	1.00	х		x				0	0	0
(5) NATE MCCLENNEN BOARD MEMBER	2.00	х						0	0	0
(6) JAN MILLER BOARD MEMBER	1.00	х						0	0	0
(7) TAMMY LA PRAD BOARD MEMBER	1.00	х						0	0	0
(8) MIKE ROBINSON BOARD MEMBER	1.00	x						0	0	0
(9) CAROL SILVEY BOARD MEMBER	1.00	x						0	0	0

Page 7

											Form <b>99</b>	<b>0</b> (20
				_								• (20
				Page	28							
m 990 (2021) Part VII Section A. Officers, I	Directors, Trustees	s, Key	Emp	loye	es,	, and	Higł	nest	Compensate	d Employees (co	ntinued)	Pag
(A)	(B)			(C)					(D)	(E)	(F)	)
Name and title	Average hours per week (list	than	one b	ox, ι	unle	eck m ss per r and a	son		Reportable ompensation from the	Reportable compensation from related	Estima amount o compens	of oth
	any hours for related		direc	tor/t	rust	tee)	-	org	ganization (W- 2/1099-	organizations (W- 2/1099-	from	the
	organizations below dotted	Indiv or d	Inst	Officer	Көу	High	Former	MIS	SC/1099-NEC)	MISC/1099-NEC)	relat	ed
	line)	Individual trustee or director	Institutional Truste	ĕ	Key employee	Highest compensated employee	ner				organiza	
		) trus	nal T		loyee	duoc						
		stee	ruste		Ť	ensa						
			õ			ted						
Sub-Total			•	••••		<b>v</b> v						
Total (add lines 1b and 1c) .						•			48,791			
Total number of individuals (inc of reportable compensation from		to thos	se list	ed a	bove	e) who	rece	eived	l more than \$10	00,000		
											Yes	No
Did the organization list any <b>fo</b> line 1a? If "Yes," complete Sche								-			_	
For any individual listed on line											3	No
organization and related organi individual	zations greater than s		)0? İf	"Yes	5," с	omple						
Did any person listed on line 1a							ated	oraa	nization or indi		4	No
services rendered to the organi		•									5	No
Section B. Independent Con		ر ایمرا -	on di	nt -			****		ived means the	¢100.000 of	nontier	
Complete this table for your five from the organization. Report c	ompensation for the o									i's tax year.		
	(A) Name and business addr	ess							Descr	(B) ription of services	(C Comper	

Total number of independent cor compensation from the organiza	ntractors (incl Ition 🕨	uding but not limite	ed to those listed abo	ve) who received mo	ore than \$100,000 o	f
						Form <b>990</b> (2021
			Page 9			
			rage 5			
rm 990 (2021)						Page
Part VIII Statement of Rev Check if Schedule O.		nonco or noto to on	w line in this Dart VIII			
Check if Schedule O o		ponse of note to an	(A)	(B)	(C)	 (D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under section 512 - 514
Federated campaigns	1a					
ontributions, <del>fts, Grants,</del> .	1					
<del>fts, Grants,</del> Membership dues herAmt	1b					
milar Roling events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
All other contributions, gifts, grants, and similar amounts not included	1f					
above						
511,438	I					
511,438 g Noncash contributions included in lines 1a - 1f:\$	1g					
Noncash contributions included in	1g					
9 Noncash contributions included in lines 1a - 1f:\$		511.400	,			
Noncash contributions included in		• 511,438 Business Code	3			
9 Noncash contributions included in lines 1a - 1f:\$		- 511,438 Business Code	3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>			3			
Noncash contributions included in lines 1a - 1f:\$  h Total. Add lines 1a-1f  2a  3  3  4  3  5  5  5  5  5  5  5  5  5  5  5  5						
<ul> <li><b>9</b> Noncash contributions included in lines 1a - 1f:\$</li> <li><b>h Total.</b> Add lines 1a-1f</li> <li><b>2a</b></li> </ul>	· · · · ·					
Noncash contributions included in lines 1a - 1f:\$	venue.					
Noncash contributions included in lines 1a - 1f:\$	venue.	Business Code				
Noncash contributions included in lines 1a - 1f:\$  h Total. Add lines 1a-1f  2a  2a  4  5  6  7  7  6  7  7  7  7  7  7  7  7  7	venue.	Business Code	64			
Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a 3 4 6 7 6 7 7 8 7 9 9 9 1	venue.	Business Code				
Noncash contributions included in lines 1a - 1f:\$	venue. dividends, ir ax-exempt bou	Business Code				
Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a 3 4 6 7 6 7 7 8 7 9 9 9 1	venue.	Business Code				
Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 2a 3 4 6 7 6 7 7 8 7 9 9 9 1	venue. dividends, ir ax-exempt bou	Business Code				
<ul> <li>Noncash contributions included in lines 1a - 1f:\$</li> <li>h Total. Add lines 1a-1f</li> <li>2a</li> <li>2a</li> <li>5</li> <li>6</li> <li>6</li> <li>a</li> <li>b</li> <li>b</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <li>c</li> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <li>c</li> <li>c</li> <li>c</li> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <lic< li=""> <li>c</li> <li>c</li> <lic< li=""> <lic< li=""> <li>c</li> <lic< li=""> <li>c</li> <lic< li=""> <li>c</li> <lic< li=""> <lic< li=""> <li>c</li> <lic< li=""> <li>c</li> <lic< li=""> <lic< li=""> <lic< li=""> <lic< li=""> <lic< li=""> <lic< li=""> <lic< li=""></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></lic<></ul>	venue. dividends, ir ax-exempt bou	Business Code				
Noncash contributions included in lines 1a - 1f:\$	venue. dividends, ir ax-exempt bou	Business Code				

