990 Form

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.

2021 Open to Public

> X Yes No Form 990 (2021)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22C Name of organization D Employer identification number Check if applicable: X Address change Institute of Noetic Sciences Doing business as 23-7236986 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 707-775-3500 7250 Redwood Blvd, Ste 208 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Novato CA 94945-3271 19,768,185 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Claudia Welss, Brd. Chair/Interim CEO 7250 Redwood Blvd., Ste 208 H(b) Are all subordinates included? If "No." attach a list. See instructions CA 94945-3271 X 501(c)(3) Tax-exempt status: ) (insert no.) 4947(a)(1) or www.noetic.org Website: H(c) Group exemption number X Corporation Year of formation: 1973 Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: The mission of the Institute of Noetic Sciences is to reveal the Governance interconnected nature of reality through scientific exploration and personal discovery. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 ∞ಶ 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 27 6 Total number of volunteers (estimate if necessary) 20 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11. Current Year 8 Contributions and grants (Part VIII, line 1h) 2,806,165 2,490,730 9 Program service revenue (Part VIII, line 2g) 650,068 790,803 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 154 9,115,007 477,684 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 744,817 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,201,204 12,874,224 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,185,082 2,286,120 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 873,653 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,659,833 1,590,025 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,844,915 3,876,145 356,289 8,998,079 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,537,832 15,708,044 21 Total liabilities (Part X, line 26) 2,132,989 305,122 22 Net assets or fund balances. Subtract line 21 from line 20 6,404,843 15,402,922 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Johnny CFO Here Type or print name and title Preparer's signature Print/Type preparer's name Date Paid 05/03/23 self-employed Terence Cullen Terence Cullen P01974672 Preparer HAC Certified Public Accountants Inc. Firm's name Firm's EIN 83-2143394 Use Only 68 Mitchell Blvd Ste 240 San Rafael, CA 94903-2060 415-472-4225

Form 990 (2021) Institute of	Noetic Sciences	23-7236986	Page <b>2</b>
The state of the s	Service Accomplishments		
	ntains a response or note to		X
1 Briefly describe the organization's missi			
The mission of the Ir		Sciences is to	reveal the
interconnected nature			
personal discovery.			
2 Did the organization undertake any sign	ificant program services during the	year which were not listed on the	
prior Form 990 or 990-EZ?		*************	Yes X No
If "Yes," describe these new services or	ı Schedule O.		
3 Did the organization cease conducting,	or make significant changes in how	it conducts, any program	
services?			X Yes No
If "Yes," describe these changes on Sci			
4 Describe the organization's program ser	vice accomplishments for each of it	ts three largest program services,	as measured by
expenses. Section 501(c)(3) and 501(c)			
the total expenses, and revenue, if any,		——————————————————————————————————————	
	ior basis program dornos reportest		
4a (Code: ) (Expenses \$	1 862 425 including grap	te of \$	) (Revenue \$ 285,226)
0 0 - 1 - 3 - 1 - 0			
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	***************************************		
		***************************************	
4b (Code: ) (Expenses \$	524,565 including gran	ts of \$	) (Revenue \$ 563,098)
Earthrise Transformat	ive Learning Cent		
	***************************************	***************************************	
30 miles north of San	rrancisco. Earth	rise is located o	on 194 rural acres in
Northern California.	The facilities i	nclude conference	spaces, indoor and
open air classrooms o			
cafeteria based on ar			
and outdoor walking	rails and gardens	Farthrico host	are exhibition space
student-participants			
	over the course c	or zo week-rong e	xberrencrar bersonar
growth workshops.			
• • • • • • • • • • • • • • • • • • • •			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c (Code: ) (Expenses \$	including gran	ts of \$	) (Revenue \$)
N/A		****************************	*************
* ***********************************		******************************	
			,
		***************************************	*******************************
* *************************************	***************************************	***************************************	
* * * * * * * * * * * * * * * * * * * *		***************************************	••••••
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*		***************************************	••••••
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Ad Other wearest and the Co. III	ahaduta (A.)		
4d Other program services (Describe on S			`
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	2,386,990		

Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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 Х 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 X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.....

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	oncomist of required contented (contantably)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			۱
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	l		٠,,
	persons? If "Yes," complete Schedule L, Part III	27	\$10,000	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		Herein	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-	х	
b	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		х
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Ves." complete Schedule I. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1-5		<b></b>
v	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	accomplete Calcadeda N. David II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			, Ш
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 47	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		(00.000)	
	reportable gaming (gambling) winnings to prize winners?	1 10	I	1

1 a . 1	990 (2021) Institute of Noetic Sciences 23-7236986			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Sc			-
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
		Ferrici (A)	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		SALES OF	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ide.)		
		·	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	<u> </u>	ļ
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Vivasii.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<b></b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	ļ
13	Did the organization have a written whistleblower policy?	13	X	Ь—
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
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	Х	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	200000	Sylvin	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C, Disclosure			
17	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-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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			
	ohnny Calvert 7250 Redwood Blvd., Ste 208		. <i>-</i>	m ^ -
No	ovato CA 94945-3271 707	<u>-77</u>	<u>5-3</u>	<u>500</u>

Form 990 (2021)	Institute	of	Noetic	Sciences
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

