PRESENTATION COPY

Form 990	
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Department of the Treasury

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.

20**22** Open to Public

OMB No. 1545-0047

Inter	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest	t information.		Inspection
Α	For the	e 2022 calen	dar year, or tax year beginning , 2022, and endi	ing		, 20
в	Check i	if applicable:	C Name of organization OJAI RAPTOR CENTER		D Empl	oyer identification number
	Address	s change	Doing business as		77-0	543286
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepi	hone number
	Initial re	eturn	PO BOX 182		(805))649-6884
Gross receipts City or town, state or province, country, and ZIP or foreign postal code OAK VIEW, CA 93022 Gross receipts						
	Amende	ed return	OAK VIEW, CA 93022		G Gross	receipts \$ 834,624.
	Applica	tion pending	F Name and address of principal officer:	H(a) Is this a gro	up return fo	or subordinates? 🗌 Yes 🛛 No
			KIMBERLY STROUD, 370 BALDWIN RD, OJAI, CA 930)23 H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No
I	Tax-exe	empt status:	X 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	lf "No," a	ttach a li	st. See instructions.
J	Website	e: N/A		H(c) Group ex	emption	number
к	Form of	organization: 🔀	Corporation Trust Association Other L Year of form	nation: 2000	M State	of legal domicile: CA
P	art	Summa	ry			
	1	Briefly des	cribe the organization's mission or most significant activities: <code>0JAL R</code>	APTOR CENTER IS D	EDICATE	D TO THE REHABILITATION
e		AND REL	EASE OF INJURED AND ORPHANED BIRDS OF PREY			
าลท		AND TO	PROVIDING PROGRAMS TO TEACH ABOUT RAPTORS AND	OUR SHARED) ENV	IRONMENT.
/eri	2	Check this	box $\ \ \square$ if the organization discontinued its operations or disposed	of more than 25	% of it	s net assets.
ő	3	Number of	voting members of the governing body (Part VI, line 1a)		3	6
8	4	Number of	independent voting members of the governing body (Part VI, line 1	b)	4	5
ties	5	Total numb	per of individuals employed in calendar year 2022 (Part V, line 2a)		5	9
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		6	110
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
ē	8	Contributio	ons and grants (Part VIII, line 1h)	545,	140.	733,054.
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)			40,290.
ě	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	5,	622.	3,950.
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	31,	730.	49,994.
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,	492.	827,288.
	13		I similar amounts paid (Part IX, column (A), lines 1–3)			
	14		aid to or for members (Part IX, column (A), line 4)			
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	277,	013.	410,899.
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			
, xp	b		aising expenses (Part IX, column (D), line 25) 75,131.			
ш	17	•	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	218,		214,287.
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	495,	306.	625,186.
	19	Revenue le	ess expenses. Subtract line 18 from line 12	87,	186.	202,102.
Net Assets or Fund Balances				Beginning of Curre		End of Year
set	20		ts (Part X, line 16)	1,178,		1,316,207.
ad B	21		ties (Part X, line 26)	· · · · ·	997.	18,765.
			or fund balances. Subtract line 21 from line 20	1,167,	042.	1,297,442.
Pa	art II	Signatu	re 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 any knowledge.

				0	9/30/2023	
Sign	Signature of officer			Dat	e	
Here	KIMBERI	KIMBERLY STROUD, EXECUTIVE DIRECTOR Detersistic Check X if self-employed Print/Type preparer's name Preparer's signature Date Check X if self-employed PTIN MARIA ALAMIN CPA MARIA ALAMIN CPA 10/12/2023 Self-employed P00810056 Firm's name MARIA HERNANDEZ-ALAMIN, CPA Firm's EIN 27-1513562				
	Type or print name	and title				
Paid	Print/Type prepa	irer's name	Preparer's signature	Date	Check 🗙 if	PTIN
Preparer	. MARIA ALA	MIN CPA	MARIA ALAMIN CPA	10/12/2023	self-employed	P00810056
Use Only		MARIA HERNANDEZ	-ALAMIN, CPA	Firm	's EIN 27-1	513562
	Firm's address	360 MOBIL AVE,	STE 101, CAMARILLO, CA 93	010 Pho	neno. (805) (630-2199
May the IR	S discuss this re	eturn with the preparer s	shown above? See instructions			🛛 Yes 🗌 No
Fau Daman	aula Daalaastiana A		to in atmostic no. DAA			

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 05/17/23 PRO

Form 99	D (2022) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OJAI RAPTOR CENTER IS DEDICATED TO THE REHABILITATION AND RELEASE OF INJURED AND ORPHANED BIRDS OF PREY
	AND TO PROVIDING PROGRAMS TO TEACH ABOUT RAPTORS AND OUR SHARED ENVIRONMENT.
	TWO TO TROVIDING TROORAD TO TEACH ADOUT RELIGIO AND OUR DERVIRONALIST.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 503,955. including grants of \$0.) (Revenue \$ 40,290.)
	THE OJAI RAPTOR CENTER ORGANIZES NUMEROUS EVENTS DURING THE YEAR TO INCREASE
	AWARENESS OF THE NEED TO PRESERVE BIRD WILDLIFE. THESE EVENTS EDUCATE THE COMMUNITY
	AND_INCREASE_AWARENESS_THAT_THERE_IS_AN_ORGANIZATION_AVAILABLE_TO_REHABILITATE
	SICK OR INJURED BIRDS THAT MAY BE FOUND.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 503,955.