https://projects.propublica.org/nonprofits/organizations/471906248/202310799349300381/full

(i) Securities

7a

7a Gross amount from sales of assets other than inventory

(ii) Other

►

## 10/30/23, 3:22 PM

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

		conacciante ine i an i ing i conprone Enpi	
b Less: cost or other basis and sales expenses <b>7b</b>			
c Gain or (loss) 7c d Net gain or (loss)	<u> </u>		
<ul> <li>Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18</li> <li>b Less: direct expenses</li> <li>c Net income or (loss) from fundrais</li> </ul>	8a     8b     sing events		
<ul> <li>c Net income or (loss) from fundrais</li> <li>Gross income from gaming activities See Part IV, line 19</li> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming</li> </ul>	9a 9b		
<ul> <li>10aGross sales of inventory, less returns and allowances .</li> <li>b Less: cost of goods sold .</li> <li>c Net income or (loss) from sales of</li> </ul>	10a 10b		
Miscellaneous Revenue	Business Code		
11a	Dusiness Coue	-	

efil	e Put	olic Visual	Render	ObjectId: 2	20231079934930	0381 - Submi	ssion: 2023-	03-20	TIN: 47-1906248	
	<b>HED</b> n 990)	ULE A	Con		Charity Statu				OMB No. 1545-0047	
Departr	nent of ti	ne Treasury e Service			4947(a)(1) nonexe Attach to Form 9 5.gov/Form990 for in	empt charitable 990 or Form 99	trust. 0-EZ.		<b>ZUZ I</b> Open to Public	
Nam	e of th	ne organiza						Employer identif	Inspection	
		OLS COLLABO								
Ра	rt I	Reason	for Public	Charity Stat	<b>us</b> (All organization	s must comple	te this part.) S	47-1906248 See instructions.		
The c	rganiz				e it is: (For lines 1 thro					
1		A church, c	convention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).		
2		A school de	escribed in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)			
3		A hospital of	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).		
4		A medical r name, city,		inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> 1	L70(b)(1)(A)(iii).	Enter the hospital's	
5		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)			, -		ribed in <b>section</b>	
6				5	governmental unit de					
7	<			rmally receives (vi). (Complete		s support from a	governmental u	nit or from the gene	eral public described in	
8		A communi	ity trust desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)			
9										
10	non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:									
11		An organiza	ation organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).		
12		more public	cly supported	l organizations (		<b>09(a)(1)</b> or see	ction 509(a)(2)	). See section 509	the purposes of one or (a)(3). Check the box	
а		<b>Type I.</b> A so organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, or co	ontrolled by its s	upported organiz	ation(s), typically b	y giving the supported	
b		Type II. A manageme	supporting o nt of the sup	organization sup	pervised or controlled in ation vested in the sar					
с		Type III f	unctionally	integrated. A	supporting organizatio ions). <b>You must com</b>				rated with, its	
d		functionally	/ integrated.	The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution i	requirement and	th its supported org an attentiveness re	anization(s) that is not equirement (see	
e		integrated,	or Type III n	on-functionally	ved a written determir integrated supporting	organization.			II functionally	
f g					upported organization(			· · · · · · · · · - <u>-</u>		
		lame of supp organization	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)		
						Yes	Νο			
Tota	1									
For F	aperv	work Reduc or 990-EZ.	tion Act Not	tice, see the I	nstructions for	Cat. No. 11285	ōF	Schedul	e A (Form 990) 2021	
					Do	ge 2				
						yu 2				
Schee	dule A	(Form 990)	2021						Page <b>2</b>	
	rt II	Suppor (Comple	r <b>t Schedule</b> ete only if y	ou checked th		or 8 of Part I o	or if the organi	zation failed to qu		
<b>C</b> -	ation			failed to qual	ify under the tests I	isted below, pl	ease complete	Part III.)		
	CTION	A. Public	Support	T	1	I	[	1		
ttps://	project	s.propublica.c	org/nonprofits/o	organizations/471	906248/2023107993493	00381/full			14	