Check this box if heither the org	anization nor an	y reia	ated	orga	ınıza	tion	com	pensated any current office	er, airector, or trustee.	
(A) Name and title	(B) Average hours per week	bo) offi	not co c, unie: cer an	ss pe	ition more rson is directo	s both r/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Claudia Welss, Br	d. Chai	<u>r/</u> 1	nt	er	im	С	EO			
	1.00									
Chair	0.00	X		X				0	0	0
(2) Azim Khamisa	1.00									
Vice Chair	0.00	x		X				0	0	0
(3) Stacey Lawson										
	1.00			**				_	_	,
Secretary Dette	0.00	Х	$\square$	X	<u> </u>		<u> </u>	0	0	0
(4) Michael Potts	1 00									
Treasurer	1.00 0.00	х		х				0	0	0
(5) Richard Cohn										
Director	1.00	x						0	o	0
(6) Harriett Crosby										
-	1.00									
Director	0.00	X						0	0	0
(7) David Dominik										
	1.00									
Director	0.00	X						0	0	0
(8) Mark Gober										
	1.00									
Director	0.00	X					L	0	0	0
(9) Elizabeth Hunti:										
	1.00									
Director	0.00	X						0	0	0
(10) Calvin LeHew										
	1.00									
Director	0.00	X			_			0	0	0
(11) Linda O'Bryant	1 1 00									
Divoskov	1.00	x						0	0	0
Director	0.00	<u> </u>			<u> </u>	L	<u> </u>	U	U	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	more rson i	than c s both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) George Zimmer	1.00	х						0	0	0
(13) Paulina Yampo		X						0	0	0
(14) Claire Lachar	40.00	х		х				205,241	0	0
(15) Johnny Calver	40.00			x				137,927	0	10,295
(16) Kerstin Sjoqu Director of Experien	40.00					x		119,250	0	9,228
(17) Helane Wahbel	40.00 0.00					x		134,535	0	6,281
1b Subtotal	ets to Part VII,	Sect	ion A	٩			<b>▶ ▶</b>	596,953 596,953		25,804 25,804
Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any individual listed on line organization and related organization individual</li> </ul>	<i>' complete Sche</i> e 1a, is the sum nizations greater	dule of r than	J for eport 1 \$1	<i>r suc</i> table 50,00	h ind con 10? I	divide npen If "Ye	ual satio s," o	on and other compensation complete Schedule J for su	from the	
5 Did any person listed on line for services rendered to the o	rganization? If ")	crue /es,"	com com	pens <i>plete</i>	ation Sc.	n froi hedu	n ar <i>le J</i>	ny unrelated organization of for such person	r individual	5 X
Complete this table for your fit compensation from the organization.	ve highest comp							dar year ending with or with		ear. (C) Compensation
Carmen Dominguez Cla Santa Rosa	eaning Ser		ce 054		234	11		Descrip Lley West Dr Clean/Laundry	tion of services	Compersation 142,761
						***************************************				
Total number of independent of received more than \$100,000.								se listed above) who	1	

Pa	rt V			f Revenue	nine a	raenan	ea ar nata	to any line in thi	c Darf VIII		
		CHECK II	SGIR	odie O conta	all 15 a	respon	se or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated camp	alans		1a	·······					
Contributions, Gifts, Grants and Other Similar Amounts		Membership due			1b						
Ā,		Fundraising ever			1c			-			
ar it	d	Related organiza	ations		1d						
iii.		Government grants (co			1e						
S	f	All other contributions,	gifts, gra	nts,	l	_	400 700				
the th	a	and similar amounts no Noncash contributions i			1f	۷,	490,730				
o ii	9	lines 1a-1f			1g	<b>\$1</b> ,	012,882				
္ပိ မ်	h	Total. Add lines	1a1f					2,490,730			
							Business Code				
e	2a	Conference	/ Re	treat Revenu	ie			563,098	563,098		
ه ڲٚ	b	Program Fee	es					117,262	117,262		
Program Service Revenue	С	Contracts						110,443	110,443		
Rev	þ										
Ď.	е										
	f	All other progran									
	g	Total, Add lines						790,803			
	3	Investment incor		-	s, inte	rest, and					
		other similar am						1,002	1,002		
	4	Income from inve						F 6 690	F.C. 6110		
	5	Royalties				1		56,679	56,679		
	Λ-	0	^-	(i) Real	402	(11)	Personal	1			
	6a	ì	6a	33,	402			1			
	b	Less: rental expenses	6b	33	402			1			
	r. C	Rental inc. or (loss)	6c	· · · · · · · · · · · · · · · · · · ·				33,402	33,402		
	7a	Net rental incom Gross amount from	e or (i	(i) Securities		1	Other	33,402	33,402		
		sales of assets	7a	16,007,		(11)	Outer	-			
ره ده	h	other than inventory Less; cost or other	I a	10,007,				1			
nue		basis and sales exps.	7b	6,893,	495						
ě	c	Gain or (loss)	7c	9,114,							
7.		Net gain or (loss				•	<b>&gt;</b>	9,114,005	9,114,005		1885 - Contract Contr
Other Revenue		Gross income from									
Ĭ		(not including \$		J							
		of contributions rep	orted o	n line							
		1c). See Part IV, lin			8a						
	b	Less: direct expe			8b						
	С	Net income or (le			events						
	9a	Gross income from									
		activities. See Pa	art IV,	line 19	9a			]			
		Less: direct expe			9b						
	c	Net income or (le	oss) fr	rom gaming acti	vities .	<del> </del>	<b>&gt;</b>				
	10a	Gross sales of ir									
		returns and allow			10a		1,308				
		Less: cost of god			10b		466				
$\dashv$	С	Net income or (le	oss) fr	om sales of inve	entory		In	842	842		Maria - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885
sn				_			Business Code	200 400	200 400		
e e	11a	PPP Loan P	rocee	eds				360,409	360,409		
yen Ven	b	Other						20,277	20,277		
Miscellaneous Revenue	C	Afflilate		.,,.,.			-	6,075	6,075		
Σ		All other revenue Total. Add lines					L	386,761			
	12	Total revenue.						12,874,224	10,383,494	0	0
	. 4.	. Julia i o v o nuoi	il				🚩	,,,			