Form 99	0 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
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	×	^
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18	×	
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b		×

Form 99			F	Page 4
Part	V Checklist of Required Schedules (continued)			_
00		<u> </u>	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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		×
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		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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>	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
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		×
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, Part III</i>	27		×
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		×
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 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>	31 32		×
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		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .	35a 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		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part		00	~	
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and1a0			
	reportable gaming (gambling) winnings to prize winners?	1c		

Vert No. Statements Regarding Other IRS Filings and Tax Compliance (continued) Vert No. 28 Enter the number of employees reported on Form V-3, Transmitud of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this ratum? 20 × 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 28 × 31 Did the organization nation appoint the calendar year (did the organization have an interest in, or a signature or other authority over a financial accounty of the organization nation as bark account, securities account, or other financial accounty? 38 × 32 Max the organization appoint the start have an interest in, or a signature or other authority over a financial accounty? 58 × 34 Vest the organization in action the organization in the Ropert of Foreign Bark and Financial accounty? 58 × 55 State accounts a foreign and gross receipts that are normally greater than \$100,00, and did the organization nexibures not tax deductible as charitable contributions or grists on class device provided to the payor? 56 × 66 Organization nexibures apyment in excess of 37 maxes party to a prohibited tax shells are normally greater than \$100,00, and did the organization nexibures and the scenees of 37 maxes pay the dim the scenees of 37 maxes payor the scenees of 37 maxes payore promume organization nexibures apymente the scenees of 37 maxes	Form 99	D (2022)		F	Page 5
Statements, filed for the celeridar year ending with or within the year covered by this return 2 9 b If at least one is proported in line 2a, diff the organization file and line returned fead employment tax returns? 30 30 3a Did the organization have unrelisted business gross income of \$1,000 or more during the year? 3a 3b 3a b If "Yes," that lifted a Formig ourly (such is as bank account, securities account, a other authority over, a financial account is forging ourly (such is as bank account, securities account, a other financial account)? 4a × b Was the organization approx to a prohibited tax shefter transaction at any time during the tax year? 5a × b Ud any taxable party notify the organization file form 8866-17 6a × 3b × c If "Yes," did the organization include with every tota prohibited tax shefter transaction? 6a × 3b × f If "Yes," did the organization include with every solicitation an express statement that such contributions or gints were not tax deductible as christical contributions or gints were not tax deductible? 7a × 7 Organization receive a payment in excress of 37 made party as a contribution on adverse provided? 7a × 7 d If "Yes," did the organization file form 8282? 7d 7a × 7a ×	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	2a				
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. Bb Bb Ba At any time during the calendary year, dift her ognization have an interest in, no a signature or other namolial account? Ba At any time during the calendary year, dift her ognization have an interest in, no a signature or other namolial account; Ba At any time during the tax year? Ba At any time during the tax year? See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Xa Xa Sa Xa	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
4a A any time during the calendar year, did the organization have an interset in, or a signature or other durinoity over, a financial account if; 4a × b H"Yes," enter the name of the foreign country such as a bark account, securities account, or other financial accounts; 5a × b Was the organization a party to a prohibited tax shelts transaction at any time during the tax year? 5a × c 16 Was the organization in a party to a prohibited tax shelts transaction at any time during the tax year? 5a × c 16 Was the organization in a party to a prohibited tax shelts transaction at any time during the tax year? 5a × c 16 "Yes," did the organization include with were not tax deductibles ac chartable contributions and tary organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6a × 7 Organization scleit any contributions tank may receive daductible contributions and accounts of the organization notify the donor of the value of the goods or services provided? 7a × 11 "Yes," did the organization notify the donor of the value of the goods or services provide? 7a × 12 H"Yes," did the organization notify the done solution of the value of the goods or services form 8009 ? 7a × 14 "Yes," did the organization notify the done or therwise dispose of tangible personal property for which it was pro	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
a financial account in a foreign country (such as a bark account, so other financial account)? 4a × b financial Accounts for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a × 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea? 5a × b Did any taxable party notify the organization flat it was or is a party to a prohibited tax shelter transaction? 5a × 5a Does the organization include where annual gross receipts that are normally greater than \$100,000, and did the organization include where yo solicitation an express statement that such contributions or gifts were not tax deductible? 6a × 7 Organizations that may receive deductible contributions under section 170(c). 6b 6b 6b 7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c × 7 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c × 7 Did the organization neceive a pay premiums, directly or indirectly, on a personal benefit contract? 7c × 7 Did the organization meaker as distributions under section 1906/C 7n × 7g 7n 8 Ub the seponsoring organization mature yustable distributions under	b		3b		
b If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c Ti "Yes," to ine 5a or 5b, did the organization file form 8886-17. 6b Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nature enot tax deductibles on tributions related to contributions related to organization state may receive deductible contributions and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). To 7 Organization scleve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To 7 Organization sective any funds, directly or indirectly, to pay premiums on a personal benefit contract? To 7 To ganization receive any funds, directly or indirectly on a personal benefit contract? To 7 To ganization receive any funds, directly or indirectly on a personal benefit contract? To 7 To X To 7 Sonosoring organization neaved a contribution of arx, bast, aiplanee, or dher whice gonaization file off more 889 as required? <td>4a</td> <td></td> <td></td> <td></td> <td></td>	4a				
See instructions for Hing requirements for FinCEN Form 114, Report of Foreign Eark and Financial Accounts (FEAR). is Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? is Sa Did any taxable party notify the organization file form 888-17 is is Core if "Yea" to line 5a or 5b, did the organization file form 888-17 is is is Boos the organization and wave annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? is is Organizations that any receive daductible contributions under section 170(c). a is is is Did the organization neady as gamment in excess of 375 made party as a contribution and party for goods and services provided to the payor? is is is C Did the organization neady as a prevent with the vary solicitation or appressional benefit contract? is is is C Did the organization receive a pay remiums, directly or indirectly, on a personal benefit contract? if is is If "Yes," indicate the number of Forms 8282 filed during the year? is is is is If the organization ceave as outhification ordualified releteclucity, to paynization meanstrain (meani			4a		×
5a Was the organization a party to a prohibiled tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibiled tax shelter transaction? 5c 5c 6e 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 a contributions that were not tax deductible? 6e 7 Organization statu may receive adoutcible? 7c 7c 7 Drganization selicit any controbutions that may receive adoutcible as contributions and partly for goods and services provided to the payor? 7d 7d 7 Drid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d 7d 7 Drid the organization addit, were the second or services provide? 7d 7d 7d 7 Did the organization addit, were the second or services provide? 7d <	b				
b Did any taxable party notity the organization file Form 886-17 fr 'Yes'' to line 6a or 5b, did the organization file Form 886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or of fifs were not tax deductible as charitable contributions or of gifts were not tax deductible as charitable contributions or or gifts were not tax deductible contributions under section 170(c). 6b a Organization include with every solicitation an express statement that such contributions or or gifts were not tax deductible contributions under section 170(c). 7a × a Did the organization notify the donor of the value of the goods or services provided? 7b 7c b If 'Yes,'' did the organization notify the donor of the value of taglobe personal property for which it was required to file form 8282? 7c × b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t × c Did the organization make any taxable distributions under section 4966? 9a 9a 9b d H'Yes,'' did the organization make any taxable distributions under section 4966? 9a 9a 9b 10 Section 501(c)(12) organizations included on Part VIII, line 12 10a 10a 10b 1	_		_		
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization an educational institution 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 16 If "Yes," complete Form 4720, Schedule N. 16 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17			12a		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on 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 If "Yes," see the instructions and file Form 4720, Schedule N. 16 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 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	4				
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 excess parachute payment(s) during the year? 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. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 4720, Schedule O. 			14b		
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17	16	•	16		
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
	.,		17		
		If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	struc	tions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		× × ×
7a b	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? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		×
8	stockholders, or persons other than the governing body?	7b		×
а	The governing body?	8a	×	
ь 9	Each committee with authority to act on behalf of the governing body? 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 on Schedule</i> O	8b 9	×	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	100	v	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	××	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	120 12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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	×	
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process on 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		×
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?	4.61		
Seet:		16b		
<u>Secu</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (ερς	tion ^p	501(c