	0/23, 3:22 PM	Rural S	Schools Collaborativ	e Inc - Full Filing- I	Nonprofit Explorer -	ProPublica	
	r fiscal year beginning in) 📂	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	137,227	134,189	270,548	452,988	511,438	1,506,390
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	137,227	134,189	270,548	452,988	511,438	1,506,390
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						107,255
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						1,399,135
	Section B. Total Support			-	•	•	
	lendar year r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	137,227	134,189	270,548	452,988	511,438	1,506,390
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	545	749	1,258	2,130	64	4,746
9	Net income from unrelated business activities, whether or not the						
10	business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						1,511,136
12	10 Gross receipts from related activities, e	tc. (see instructio	ons)			12	1,511,130
	<b>First 5 years.</b> If the Form 990 is for th						ization, check
	this box and <b>stop here</b>						
S	Section C. Computation of Public						
14	Public support percentage for 2021 (lin	e 6, column (f) di	ivided by line 11,	column (f))		14	92.590 %
15						15	99.540 %
16a	<b>3 33 1/3% support test—2021.</b> If the organization qualif	ies as a publicly s	supported organization	ation			🕨 🗹
ł		-				•	_
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> and if the organization meets the "facts"	-2021. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" te						
Ŀ	10%-facts-and-circumstances test more, and if the organization meets the	t—2020. If the on ne "facts-and-circ	rganization did no umstances" test, d	t check a box on li check this box and	ine 13, 16a, 16b, Stop here. Expla	or 17a, and line 1 ain in Part VI how t	5 is 10% or the organization
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supporte	d organization		
18							
	instructions					Schedule A (I	► 🗌
			Page 3				
Sch	edule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule fo (Complete only if you					d to qualify und	er Part II. If
	the organization fails t	o qualify under	the tests listed	below, please c	complete Part II.	.)	
	Section A. Public Support						
(0	r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	membership fees received. (Do not						
2	include any "unusual grants.") .						<b> </b>
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose		-			1	<b> </b>
3	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						<u> </u>

4 Tax revenues levied for the organization's benefit and either paid

	to or expended on its benair	1	1	1	I	1	1		
5	The value of services or facilities								
	furnished by a governmental unit to								
~	the organization without charge								
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and								
7 a	3 received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
-	from line 6.)								
Se	ction B. Total Support								
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		( <b>f)</b> Total	
-	iscal year beginning in) 🕨	(4) 2017	(5) 2010	(0) 2013	(@) 2020	(0) 2021			
9	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.								
c	Add lines 10a and 10b.								
11	Net income from unrelated business		1	1					
	activities not included on line 10b,								
	whether or not the business is								
4.5	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.).				<u> </u>	E01()/2			
14	First 5 years. If the Form 990 is for the								_
	this box and <b>stop here</b>								
60	ction C. Computation of Public	Support Perce	ntage						
<u> </u>									
<u> </u>	Public support percentage for 2021 (lin	ne 8, column (f) d	ivided by line 13,			15			
		ne 8, column (f) d	ivided by line 13,			15 16			
15 16	Public support percentage for 2021 (lin	ne 8, column (f) d Schedule A, Part II	ivided by line 13, II, line 15						
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15 16 Se 17 18 19a b 20 Schee Par 1 2	Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invester Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests-2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section ction A. All Supporting Organization If "No," describe in Part VI how the su describe the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2). Did the organization have a supported	s a box on line 12 o ctions A and D, and C. If s A and D, and co ations corganization discontinuing relation corganization discontinuing relation corganization discontinuing relation corganization discontinuing relation corganization descents corganization corganizatio	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quality Page 4 f Part I. If you ch you checked box omplete Part V.) ed by name in the tions are designal ionship, explain. hat does not have rganization detern cribed in section 5 ization qualified u	line 13, column (1 	Part I, complete S Part I, complete Sections A, poperted organization of status und poperted organization of status und poperted organization (6)? If "Yes," answerched organization (5), (5), or (6) and (5), or (6), or (6)	16         17         18         a 33 1/3%, a         ation         more than         anization .         instructions         Schedul         Schedul         Sections A a         , D, and E. 1         ts?         se,         er section         on was         ver lines 3b         and satisfied	33 1/3% 	.  and line and line	2021 Page 4

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.