Part IX Statement of Functional Expenses

include amounts reported on lines 6b, 7b, and 10b of Part VIII.  rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  rants and other assistance to domestic organizations. See Part IV, line 22  rants and other assistance to foreign genizations, foreign governments, and oreign individuals. See Part IV, lines 15 and 16  enefits paid to or for members from pensation of current officers, directors, sustees, and key employees for ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and dersons described in section 4958(c)(3)(B)  other salaries and wages fencion plan accruals and contributions (include election 401(k) and 403(b) employer contributions) other employee benefits frayroll taxes for services (nonemployees):  fanagement	343,168  1,617,489  178,758 146,705	(B) Program service expenses  102,621  1,170,434  116,068	(c) Management and general expenses  189,237  115,841	Fundralsing expenses  51,31
rants and other assistance to domestic organizations and other assistance to domestic domestic governments. See Part IV, line 21 orants and other assistance to domestic adividuals. See Part IV, line 22 orants and other assistance to foreign ganizations, foreign governments, and oreign individuals. See Part IV, lines 15 and 16 oreign individuals. See Part IV, lines 15 and 16 orangensation of current officers, directors, sustees, and key employees ompensation not included above to disqualified orangens (as defined under section 4958(f)(1)) and orangens or described in section 4958(c)(3)(B) orangens or plan accruals and contributions (include orangens) orangens or	1,617,489	1,170,434	189,237	51,31
and domestic governments. See Part IV, fine 21 irrants and other assistance to domestic adividuals. See Part IV, line 22 rants and other assistance to foreign and other assistance to foreign and other assistance to foreign and areign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 22 rants and 46 reign individuals. See Part IV, line 22 reign individuals. See Part IV, lines 25 and 16 reign individuals. See Part IV, lines 25 reign individu	1,617,489	1,170,434		
grants and other assistance to domestic adividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 reign individuals. See Part IV, lines 15 and 16 renefits paid to or for members compensation of current officers, directors, sustees, and key employees compensation not included above to disqualified resons (as defined under section 4958(f)(1)) and resons described in section 4958(c)(3)(B) bether salaries and wages rension plan accruals and contributions (include rection 401(k) and 403(b) employer contributions) bether employee benefits ready and contributions (include resons taxes) resonance in the contributions (include rection 401(k) and 403(b) employer contributions) ready of the remployee benefits ready of the remployee benefits resonance (include resonance).	1,617,489	1,170,434		
adividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, custees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits rayroll taxes ees for services (nonemployees): fanagement	1,617,489	1,170,434		
rants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits eavroll taxes ees for services (nonemployees): flanagement	1,617,489	1,170,434		
ganizations, foreign governments, and preign individuals. See Part IV, lines 15 and 16 penefits paid to or for members prompensation of current officers, directors, pustees, and key employees prompensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) puther salaries and wages pension plan accruals and contributions (include pection 401(k) and 403(b) employer contributions) puther employee benefits payroll taxes pees for services (nonemployees): danagement	1,617,489	1,170,434		
reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits ayroll taxes ees for services (nonemployees): fanagement	1,617,489	1,170,434		
enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits eavyroll taxes ees for services (nonemployees): fanagement	1,617,489	1,170,434		
compensation of current officers, directors, sustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits easyroll taxes ees for services (nonemployees):	1,617,489	1,170,434		
ustees, and key employees ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits easyroll taxes ees for services (nonemployees): flanagement	1,617,489	1,170,434		
ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)  Other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)  Other employee benefits easyroll taxes ees for services (nonemployees):	1,617,489	1,170,434		
ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)  Other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)  Other employee benefits easyroll taxes ees for services (nonemployees):  Itanagement	178,758		115,841	331,21
ersons described in section 4958(c)(3)(B)  other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits eayroll taxes ees for services (nonemployees): fanagement	178,758		115,841	331,21
ension plan accruals and contributions (include eaction 401(k) and 403(b) employer contributions) other employee benefits eavyroll taxes ees for services (nonemployees): fanagement	178,758		115,841	331,21
ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)  Other employee benefits  ayroll taxes  ees for services (nonemployees):  fanagement	178,758			
ection 401(k) and 403(b) employer contributions)  Other employee benefits  ayroll taxes  ees for services (nonemployees):  fanagement		116 068		
other employee benefits ayroll taxes ees for services (nonemployees): danagement		116 068		
ees for services (nonemployees): fanagement		J. J. O . O O C .	27,815	34,87
ees for services (nonemployees): fanagement		95,256	22,827	28,62
fanagement				
egal				
ccounting				
obbying				
rofessional fundraising services. See Part IV, line 17				
nvestment management fees				
	383,257	143,239	122,868	117,15
	,			
Office expenses	238,113	176,082	37,466	24,56
nformation technology	184,192	147,645	12,916	23,63
\tv				
	195,930	169,068	14,029	12,83
ravol	27,241	7,570		19,67
ayments of travel or entertainment expenses				_
or any federal, state, or local public officials				
	196,135	77,987	18,743	99,40
	30,411		30,411	
ayments to affiliates				
epreciation, depletion, and amortization	157,323	133,263	12,389	11,67
other expenses. Itemize expenses not covered				
bove (List miscellaneous expenses on line 24e, If				
ne 24e amount exceeds 10% of line 25, column				
A) amount, list line 24e expenses on Schedule O.)				
Outreach	142,655	39,997	1,011	101,64
Merchant Service	32,526	5,518	9,949	17,05
Royalties	1,242	1,242		
Grants & Fellowships	1,000	1,000		
Il other evenence				
otal functional expenses. Add lines 1 through 24e	3,876,145	2,386,990	615,502	873,65
oint costs. Complete this line only if the				
indraising solicitation. Check here				
	ther. (If fine 11g amount exceeds 10% of fine 25, column a) amount, list line 11g expenses on Schedule O.)  divertising and promotion  office expenses  information technology  oyalties  occupancy  ravel  ayments of travel or entertainment expenses or any federal, state, or local public officials conferences, conventions, and meetings interest  ayments to affiliates repreciation, depletion, and amortization  assurance ther expenses. Itemize expenses not covered cove (List miscellaneous expenses on line 24e, If the 24e amount exceeds 10% of line 25, column (a) amount, list line 24e expenses on Schedule O.)  Outreach  Merchant Service  Royalties  Grants & Fellowships  total functional expenses, Add lines 1 through 24e	ther. (If line 11g amount exceeds 10% of line 25, cotumn a) amount, list line 11g expenses on Schedule 0.)  divertising and promotion  office expenses  formation technology  ovalties  decupancy  ravel  ayments of travel or entertainment expenses or any federal, state, or local public officials conferences, conventions, and meetings  atterest  ayments to affiliates  repreciation, depletion, and amortization  assurance  ther expenses. Itemize expenses not covered  cove (List miscellaneous expenses on Schedule 0.)  Outreach  Merchant Service  Royalties  If other expenses  all other expenses. Add lines 1 through 24e  oint costs. Complete this line only if the granization reported in column (B) joint costs om a combined educational campaign and undraising solicitation. Check here	ther. (if fine 11g amount exceeds 10% of fine 25, column a) amount, list line 11g expenses on Schedule 0.)  divertising and promotion  fifice expenses  238,113  176,082  184,192  147,645  coyalties  cocupancy  averiance  averiance of travel or entertainment expenses or any federal, state, or local public officials onferences, conventions, and meetings  ayments to affiliates  expenses ltemize expenses not covered one (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column a) amount, list line 24e expenses on Schedule 0.)  Outreach  Merchant Service  Grants & Fellowships  and officials only if the genization reported in column (B) joint costs om a combined educational campaign and ondraising solicitation. Check here    383,257  143,239  383,257  143,239  383,257  143,239  383,257  143,239  383,257  143,239  319,982  319,993  169,068  27,241  7,570  30,411  30,411  3196,135  77,987  30,411  3133,263  3133,263  3133,263	ther. (if line 11g amount exceeds 10% of fine 25, column a) amount, list line 11g appenses on Schedule 0.)  383,257  143,239  122,868  devertising and promotion  iffice expenses  238,113  176,082  37,466  ifformation technology  184,192  147,645  12,916  oyalties  occupancy  195,930  169,068  14,029  ravel  27,241  7,570  avanuels of travel or entertainment expenses or any federal, state, or local public officials onferences, conventions, and meetings and terest  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  30,411  40,555  50,518  9,949  Royalties  1,242  1,242  Grants & Fellowships  1,000  1,000  1 other expenses  1 1,000  1 1,000  1 other expenses  1 1,000  1 1,000  1 other expenses  2 3,876,145  2,386,990  615,502