Form 990 (2022)

- **18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. KIM O'NEIL, 370 BALDWIN RD, OJAI, CA 93023 (805)649-6884

Page **6**

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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

				-	C)					
(A) Name and title	(B) Average hours	box,	unles	neck is pe	rson	e than c is both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	or/true Highest compensated employee	ee) Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
_(1) KIMBERLY_STROUD EXECUTIVE DIRECTOR	40.00	-				×		60,754.	0.	0.
(2) KIM <u>O'NEIL</u> TREASURER	2.00	×	×					0.	0.	0.
(3) ELIZABETH_CHOUINARD SECRETARY	2.00	×	×					0.	0.	0.
(4) CHERYL ENDO CEO/PRESIDENT	2.00	×						0.	0.	0.
(5) <u>ESTHER</u> KIMBALL DIRECTOR	2.00	×						0.	0.	0.
(6) AMY_DENTON DIRECTOR	2.00	×						0.	0.	0.
_(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										
										Farma 000 (0000)

Par	VII Section A. Officers, Directors,	Frustees,	Key l	Emj		-	s, an	d۲	lighest Compe	nsated	Emplo	yees (contir	nued)
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck s pe d a d	irson	e than o is both or/trust	n an tee)	(D) Reportable compensation from the	(E) Report compen from re	able sation	c	(F) ated am of other opensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trus ^{te} e	Officer	Key employee	Highest compensated employee	Former		organizatio 1099-N 1099-N	ns (W-2/ IISC/	f orgar	rom the nization organiza	and
(15)														
(16)												ō.		
(17)						-								
(18)										-				
(19)														
(20)			ar A A						1			6.		
(21)					-		1 1							
(22)										<u>.</u>				
(24)												С.		
(25)			, i		-									
1b c	Subtotal			•	8	 	•	•	60,754.		0.			0.
d 2	Total number of individuals (including but		 d to th	Iose	e list	ted	above	e) w	60,754. ho received mor	e than \$1	0. 00,000	of		0.
	reportable compensation from the organ												Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete a											3		×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000)? I	f "Ye	s,"	complete Sched	dule J fo	or such			×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	froi	m any	/ un	related organizat	tion or ind	dividual			×
Sect	ion B. Independent Contractors												<u>,</u>	-
1	Complete this table for your five high compensation from the organization. Rep													
1. 1.	(A) Name and business add	lress							(B) Description of serv	vices		(C) Compen		
1														
														_