30

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.

Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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.

- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b 5a and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the h

	organization's organizing document?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 <b>Part VI</b> .		
		6	
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. We can be a substantial to the substantial contributor of the substantial contributor of the substantial contributor.		
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
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).		
		8	
9a	<b>9a</b> 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 <b>Part VI</b> .		
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 <b>Part VI.</b>	9b	
С	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 <b>Part VI.</b>	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"		
	answer line 10b below.	10a	

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings). 10b

Schedule A (Form 990) 2021

Page 5

4a

4b

4c

5a

## Page 5 -

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)						
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	a 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?					
b	A family member of a person described on 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c				
-	V1.					

## Section B. Type I Supporting Organizations

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,"
	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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any
	applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 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 organization.

Yes No 1 2

Yes

No

# Section C. Type II Supporting Organizations

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 1

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

1

Section D. All Type III Supporting 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? <i>If "No," explain in <b>Part VI</b> how the</i>					
	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times					
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				

## Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - **a**  $\square$  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 **Part VI** how you supported a government entity (see instructions)

## 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.
 Image: Constitute of the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 Image: Constitute of the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 Image: Constitute of the organization was responsive? If "Yes," then in Part VI identify those supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.
 Image: Constitute of the organization's involvement, one or more organization's involvement.

 3
 Parent of Supported Organizations. Answer lines 3a and 3b below.
 Image: Constitute of the organization or more organization or more organization organization.
 Image: Constitute of the organization or more organization.

Page 6

- **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.

3b Schedule A (Form 990) 2021

3a

Schedule A (Form 990) 2021

Page **6** 

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section 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			
	Section 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):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				

https://projects.propublica.org/nonprofits/organizations/471906248/202310799349300381/full

2

**2** Acquisition indebtedness applicable to non-exempt use assets

efile Public Visual Rend	ler Objectld: 202310799349300381 - Submission: 2023-03-20		TIN: 47-1906248	
Schedule B	Schedule of Contributors		OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	Form 990) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information.			
Name of the organization RURAL SCHOOLS COLLABO		Employer id	entification number	
	JRAIIVE INC	47-1906248		
Organization type (cheo	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	lation		
	□ 527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	n		
	$\Box$ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

Name of organization PUPAL SCHOOLS COLLABORATIVE INC https://projects.propublica.org/nonprofits/organizations/471906248/202310799349300381/full Page 2

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person RESTRICTED Payroll **\$ RESTRICTED** Noncash  $\square$ , (Complete Part II for noncash contributions.) (c) Total contributions (b) (d) (a) No. Name, address, and ZIP + 4 Type of contribution Person Payroll \$ Noncash  $\square$ (Complete Part II for noncash contributions.) (b) (C) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (c) Total contributions (d) (a) (b) Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (C) (d) Νó. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash  $\square$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Total contributions No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 3

Schedule B (Form 990) (2021) Page					
Name of or RURAL SCH	ganization IOOLS COLLABORATIVE INC	Employer identification number			
		47-1906248			
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		

https://projects.propublica.org/nonprofits/organizations/471906248/202310799349300381/full

. =		<u>\$</u>	
(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
· =		<u> </u>	
(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
·  =		\$_	
L			Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Pana 4