Ha	ırt >	Balance Sheet  Check if Schedule O contains a response or n	ote to any line	in this Part X			П
			•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			96,311	1	103,568
ĺ	2	Savings and temporary cash investments			1,029,791	2	15,346,225
	3	Pledges and grants receivable, net		,	203,821	3	76,424
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·		39,677	4	,
	5	Loans and other receivables from any current or for	mer officer, dire	ector,			
		trustee, key employee, creator or founder, substantia					
		controlled entity or family member of any of these pe			·	5	
	6	Loans and other receivables from other disqualified					
g		under section 4958(f)(1)), and persons described in	c)(3)(B)		6		
Assets	7	Notes and loans receivable, net				7	
إ تخ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			193,448	9	30,952
	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	388,193			
	b	Less: accumulated depreciation	10b	332,975	6,935,180	10c	55,218
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments-program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			39,604	15	95,657
$\Box$	16	Total assets. Add lines 1 through 15 (must equal lin	ıe 33)		8,537,832	16	15,708,044
	17	Accounts payable and accrued expenses		110,975	17	123,243	
	18	Grants payable			18		
	19	Deferred revenue		144,512	19	7,631	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part	D	· · · · · · · · · · · · · · · · · · ·	21		
g	22	Loans and other payables to any current or former of	officer, director,				
Liabilities		trustee, key employee, creator or founder, substantia					
ā		controlled entity or family member of any of these pe	ersons		1,050,000	22	
	23	Secured mortgages and notes payable to unrelated	third parties		300,000	23	
	24	Unsecured notes and loans payable to unrelated this	rd parties		357,597	24	
	25	Other liabilities (including federal income tax, payable	es to related th	nird			
		parties, and other liabilities not included on lines 17-	24). Complete	Part X			
		of Schedule D			169,905	25	174,248
	26	Total liabilities. Add lines 17 through 25			2,132,989	26	305,122
		Organizations that follow FASB ASC 958, check	here ▶ X				
ő		and complete lines 27, 28, 32, and 33.				500000000 50000000	
Fund Balances	27	Net assets without donor restrictions			5,884,216	27	14,793,875
ă	28				520,627	28	609,047
nuo		Organizations that do not follow FASB ASC 958,					
Ξ		and complete lines 29 through 33.					
Net Assets or	29	Capital stock or trust principal, or current funds			29		
se	30	Paid-in or capital surplus, or land, building, or equip	ment fund			30	
As	31	Retained earnings, endowment, accumulated incom-			6 404 040	31	15 400 000
Ne	32				6,404,843	32	15,402,922
	33	Total liabilities and net assets/fund balances			<u>8,537,832</u>	33	15,708,044