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

Part VIII Statement of Revenue Check if Schedule O conta

Part	: VIII					_
<u>-</u>		Check if Schedule O contains a response or note to a	Any line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants, mounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c				
∖, Gifts, nilar A	d e	Related organizations1dGovernment grants (contributions)1e	-			
Contributions, Gifts, Grants, and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above1f733,054Noncash contributions included in lines 1a-1f1g\$ 43,730				
an Col	h	Total. Add lines 1a–1f	733,054.			
_		Business Code	,00,0011			
8	2a	EDUCATION 611710	40,290.	40,290.	0.	0.
ه ک	b		<u>_</u>			
Se	c					
gram Ser Revenue	d			-		-
Program Service Revenue	е					
Pro	f	All other program service revenue				-
	g	Total. Add lines 2a–2f	40,290.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	3,950.	0.	0.	3,950.
	4	Income from investment of tax-exempt bond proceeds			2	÷
	5	Royalties			r.	
		(i) Real (ii) Personal	_			
	6a	Gross rents 6a	_			
	b	Less: rental expenses 6b	_			
	C .	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a	-			
venue	b	Less: cost or other basis and sales expenses 7b				
	с	Gain or (loss) 7c			0	0
Ë	d	Net gain or (loss)				
Other Re	8a	Gross income from fundraising events (not including \$ of contributions reported on line				
		1c). See Part IV, line 18 8a 57, 330				
	b	Less: direct expenses 8b 7,336				10.004
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 . 9 a	49,994.		0.	49,994.
	b	Less: direct expenses 9b	1			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances			8	
	b	Less: cost of goods sold 10b				0
_	С	Net income or (loss) from sales of inventory				
SN		Business Code				
Miscellaneous Revenue	11a					
en	b			-		
scellanec Revenue	C				6	
Mis	d	All other revenue				
E	e	Total. Add lines 11a-11d	007.000	40.000	-	F2 044
2	12	Total revenue. See instructions	827,288.	40,290.	0.	53,944.

Part IX Statement of Functional Expenses

following ŠOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . **(D)** Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses **(B)** Program service expenses (C) Management and 8b. 9b. and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV. line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 45,566. Ο. 60,754. 15,188. Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 329,300. 5,253. 54,566. 269,481. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits 20,845. 12,717. 7,918. 210. 10 Payroll taxes Fees for services (nonemployees): 11 Management а Legal b - 23 С Accounting 3,669. 883. 2,235. 551. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 1,242. 227. 1,015. 0. f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 2,599. 2,599. 0. Ο. Advertising and promotion 12 13 Office expenses 6,551. 12,776. 22,489. 3,162. 14 Information technology 15 Royalties Occupancy 9,953. 7,081. 2,053. 16 819. 902. 584. 17 0. 318. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 23,260. 23,260. 22 Depreciation, depletion, and amortization 0. 0. 23 Insurance 4,574. 4,173. 336. 65. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a RAPTOR & RODENT FOOD 37,416. 37,416. 0. Ο. 1,782. FACILITIES SUPPLIES 1,628. 118. 36. b LAB SERVICES, TESTING 1,300. 1,300. 0. 0. С MEDICATIONS AND SUPPLIES 9,892. 9,892. 0. 0. d e All other expenses 95,209. 83,986. 6,448. 4,775. 25 Total functional expenses. Add lines 1 through 24e 625,186. 503,955. 46,100. 75,131. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if

. . .

Form 990 (2022)

orm 990 (Page 11
Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ X		🗙
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	501,924.	1	665,806.
2	Savings and temporary cash investments	300,490.	2	300 , 549.
3	Pledges and grants receivable, net	19,522.	3	
4	Accounts receivable, net		4	729.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
10a				
	basis. Complete Part VI of Schedule D 10a 650, 715.			
b		· · ·	10c	256,803
11	Investments-publicly traded securities	76,040.	11	92,320
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets active a construction and the second active activ		14	
15	Other assets. See Part IV, line 11 .		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,178,039.	16	1,316,207
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ກ 22	Loans and other payables to any current or former officer, director,			
22 riabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D	10,997.	25	18,765.
26	Total liabilities. Add lines 17 through 25	10,997.	26	18,765
Net Assets or Fund Balances E C E C 6 8 2 E C 1 0 6	Organizations that follow FASB ASC 958, check here 🔀 and complete lines 27, 28, 32, and 33.			
		1 100 040	07	1 000 105
27	Net assets without donor restrictions	1,132,042.	27	1,290,195
28 2	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	35,000.	28	7,247
2	and complete lines 29 through 33.			
29			29	
30	Capital stock or trust principal, or current funds		30	
2 31	Retained earnings, endowment, accumulated income, or other funds	it.	30	
31 32	Total net assets or fund balances .	1,167,042.	32	1,297,442
2 33	Total liabilities and net assets/fund balances	1,178,039.	33	1,316,207
- 33		I, I/0, U39.	33	I, JI0, ZU/

REV 05/17/23 PRO

Form **990** (2022)

Form 99	90 (2022)			Pa	age 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI		8 G S	-	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		327 , 2	288.
2	Total expenses (must equal Part IX, column (A), line 25)	2	(525 , 2	L86.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	202,1	L02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1,1	.67 , (042.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,3	369,2	144.
Part	XII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpl ain	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	mpiled	or		1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	e z x	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explain (on 🔚		1
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				×
b				1	1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such				
	REV 05/17/23 PRO		Foi	rm 990	(2022
					, -

SCHEDULE A (Form 990)

(D)

(E) Total

Public Charity Status and Public Support

OMB No. 1545-0047 2022

Open to Public

Department of the Treasur
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Name of the	organization
-------------	--------------