efile Public Visual Render ObjectId: 202310799349300381 - Submission				: 2023-03-2	20	TIN: 47-1906248		
SCHEDULE D Supple		Supplement	ntal Financial Statem	onte		OMB No. 1545-0047		
(10111 350)				ents		2021		
				ganization answered "Yes," on F L0, 11a, 11b, 11c, 11d, 11e, 11f,			2021	
	tment of the Treasury			Attach to Form 990.	-		Open to Public Inspection	
	al Revenue Service							
	RURAL SCHOOLS COLLABORATIVE INC							
			utaining Danay Advi	and Funda on Othen Cimilar F		1906248		
Pa				sed Funds or Other Similar F s" on Form 990, Part IV, line 6.	unas or Ac	counts.		
				(a) Donor advised funds		(b) Funds a	nd other accounts	
1		•						
2			ns to (during year)					
3	Aggregate value	-						
4			•••••					
5				rs in writing that the assets held in clusive legal control?		funds are the	e 🗌 Yes 🗌 No	
6	Did the organiza	ation inform al	l arantees donors and do	onor advisors in writing that grant fu	inde can be us	ed only for	U Yes U No	
U	charitable purpo	ses and not fo	or the benefit of the donor	or donor advisor, or for any other p	ourpose confer		ssible	
					••		🗌 Yes 🗌 No	
Pa		vation Ease		s" on Form 990, Part IV, line 7.				
1				nization (check all that apply).				
			public use (e.g., recreation		ion of an histo	rically import	ant land area	
	$\frown$	of natural hab			ion of a certifie			
	$\square$	on of open spa						
2				qualified conservation contribution i	in the form of	a conservatio	n	
-	easement on the						he End of the Year	
а	Total number of	conservation e	easements		2a			
b	Total acreage res	stricted by con	servation easements		<b>2b</b>			
С				c structure included in (a)				
d	Number of conse structure listed i			ired after 7/25/06, and not on a hist	toric <b>2d</b>			
3			•	ed, released, extinguished, or termin	nated by the o	rganization du	uring the	
	tax year 🕨							
4	Number of state	s where prope	erty subject to conservation	on easement is located <b>&gt;</b>				
5	Does the organi	zation have a	written policy regarding the	he periodic monitoring, inspection, h	andling of vio	lations,		
	and enforcemen	it of the conse	rvation easements it hold	s?		C	Yes 🗌 No	
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enf	forcing conserv	vation easeme	ents during the year	
	Amount of ovno	near incurred	in monitoring increating	handling of violations, and enforcin	a concorrection		during the year	
7	► \$	iises incurreu	in monitoring, inspecting,	nanding of violations, and emorcin	g conservation	i easements (	Jurning the year	
8	Does each conse	ervation easen	— nent reported on line 2(d)	above satisfy the requirements of s	section 170(h)	(4)(B)(i)		
	and section 170	(h)(4)(B)(ii)?			• •	C	Yes 🗌 No	
9				ervation easements in its revenue a				
			for conservation easemen	footnote to the organization's finan ts.	cial statement	s that descrit	Des	
Par				of Art, Historical Treasures,	or Other S	imilar Asse	ets.	
		2		s" on Form 990, Part IV, line 8. SC 958, not to report in its revenue s	statement and	halance shee	at works of art	
1a	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for pub ote to its financial statem	lic exhibition, education, or research ents that describes these items.	n in furtheranc	e of public se	rvice, provide, in	
b	historical treasu following amour	res, or other s its relating to	imilar assets held for pub these items:	SC 958, to report in its revenue state lic exhibition, education, or research	n in furtheranc	e of public se	rvice, provide the	
(	(i) Revenue includ	ed on Form 99	90, Part VIII, line 1			. ▶\$		
<b>(</b> i	ii)Assets included	in Form 990,	Part X			. ▶\$		
2	following amour	nts required to	be reported under FASB	cal treasures, or other similar assets ASC 958 relating to these items:				
а	Revenue include	ed on Form 990	0, Part VIII, line 1			. ▶\$		
b								
For	Paperwork Redu	iction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 5228	3D Sched	ule D (Form 990) 2021	