Form **990** (2021)

orm	990 (2021) Institute of Noetic Sciences 23-7236986			Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,87		
3	Revenue less expenses. Subtract line 2 from line 1		8,99	8,0	179
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6,40	4,8	343
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	15,40	2,9	322
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			i i	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	İ
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			For	990	(2021)

## SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Institute of Noetic Sciences

Employer Identification number

			THE CT CALE OF	Moerre Perence	<u> </u>		23-123	0900					
Pa	<u>rt l</u>	Rease	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ns.					
The c	rga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	check only	one box	.)						
1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described i	in sectio	1 170(b)(1	I)(A)(i).						
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990).)								
3	П	A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)(	III).						
4	П			I in conjunction with a hospital of			- ·	ospital's name.					
	L1	city, and state	α'					,					
5	П	-		of a college or university owned	or operat	ed by a g	overnmental unit described in	***************************************					
			(b)(1)(A)(iv). (Complete Part		•	, ,							
6	П			overnmental unit described in s	ection 1	70(b)(1)(A	)(v).						
7	X	An organizati		substantial part of its support fro									
8	П		nmunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	П		agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10	П		on that normally receives (1)	) more than 33 1/3% of its supp	ort from	contributio	ns, membership fees, and gro	SS					
		receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
				0, 1975. See section 509(a)(2),									
11	Ш			exclusively to test for public safe									
12				exclusively for the benefit of, to									
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
		I1			-		-						
	a			erated, supervised, or controlled				ng					
				er to regularly appoint or elect of the complete Part IV, Sections A at		of the di	ectors or trustees of the						
	h			pervised or controlled in connec		ita aunna	and organization(s) by having						
	IJ	_		pervised of controlled lift connecting organization vested in the s									
				Part IV, Sections A and C.	anie pen	ouis man	control of manage the support	cu					
	С	<del></del>	• • • • • • • • • • • • • • • • • • • •	supporting organization operated	l in conne	ection with	and functionally integrated u	íth					
	•			structions). You must complete				ια,					
	d	Type III	non-functionally integrated	I. A supporting organization ope	rated in	connection	with its supported organization	on(s)					
				e organization generally must sa				ess					
		requireme	ent (see instructions). You r	nust complete Part IV, Sectior	ıs A and	D, and P	art V.						
	e			eived a written determination fro			a Type I, Type II, Type III						
				n-functionally integrated suppor	ting organ	nization.							
	f		mber of supported organizati				******						
	g			ne supported organization(s).	In.								
(i)		e of supported jantzation	(ii) EiN	(lil) Type of organization (described on lines 1–10	(iv) Is the	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
	U,	junizacion		above (see instructions))	1	ment?	instructions)	instructions)					
					Yes	No		·					
(A)													
(B)			willion to										
(C)													
<del></del>													
(D) ——				,	-								
(E)													
Total													

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	· · · · · ·					
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,802,595	2,584,346	3,302,279	2,806,165	2,490,730	13,986,115
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total, Add lines 1 through 3	2,802,595	2,584,346	3,302,279	2,806,165	2,490,730	13,986,115
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						13,986,115
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,802,595	2,584,346	3,302,279	2,806,165	2,490,730	13,986,115
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,012	866	710			2,588
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,731	5,234	2,357			28,322
11	Total support. Add lines 7 through 10						14,017,025
12	Gross receipts from related activities, etc.	(see instructions)				12	10,222,610
13	First 5 years. If the Form 990 is for the or	•					
	organization, check this box and stop her			· ·	, ,	· · · · · · · · · · · · · · · · · · ·	▶□
Sec	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2021 (line 6	, column (f) divided	by line 11, colum	ın (f))		14	99.78 %
15	Public support percentage from 2020 Scho		~ 11			40	99.32 %
16a	33 1/3% support test-2021. If the organ	ization did not che					
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ 🕱
b	33 1/3% support test—2020. If the organ			3 or 16a, and line 1	5 is 33 1/3% or m	ore, check	, —
4	this box and stop here. The organization						P 🗀
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization mee	<del>-</del>					
	Part VI how the organization meets the fa				•		
	organization		ū	·	. , , , , ,		<b>&gt;</b> 🔲
b	10%-facts-and-circumstances test—202	20. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	n meets the facts-a	nd-circumstances	test, check this bo	x and stop here. I	Explain	
	in Part VI how the organization meets the organization			,	, , , ,	'	<b>▶</b> □
18	Private foundation. If the organization did						لسا
	instructions						▶ □