	Inspection
r identificati	on number

$\cap T $ T	- רס	CENDE

Name	ame of the organization Employer identification number							
<u>o</u> ja:	I RAPTOR CENTER					77-0543286		
Par	rt Reason for Public Cha	rity Status. (Al	organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The o	organization is not a private founda	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)		
1	A church, convention of churc	hes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i)		
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3	A hospital or a cooperative ho)(A)(iii).		
4	A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Ent	er the
	hospital's name, city, and state	e:						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit	described in
6 7	A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the ge	eneral public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university:							
10	An organization that normally i receipts from activities related support from gross investmen acquired by the organization a	to its exèmpt fu t income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a le (less se	nd (2) no more than action 511 tax) from	331/3%	of its
11	An organization organized and		-		•	,		
12	An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the	purposes of
	one or more publicly supported							
	the box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e, [·]	12f, and	l 12g.
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b		-				upported organizati	on(e) h	w baying
J	control or management of organization(s). You must	the supporting o	rganization vested in	the same				
с	Type III functionally integ its supported organization						ally inte	grated with,
d	I Dype III non-functionally in that is not functionally integrity integrity integrity in the requirement (see instruction)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е		ization received	a written determinatio	on from th	ne IRS the	at it is a Type I, Type	e II, Typ	e III
f					J			[]
g		-					-	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	-	rganization	(v) Amount of monetary	(vi)	Amount of
			(described on lines 1–10 above (see instructions))	listed in you docur	n governing ment?	support (see instructions)	other	support (see structions)
				Yes	No			
(A)								
(B)								
(C)								

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

Secti	ion A. Public Support	quality arras					
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	427,298.	142,874.	507,154.	545,140.	/33,054.	2,355,520.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.				-		
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	427,298.	142,874.	507,154.	545,140.	733,054.	2,355,520.
-	shown on line 11, column (f)						0.055.500
6 Socti	Public support. Subtract line 5 from line 4 ion B. Total Support						2,355,520.
-	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	427,298.	142,874.	507,154.	545,140.		2,355,520.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	187.	233.	104.	5,622.	3,950.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	27,681.	16,867.	18,921.	30,034.	49,994.	143,497.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,509,113.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the	•	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he						i i i i i 🗆
Secti	ion C. Computation of Public Suppor	0					
14	Public support percentage for 2022 (line 6		-			_14	93.88 % _
15	Public support percentage from 2021 Sch					15	92.98%
	 16a 33¹/₃% support test-2022. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33¹/₃% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check 						
b	this box and stop here . The organization	qualifies as a	publicly suppo	orted organizati	ion		· · · · 🗆
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts	-and-circumst	ances test, ch st. The organiz	eck this box a ation qualifies	nd stop here as a publicly	. Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	ere. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this be	ox and see
							A (Earm 000) 2022

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			_			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
U	unrelated trade or business under section 513						
							-
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3				1		
	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.)						
Secti	on B. Total Support		4				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						-
Ita	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		-				1
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b	-1	0.0	e_i		f_1	75
	Net income from unrelated business		+			-	
11	activities not included on line 10b, whether						
	···· · · · · · · · · · · · · · · · · ·						
	or not the business is regularly carried on		· · · · · · · · · · · · · · · · · · ·				
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)				i,		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-					on 501(c)(3)
<u> </u>	organization, check this box and stop he					5 8 • •	••••
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2022 (line 8		•			15	<u>%</u>
<u>16</u>	Public support percentage from 2021 Sch					16	%_
-	on D. Computation of Investment In				(6)	4-1	
17	Investment income percentage for 2022 (-		17	<u>%</u>
18	Investment income percentage from 2021					18	<u>%</u>
19a	$33^{1}/_{3}\%$ support tests – 2022. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box		-			-	
b	331 / ₃ % support tests - 2021. If the organiz						
•	line 18 is not more than 331/3%, check this l		-	-			
_20	Private foundation. If the organization di		box on line 14	, 19a, or 19b, (check this box	and see instr	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

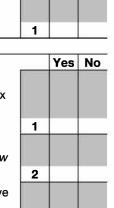
- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have
- a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- h Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1

Yes No



3

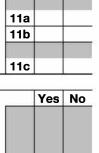
2a

2b

3a

3b

Yes No



1

2

	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2022

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

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Schedule A (Form 990) 2022

	le A (Form 990) 2022			Page	e 7	
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued	Ŋ		
Sect	ion D-Distributions			Current Year		
_ 1_	Amounts paid to supported organizations to accomplish of			1		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	1	2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3					
4						
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5		
6	Other distributions (describe in Part VI). See instructions.		1	6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res		8		
9	Distributable amount for 2022 from Section C, line 6		5	9		
10	Line 8 amount divided by line 9 amount		1	10		
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) s Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6		1		_	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018 and a call and					
С	From 2019					
d	From 2020					
е	From 2021		-			
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u> </u>	Carryover from 2017 not applied (see instructions)		j.			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		*			
4	Distributions for 2022 from					
<u> </u>	Section D, line 7: \$		1			
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		1			
8	Breakdown of line 7:		9.			
а	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021		A			
е	Excess from 2022					