			Pa	age 2 🛛 —							
her	lule D	(Form 990) 2021									Page
	III	Organizations Maintaining Col	lections of Art H	istorical	Treas	ures o	r Other	Similar A	ssets (conti	nued)	Pay
	Using	the organization's acquisition, accession (check all that apply):									
a		Public exhibition		d [	) Loa	n or exch	ange prog	rams			
)		Scholarly research		e [	) Oth	er					
:		Preservation for future generations									
	Provid Part >	de a description of the organization's col	llections and explain h	now they fu	rther th	ne organiz	zation's ex	empt purp	ose in		
	Durin	ng the year, did the organization solicit of to be sold to raise funds rather than to							🗌 Yes		•
ar	t IV	<b>Escrow and Custodial Arrange</b> Complete if the organization answ line 21.		n 990, Pa	rt IV, I	ine 9, or	· reporte	d an amou			-
1	Is the	e organization an agent, trustee, custodi	an or other intermedia	ary for cor	tributio	ns or othe	er assets	not			
	incluc	ded on Form 990, Part X?					• • • •		🗌 Yes		0
)	If "Ye	es," explain the arrangement in Part XIII	and complete the foll	lowing tab	e:				Amount		_
2	Begin	nning balance					1c				_
ł	Addit	ions during the year					1d				_
9	Distri	ibutions during the year					1e				_
	Endin	ng balance					1f				_
	Did tł	he organization include an amount on Fo	orm 990 Part X line 2	1 for escr	ow or c	ustodial a	account lia	hility?			_
		es," explain the arrangement in Part XIII									0
)	n re	Endowment Funds.	. Check here if the exp	ріапаціон і	las Dee	n provide	u III Part /				
aı	L V	Complete if the organization answ	vered "Yes" on Forn	n 990 <i>,</i> Pa	rt IV, l	ine 10.					
			(a) Current year	(b) Prior			ears back	(d) Three ye	ears back (e) H	our year	rs bac
a	Beginn	ning of year balance									
<b>)</b> (	Contrib	butions									
: 1	Net inv	vestment earnings, gains, and losses									
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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV	line 11h See Foi	rm 990 Part X	line 12
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of v t or end-of-year	aluation:
	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990, F	Part IV.	line 11c. See Fo	rm 990. Part X	Line 13.
	(a) Description of investment	are ry	(b) Book value	(c) Met	hod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	ine 11d. See For	rm 990, Part X	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part Y			-		•

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability

(b) Book value

Т

(1) Endoral income taxes

1.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

# Schedule D (Form 990) 2021

— Page 4 —

efile Public Visual Render			881 - Submission: 20					TIN: 47-1906248
Note: To capture the full con Schedule I	tent of this d	ocument, please so	elect landscape mode	e (11" x 8.5") whe	en printing.		0	MB No. 1545-0047
(Form 990) Department of the Treasury		Governments	Other Assistance and Individuals ation answered "Yes," o ▶ Attach to Form w.irs.gov/Form990 for	s in the Unite In Form 990, Part IV 990.	d States , line 21 or 22.			2021 Open to Public Inspection
Internal Revenue Service Name of the organization RURAL SCHOOLS COLLABORATIVE II	NC					Emplo	yer identific	ation number
Part I General Informati		and Assistance				47-19	06248	
<ol> <li>Does the organization maintai the selection criteria used to a</li> </ol>	n records to sub	stantiate the amount of	the grants or assistance, t	he grantees' eligibility	for the grants or assistance	e, and		🗸 Yes 🗌 No
2 Describe in Part IV the organiz			-					
			ditional space is needed.	nts. Complete if the or	ganization answered "Yes"	on Form 990, I	Part IV, line	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descr noncash as		(h) Purpose of grant or assistance
(1) MONMOUTH COLLEGE 700 E BROADWAY MONMOUTH, IL 61462			12,500					OPERATIONS
(2) THE UNIVERSITY OF WEST ALABAMA FOUNDATION 100 US-11 LIVINGSTON, AL 35470			7,083					OPERATIONS
(3) SHASTA COLLEGE FOUNDATION 11555 OLD OREGON TRIAL REDDING, CA 96003			7,083					OPERATIONS
(4) MISC GRANTS UNDER 5000			5,375					OPERATIONS
2 Enter total number of section     3 Enter total number of other or		-					<u> </u>	
3 Enter total number of other or For Paperwork Reduction Act Notice, s			<u></u>	Cat. No. 50055				edule I (Form 990) 2021
			2					
		Page	.2					
			nplete if the organization a	answered "Yes" on Forr	n 990, Part IV, line 22.			Page <b>2</b>
Part III can be duplicate (a) Type of grant or assistance		(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (b		Description	of noncash assistance
(1)		recipients	cash grant	noncash assistance	FMV, appraisal, other			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemental I	nformation	Provide the inform+	on required in Dout T He	o 2. Dort III. colum	in (b); and any other ad	ditional inform	matica	

Additional Data

Return to Form

Software ID: Software Version: FORM 990, PAGE 6, PART VI,

efile Public	Visual Rende	objectId: 202310799349300381 - Submission: 2023-0	03-20	TIN: 47-1906248			
SCHEDUL (Form 990) Department of the Tre Internal Revenue Serv	easury	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questi 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.	ions on on.	OMB No. 1545-0047			
Name of the organization RURAL SCHOOLS COLLABORATIVE INC		c	Employer identi 47-1906248	ification number			
Return Reference	Explanation						
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS SH	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 A	ANNUALLY.				

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

https://projects.propublica.org/nonprofits/organizations/471906248/202310799349300381/full