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

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

Sec	tion A. Public Support	quality artaon t	no todio notod k	olow, ploado o	ompioto i are ii	• /	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0) 130 10	(1)	(0) 2021	(,, , , , , , , , , , , , , , , , , , ,
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 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 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	TAN indicate in indicate in consequent transfer		Astronous consensations are an execu-			
8	Public support, (Subtract line 7c from						
500	line 6.) tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2011	(6) 2010	(0) 2013	(u) 2020	(e) 2021	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First 5 years. If the Form 990 is for the or	rganization's first	second third fourth	), or fifth tax vear	as a section 501/c	11	
•	organization, check this box and stop her						▶□
Sec	tion C. Computation of Public S						
15	Public support percentage for 2021 (line 8	, column (f), divid	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2020 School	edule A, Part III, li	ine 15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2021 (I			3, column (f))			%_
18	Investment income percentage from 2020	Schedule A, Part I	III, line 17				<u>%</u>
19a	33 1/3% support tests—2021. If the orga						
_	17 is not more than 33 1/3%, check this b		-				▶□
b	33 1/3% support tests—2020. If the orga						, П
20	line 18 is not more than 33 1/3%, check the		<del>-</del>	· <del>-</del> '		-	
20	Private foundation. If the organization did	1 HOT CHECK B DOX	on line 14, 19a, or	190, Check this bo	ox and see instruct	ious	, <b>P</b> 📙

Schedule A (Form 990) 2021

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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
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2	accessory and Salar	and a constitution
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3b		anika hasanda
3c	andanis men	anggginikamen me
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4b	negative and	\$100,000 \$100 Person
4c		[
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5b	<b></b>	<b> </b>
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9c		
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10b		

Page 5

Schedu	le A (Form 990) 2021 Institute of Noetic Sciences 23-72369	<u>86</u>		Page 5
Par	t IV Supporting Organizations (continued)		····	
		100.40.000411	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	500000000000000000000000000000000000000	a Americania
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1000 (1000) 1000 (1000)		
<del>- '</del>	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		T	T
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Secti	ion C. Type II Supporting Organizations		1	
		6838888	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sooti	the supported organization(s).			<u> </u>
3600	ion D. All Type III Supporting Organizations		\/	I No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100,000	Yes	No
'				
	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	400000		
•	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	1		
_	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	0.000		
Secti	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
' a	The organization satisfied the Activities Test. Complete line 2 below.	3).		
b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	etarctions	.)	
2	Activities Test. Answer lines 2a and 2b below.	uucuons	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		168	140
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	20		
1.	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			1
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	100 (100 (100 (100 (100 (100 (100 (100		1
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	-		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1000000		1
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	I

100 0310	OPZOZO TAMO POM			
Schedu	le A (Form 990) 2021 Institute of Noetic Science	es	23-72369	986 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on I			ee
	instructions. All other Type III non-functionally integrated supporting organizations m	ust comp	elete Sections A through E.	
Secti	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u> </u>
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		
Secti	ion B – Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		***************************************
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	***************************************	
Secti	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		

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

(see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

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

emergency temporary reduction (see instructions).

Section D - Distributions

Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required-provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable

	Pre-2021	Amount for 2021
1 Distributable amount for 2021 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2021		
(reasonable cause required-explain in Part VI). See		
instructions.		
3 Excess distributions carryover, if any, to 2021		
a From 2016		
b From 2017		
c From 2018		
d From 2019		
e From 2020		
f Total of lines 3a through 3e		
g Applied to underdistributions of prior years		
h Applied to 2021 distributable amount		
i Carryover from 2016 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2021 from		
Section D, line 7:		
a Applied to underdistributions of prior years		
b Applied to 2021 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2021, if		
any. Subtract lines 3g and 4a from line 2. For result		
greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2021 Subtract lines 3h		
and 4b from line 1. For result greater than zero, explain in		
Part VI. See instructions.		
7 Excess distributions carryover to 2022, Add lines 3j		
and 4c.		
8 Breakdown of line 7:		
a Excess from 2017		
b Excess from 2018		
c Excess from 2019		
d Excess from 2020		