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Schedule A (Form 990) 2022

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

	EDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990,	_	2022
Departm	ent of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990.		Open to Public
-	Revenue Service	Go to www.irs.gov/Form99	00 for instructions and the latest informa		Inspection
	of the organization			Employer identi 77-0543286	
	I RAPTOR CI		sed Funds or Other Similar Fund	1	
. a		ete if the organization answered "			
	•		(a) Donor advised funds	(b) Funds	s and other accounts
1		at end of year			
2		ue of contributions to (during year)			
3 4		ue of grants from (during year)			
4 5		ue at end of year	Ladvisors in writing that the assets he	l Id in donor ad	vised
•			organization's exclusive legal control		
6			nd donor advisors in writing that grant		
			t of the donor or donor advisor, or fo		
	- CC - CC -				· Ves No
Par		rvation Easements. ete if the organization answered "	Ves" on Form 990 Part IV line 7		
1		conservation easements held by the c			
•	• • • •	of land for public use (for example, recre		f a historically	important land area
		of natural habitat	Preservation o		•
		n of open space			
2		s 2a through 2d if the organization hel he last day of the tax year.	d a qualified conservation contributior	1.0	
-				5	d at the End of the Tax Year
a b			· · · · · · · · · · · <i>i i i</i> ii	. 2a . 2b	
c	-	-	storic structure included in (a)		
d	Number of cor	nservation easements included in (c) a	acquired after July 25, 2006, and not o		
		6		24	
3		nservation easements modified, trans	ferred, released, extinguished, or tern	ninated by the	organization during the
4	tax year	tes where property subject to conserv	vation easement is located		
5			arding the periodic monitoring, insp	ection, handli	ng of
	violations, and	l enforcement of the conservation eas	ements it holds?		· 🗌 Yes 🗌 No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation e	asements during the yea
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation ea	sements during the year
8			2(d) above satisfy the requirements of s		
9			onservation easements in its revenue		
		, and include, if applicable, the text of accounting for conservation easement	the footnote to the organization's finants.	incial statemer	ts that describes the
Par		izations Maintaining Collections ete if the organization answered "	of Art, Historical Treasures, or (Yes" on Form 990, Part IV, line 8.	Other Simila	r Assets.
1 a	If the organiza	tion elected, as permitted under FAS	B ASC 958, not to report in its revenu		
			held for public exhibition, education,		
			o its financial statements that describe		
b			B ASC 958, to report in its revenue s for public exhibition, education, or res		
		lowing amounts relating to these item	•		
		aludad an Form 000 Dat VIII line 1			۴

	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

BAA

Schedu	le D (Form 990) 2022						Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historica	I Treasures	, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, ch	eck any of th	e follov	wing that make sig	gnificant use of its
а	Public exhibition		d 🗌 Lo	an or exchang	e proa	ram	
b	Scholarly research			ner See at			
c	Preservation for future generations	1					
4	Provide a description of the organization XIII.		and explain ho	w they further	the org	ganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						. 🗌 Yes 🔀 No
Par	IV Escrow and Custodial Arra	angements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes'	" on Form 990), Part IV, line	e 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					r other assets not	TYes INO
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the followin	g table:			
	3			5		Am	nount
с	Beginning balance				10		
d	Additions during the year				10	k	
е	Distributions during the year		• • • • • • • :	• • • • •	16	•	
f	Ending balance				11	F	
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21, fo	or escrow or ci	ustodia	I account liability?	Yes 🗌 No
b	-						
Par			77.				
	Complete if the organization	answered "Yes'	" on Form 990), Part IV, line	e 10.		
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	77,112.	().			
b	Contributions	29,843.	70,570).			
С	Net investment earnings, gains, and			-			
	losses	-13,392.	7,536	5.			
d	Grants or scholarships			-			
е	Other expenditures for facilities and programs .						
f	Administrative expenses	1,243.	994	1.			
g	End of year balance	92,320.	77,112				
2	Provide the estimated percentage of t)) held	as:	
а	Board designated or quasi-endowment		×	0, (,,		
b	Permanent endowment	%					
С	Term endowment %						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.				
3a	Are there endowment funds not in the			that are held	and ac	ministered for the	•
	organization by:						Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required or	Schedule R?			3b
4	Describe in Part XIII the intended uses	s of the organizatio	on's endowmer	nt funds.			
Par	VI Land, Buildings, and Equip	oment.					
	Complete if the organization	answered "Yes"	" on Form 990), Part IV, line	e 11a.	See Form 990, I	Part X, line 10.
	Description of property	(a) Cost or ot (investm		ost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land						
b	Buildings	. 504	4,496.			251,403.	253,093.
с	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·	6,572.	14		92,862.	3,710.
d	Equipment						
е	Other	. 4	9,647.			49,647.	0.
Total	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colu	mn (B), line 10)c.) .	• • • •	256,803.

Schedule D (Form 990) 2022 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . (2) Closely held equity interests . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX **Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) **Other Liabilities.** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) Balance on charge cards 14,000 4,765 (3) Sales tax and other payable (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 18,765.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

100 C 100	le D (Form 990) 2022	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	1
c	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	-
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	-
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	1
С	Other losses	1
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	1
с	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	
Pt I	II, Line 4: ORC Policy for Art Donations: As part of its mission to	provide
rapt	or related education to the public the ORC receives donations of pho	otographs
and	art objects depicting birds and their environment which may be displ	layed
at p	ublic events from time to time. As approved by the ORC board, art ma	ay be
sold	to benefit the organization. Because the fair market value of such	items
is u	nknown, their value will be determined based on its sales price. The	e current
esti	mated value of the ORC educational collection is estimated at betwee	en \$0
	, Line 4: In 2021 ORC board approved the funding of a quasi endowmer	
	h is invested and managed with the assitance of the Ventura County (
Foun	dation. The purpose of these monies is to provide for veterinary ca	are and
the	funds are board-restricted and committed to the fund for this purpos	se. The

fund	is	liste	ed as	s an	invest	ment	on	Schedu	le >	K and	furthe	er	describ	ed on	Sche	edule	
D.																	
	24.000																
	2455525																
	Sector Control																
	2455522																
	2055000																

SCHEDULE G (Form 990)		Supplement	OMB No. 1545-0047					
		Complete if	2022					
	Attach to Form 990 or Form 990-EZ. Ial Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection
	of the organization							fication number
	I RAPTOR CE		<u> </u>				77-054328	
Pa		sing Activities. 0-EZ filers are n				vered "Yes" on	Form 990, Part IV	, line 17.
1			· ·		<u> </u>	owing activities. C	heck all that apply	
а	Mail solicit			е 🗌		ion of non-govern	-	
b		d email solicitatio	ns	f L		ion of governmen	-	
c d		solicitations		g		fundraising events	5	
2a	•		ten or oral agre	ement with	any indivic	lual (including off	icers, directors, tru	stees,
	or key employ	ees listed in Form	990, Part VII) o	r entity in co	onnection v	with professional	fundraising service	s? 🗌 Yes 🗌 No
b		e 10 highest paid at least \$5,000 by			draisers) pı	ursuant to agreen	nents under which	the fundraiser is to be
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3					-			
4								
5								
6								
7								
8								
9								
10								
			<u> </u>	1]			
<u>Tota</u> 3					ensed to s	olicit contribution	is or has been noti	fied it is exempt from
2222222								

Schedule G (Form 990) 2022

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

-						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Silent auction	Merchandise	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e					· · · · ·	
Revenue	4	Cross ressints	00 400	24 040		F7 220
eV6	1	Gross receipts .	22,490.	34,840.		57,330.
ŭ						
	2	Less: Contributions	-			
	3	Gross income (line 1 minus				
		line 2)	22,490.	34,840.		57,330.
-	2					
	4	Cash prizes				
		eneri prizce a la la la la				
	5	Noncash prizes	2,873.			2 072
	J	Noncash phzes	2,073.			2,873.
ŝ	~					
US(6	Rent/facility costs			2	
Direct Expenses						
ш	7	Food and beverages				
ğ						
Dire	8	Entertainment				
	9	Other direct expenses	2,873.	4,463.		7,336.
				,	· · · · · · · · · · · · · · · · · · ·	,
	10	Direct expense summary. Ad	d lines 4 through 9 in co	olumn (d)		10,209.
	11	Net income summary. Subtra	act line 10 from line 3 o	olumn (d)		47,121.
De						
16	art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than					

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue		1		
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	□ Yes% □ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)	• • • • • • • • •	
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	16 16 16 19 19 19 19 19 19 19	
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		🗌 Yes 🗌 No
10		'ere any of the organization's g "Yes," explain:	aming licenses revoked	l, suspended, or termina	ated during the tax year	? . 🗌 Yes 🗌 No

Schedu	ile G (Form 990) 2022 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the
	amount of gaming revenue retained by the third party \$
С	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
2222222	
200000	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	Types of Property			1	1
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation contribution—Other				
15	Real estate-Residential				
16	Real estate - Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24 25	Archeological artifacts		110	10,400	
25 26	Other (Vet/Program Supply)		116	12,482. 10,000.	
20 27	Other (<u>Aviaries</u>) Other (<u>Professional Service</u>)		1	24,248.	
28	Other ()		5	24,240.	
29	Number of Forms 8283 received	bv the or	panization during the tax y	vear for contributions for	
	which the organization completed				29
	. .			•	Yes No
30a	During the year, did the organiza	tion receive	by contribution any prope	ertv reported in Part I. line	s 1 through
	28, that it must hold for at least 3				
	used for exempt purposes for the				
b	If "Yes," describe the arrangemen	it in Part II.			
31	Does the organization have a	gift accep	ptance policy that require	es the review of any n	onstandard
	contributions?				31
32a	Does the organization hire or use	e third part	ies or related organization	ns to solicit, process, or se	ell noncash
	contributions?				· · · 32a
b	If "Yes," describe in Part II.				
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	pperty for which column (a)	is checked,

Schedule M (Form 990) 2022 Page 2
Part	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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



Name of the organization OJAI RAPTOR CENTER

Pt VI, Line 11b: The form 990 is prepared by an independent tax consultant,
managment reviews the form 990 and provides a copy to all board members prior
to submission to the IRS.
Pt VI, Line 12c: The conflict of interest policy is discussed at the time of
the board meetings to remind everyone of the policies that were put in place
to identify and address potential conflicts of interest.
Pt VI, Line 15a: Compensation of the Execuitve Director included use of comparable
data from like organizations, approval by independent board members and this
process was last completed in 2019. Recently the director received a 3% cost
of living adjustment as part of the annual board-approved budget.
Pt VI, Line 19: The organizations's financial statements, governing documents,
and conflict of interest policy are available upon request. The form 990 is
available through Guidestar and upon request.
Pt X: Other Assets: As part of its mission to provide raptor related education
to the public the ORC receives donations of photographs and art objects depicting
birds of prey and their environment which may be displayed at public events from
time to time. As approved by the ORC board, art may be sold to benefit the organization.
Because the fair market value of such items is unknown, their value will be determined
based on its sales price. The current estimated value of the ORC educational
collection is estimated at between \$0 and \$20,000.
Pt IX, Line 24e:
Description: REGISTRATION FEES
Total: \$4,073
Program services: \$1,675
Management and general: \$25