Schedule A (Form 990) 2021

Schedule A (For	n 990) 2021	Institute	of Noet	ic Science	s 23-7236986	Page 8
Part VI	Supplemental IIII, line 12; Part IVB, lines 1 and 2; 3a, and 3b; Part V	nformation. Provide /, Section A, lines of Part IV, Section C, V, line 1; Part V, Se	e the explana I, 2, 3b, 3c, 4 line 1; Part IV ection B, line	ions required by l o, 4c, 5a, 6, 9a, 9 , Section D, lines le; Part V, Section	Part II, line 10; Part II, line 17a or b, 9c, 11a, 11b, and 11c; Part IV 2 and 3; Part IV, Section E, lines n D, lines 5, 6, and 8; and Part V, tion. (See instructions.)	17b; Part , Section 1c, 2a, 2b,
Down T	T Fine 10	. Other Inc	oma Datai	1		_
Part 1.	i, line io	- Other Inco	ome Detai	- <b></b>		
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## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organ	ization		Employer identification number
In	stitı	ite of Noetic Sciences		23-7236986
	tl	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		
<b>*************************************</b>			(a) Donor advised funds	(b) Funds and other accounts
1	Total nun	nber at end of year	1	
2	Aggregat	e value of contributions to (during year)	60,000	
		e value of grants from (during year)	)	
		e value at end of year	78,000	
		rganization inform all donors and donor advisors in writing that		
		e the organization's property, subject to the organization's excl		X Yes No
		rganization inform all grantees, donors, and donor advisors in		
		charitable purposes and not for the benefit of the donor or donor		
	-	impermissible private benefit?		X Yes No
	rt II	Conservation Easements.		
		Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(	s) of conservation easements held by the organization (check		
1		ervation of land for public use (for example, recreation or educ		important land area
	_	ection of natural habitat	Preservation of a certified hi	•
	_	ervation of open space		
2	لنستنا	e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation
		t on the last day of the tax year.		Held at the End of the Tax Year
		nber of conservation easements		
b	Total acr	eage restricted by conservation easements		2b
G	Number	of conservation easements on a certified historic structure incl	uded in (a)	2c
		of conservation easements included in (c) acquired after 7/25/		
		e a warran san an an an		2d
		of conservation easements modified, transferred, released, ex		•• • • • • • • • • • • • • • • • • • • •
	tax year		ga	and the state of t
	-	of states where property subject to conservation easement is	located ▶	
		organization have a written policy regarding the periodic mor		
		, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
		volunteer hours devoted to monitoring, inspecting, handling o		
•	<b>.</b>			accommond daming and your
7		 of expenses incurred in monitoring, inspecting, handling of vio	lations and enforcing conservation easer	ments during the year
•	<b>.</b> .		and officially conditional date.	Homo damig mo you.
8		ch conservation easement reported on line 2(d) above satisfy	the requirements of section 170/hV4\/R\/	ä
			are requirements of economic tre(t)( t)(b)(	
		III, describe how the organization reports conservation easem		
		sheet, and include, if applicable, the text of the footnote to the		
		ion's accounting for conservation easements.		
	rt III	Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on I		
1a	If the org	panization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balan	ce sheet works
		storical treasures, or other similar assets held for public exhibit		
	-	provide in Part XIII the text of the footnote to its financial state		
		anization elected, as permitted under FASB ASC 958, to repo		heet works of
		rical treasures, or other similar assets held for public exhibition		
		he following amounts relating to these items:		
	•	enue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
		to be dead of the Energy COO. Don't Mr.		<b>.</b> •
		anization received or held works of art, historical treasures, or	other similar assets for financial gain. pr	
		amounts required to be reported under FASB ASC 958 relating	= '	
	-	included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
		cluded in Form 990 Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2021 Institute	<u>e of Noetic</u>	Sciences		<u>23-72</u>	<u> 36986</u>			Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tre	easures, c	or Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	, check any of the folk	owing that m	ake signific	cant use of	its		,
а	Public exhibition	d 🗍 1	oan or exchange prog	jram .					
b	Scholarly research	е 🗍 (	Other						
С	Preservation for future generations		1						
4	Provide a description of the organization's	collections and explain	how they further the c	erganization's	evemnt n	urnnea in E	Port		
7	XIII.	solicotions and explain	now they toldied the c	nganization s	exempt p	mboge iii i	ait		
5	During the year, did the organization solicit			-					
Pa	assets to be sold to raise funds rather than ert IV Escrow and Custodial A		art of the organization	's collection?				Yes	No No
	Complete if the organizatio		on Form 990, Par	t IV, line 9	, or repo	orted an a	amount o	n Form	
	990, Part X, line 21.				, ,				
1a	is the organization an agent, trustee, custo		•						П.
h		il and complete the fel						Yes	i 📙 No
α	If "Yes," explain the arrangement in Part XI	ii and complete the fol	lowing table:				1""	Amount	
С	Beginning balance					10		ranount	
_	***************************************								
d	9 ,								
e	Distributions during the year			• • • • • • • • • • • • • • • • • • • •		10			
T 9a	Ending balance  Did the organization include an amount on	Form 900 Part Y line	21 for accrow or cust	lodial accour	t liahilitu?	11		Yes	s No
	If "Yes," explain the arrangement in Part XI				,			☐ 'e	'H‴
	art V Endowment Funds.								<u></u>
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	297,774	287,774	27	7,774	2	67,774	2	57,774
	Contributions	5,000							
	Net investment earnings, gains, and								
	losses	10,000	10,000	1	.0,000		10,000		10,000
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	312,774	297,774	28	7,774	2	77,774	2	67,774
2	Provide the estimated percentage of the cu			held as:					
a	Board designated or quasi-endowment								
	Permanent endowment > %								
С	Term endowment ▶ 100.00 %								
	The percentages on lines 2a, 2b, and 2c st	nould equal 100%.							
3a	Are there endowment funds not in the poss	session of the organiza	tion that are held and	administered	for the			_	· · · · · · · · · · · · · · · · · · ·
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organi	izations listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of t	he organization's endo	wment funds.			~			
Pa	art VI Land, Buildings, and Eq		5 000 B	. 15 ( 2) 4		<b>-</b> 00	a =		•
	Complete if the organization		i				0, Part X		
	Description of property	(a) Cost or other b (investment)	asis (b) Cost or o	į.		ccumulated preciation		(d) Book v	alue
10	Land		(Oute	• ,	aot				
						esconeen nette mentlent	010000000	•	
'n	Buildings Leasehold improvements								
	Equipment		1 31	57,033		323,3	99	3	3,634
	Other			31,160		9,5			1,584
	I. Add lines 1a through 1e. (Column (d) musi					- , <del>-</del>	<b>&gt;</b>		5,218