lame of the organization	Pa Employer identification number
DJAI RAPTOR CENTER	77-0543286
Fundraising: \$2,373	
Description: TELEPHONE AND INTERNET	
Total: \$3,954	
Program services: \$3,282	
Management and general: \$461	
Fundraising: \$211	
Description: VEHICLE EXPENSES	
Total: \$10,954	
Program_services: \$9,867	
Management and general: \$1,087	
Fundraising: \$0	
Description: WORKMANS COMP INSURANCE	
Total: \$11,218	
Program services: \$7,754	
Management and general: \$2,030	
Fundraising: \$1,434	
Description: FACILITIES MAINTENANCE	
Total: \$9,085	
Program services: \$8,989	
Management and general: \$65	
Fundraising: \$31	
Description: WEBSITE	
Total: \$827	
Program services: \$827	
Management and general: \$0	
Fundraising: \$0	
Description: BOARD OF DIRECTORS COST	

Name of the organization	Employer identification number
DJAI RAPTOR CENTER	77-0543286
Total: \$2,780	
Program services: \$0	
Management and general: \$2,780	
Fundraising: \$0	
Description: DONOR INCENTIVES	
Total: \$726	
Program services: \$0	
Management and general: \$0	
Fundraising: \$726	
Description: OTHER PROGRAM DIRECT COSTS	
Total: \$4,655	
Program services: \$4,655	
Management and general: \$0	
Fundraising: \$0	
Description: IN-KIND MEDICAL AND SUPPLIES	
Total: \$12,483	
Program services: \$12,483	
Management and general: \$0	
Fundraising: \$0	
Description: IN-KIND PROFESSIONAL SERVICE	
Total: \$24,247	
Program services: \$24,247	
Management and general: \$0	
Fundraising: \$0	
Description: IN-KIND AVIARIES	
Total: \$10,000	
Program services: \$10,000	

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
OJAI RAPTOR CENTER	77-0543286
Management and general: \$0	
Europeaniaina. 60	
Fundraising: \$0	
Description: MISC	
Total: \$207	
Program_services: \$207	
Management and general, \$0	
Management and general: \$0	
Fundraising: \$0	

Form 8879-TE	
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IRS *e-file* Signature Authorization for a Tax Exempt Entity

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

Do not send to the IRS. Keep for your records.

EIN or SSN 77-0543286

Department of the Treasury Internal Revenue Service

Name of filer

OJAI RAPTOR CENTER

Name and title of officer or person subject to tax

KIMBERLY STROUD, EXECUTIVE DIRECTOR

Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the

applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	827 , 288.
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5) .	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here 🗌	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19) . .	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
	Declaration and Cinnets		Authorization of Officer on Develop Cubicat to Tay		

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of periury. I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one bo	x only	to enter my PIN	as my signature	
-	ERO firm name		Enter five numbers, but do not enter all zeros	

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax							Da	ate	0	9/3	0/2	2023	
Part III Certification and Authentication													
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	9	6	4	6 Do n				3 eros		1	0		
I certify that the above numeric entry is my PIN, which is my signature on the am submitting this return in accordance with the requirements of Pub. 4163 Providers for Business Returns.													
ERO's signature					Da	te _	10	/12	2/2	202	3		

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

REV 05/17/23 PRO

Form 990 Part IX, Line 24e 2022

Name

OJAI RAPTOR CENTER

Employer Identification No. 77-0543286

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
REGISTRATION FEES	4,073.	1,675.	25.	2,373.
TELEPHONE AND INTERNET	3,954.	3,282.	461.	211.
VEHICLE EXPENSES	10,954.	9,867.	1,087.	0.
WORKMANS COMP INSURANCE	11,218.	7,754.	2,030.	1,434.
FACILITIES MAINTENANCE	9,085.	8,989.	65.	31.
WEBSITE	827.	827.	0.	0.
BOARD OF DIRECTORS COST	2,780.	0.	2,780.	0.
DONOR INCENTIVES	726.	0.	0.	726.
OTHER PROGRAM DIRECT COSTS	4,655.	4,655.	0.	0.
IN-KIND MEDICAL AND SUPPLIES	12,483.	12,483.	0.	0.
IN-KIND PROFESSIONAL SERVICE	24,247.	24,247.	0.	0.
IN-KIND AVIARIES	10,000.	10,000.	0.	0.
MISC	207.	207.	0.	0.
Total to Form 990, Part IX, line 24e	95,209.	83,986.	6,448.	4,775.

Additional Information From 2022 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Other amt. not included **Itemization Statement** Description GRANTS FUNDS RELEASED FROM RESTRICITON THIS YEAR CONTRIBUTIONS TO QUASI-ENDOWMENT OTHER CONTRIBTUIONS IN-KIND DONATIONS OF GOODS AND SERVICES Total

Schedule D: Supplemental Financial Statements

Part V, line 1c col (a) Description Amount Realized gains (losses) 1,715. Unrealized gains (losses) -17,249. Interest and dividends 2,142. -13,392. Total

Schedule D: Supplemental Financial Statements Part V, line 1f col (a)

Description	Amount
Foundation (VCCDF) Support Fees	908.
Investment Management Fees	335.
Total	1,243.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities **Event 1 non-cash prizes Itemization Statement**

Description	Amount
Donated non-cash prizes (Valued \$ 12,544)	0.
Non-cash prizes	2,873.
Total	2,873.

Amount

80,870.

170,841.

29,843.

404,770.

46,730.

733,054.

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Itemization Statement

Itemization Statement