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	orm 990 Part IV li	ne 11h. See Form 990. Part	X line 12
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)	(·/··	Cost or end-of-year m	
(1) Financial of	derivatives			
(2) Closely he	ld equity interests			
(3) Other				
(A)				
(B)		**		
(C)	***************************************			
(D)				
(E)				
(F)	***************************************			
(G)		***************************************		
(H)				
Total, (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11c. See Form 990, Part	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	uation:
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.)▶  Other Assets.  Complete if the organization answered "Yes" on F	form 000 Port IV II	ing 11d Sag Form 990 Par	t V ling 15
	(a) Description	Omi 330, raitiv, i	ine Tra. See Form 590, Fai	(b) Book value
(1)	(a) Doorpoon			(b) book value
(2)			1	
(3)				
(4)		<del>v.</del>		
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	<del></del>
Part X	Other Liabilities. Complete if the organization answered "Yes" on F	orm 990, Part IV, I	ine 11e or 11f. See Form 98	30, Part X,
	line 25.		1	
1.	(a) Description of liability			(b) Book value
	income taxes ned Vacations Payable			174,248
(3)				
(4)	-			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	174,248
2 Liability for	uncertain tay positions. In Part XIII, provide the text of the foot	note to the organization	e financial etatamente that raporte	tho

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

X

federal income tax under Section 501(c)(3) of the Internal Revenue Code and California franchise tax under Section 23701(d) of the Revenue and Taxation Code. The Organization used the same accounting methods for tax and financial reporting.

GAAP provides accounting and disclosure guidance about positions taken by the Organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by the Organization in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination.

Generally, the Organization's tax returns remain open for three years for

Schedule D (Fo	rm 990) 2021 Supplement	Institute call Information (cal	of Noetic	Sciences		23-7236986	Page 5
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SCHEDULE J (Form 990) Compensation Information

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

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

Attach to Form 990.

Open to Public

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

	Institute of Noetic	Sciences	23-7236986		
Pa	art I Questions Regarding Compensation		·		
	Medica - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		***************************************	Yes	No
1a	Check the appropriate box(es) if the organization provided any	of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide a				
	First-class or charter travel	Housing allowance or residence for personal	use		
	Travel for companions	Payments for business use of personal resid	1000000		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	iorioc		
	Discretionary spending account	Personal services (such as maid, chauffeur,	ahafi		
	Discretionary spending account	Personal services (such as maid, chauned),	Grier)		
		6.11			
α	If any of the boxes on line 1a are checked, did the organization				
	or reimbursement or provision of all of the expenses described	,			
	explain		1b	io minerale	E000000000000000
2	Did the organization require substantiation prior to reimbursing	or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive D	Director, regarding the items checked on line			
	1a?		2		
3	Indicate which, if any, of the following the organization used to	establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do	· ·			
	related organization to establish compensation of the CEO/Exe	•			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation com	mittoo		
	Troint 950 of other organizations	Approval by the board of compensation com	militee		
	During the committee of the day from 000 Dept.///	Destina A the describe and a test to differ			
4	During the year, did any person listed on Form 990, Part VII, S	section A, line 1a, with respect to the liling			
	organization or a related organization:				1
a	Receive a severance payment or change-of-control payment?			<del> </del>	X
b		alified retirement plan?	4b	<u> </u>	X
C	Participate in or receive payment from an equity-based compe		4c	or Lorenza Discourse	X
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, di	id the organization pay or accrue any			
	compensation contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?				Х
	If "Yes" on line 5a or 5b, describe in Part III.	***************************************			1000
6	For persons listed on Form 990, Part VII, Section A, line 1a, di	id the organization hav or accrue any			
•	compensation contingent on the net earnings of:	at the enganization pay of accide any			
-			6a	C Seattlead	Х
			· · · · · · · · · · · · · · · · · · ·		X
£,	Any related organization?				1 2
	If "Yes" on line 6a or 6b, describe in Part III.				
_					
7	For persons listed on Form 990, Part VII, Section A, line 1a, d				٠,,
	payments not described on lines 5 and 6? If "Yes," describe in		····· <u>7</u>	-	X
8	Were any amounts reported on Form 990, Part VII, paid or accounts				
	to the initial contract exception described in Regulations section				
	in Part III		8	. Santilion	X
9	If "Yes" on line 8, did the organization also follow the rebuttable	le presumption procedure described in			1
	Regulations section 53,4958-6(c)?		9		1

Schedule J (Form 990) 2021

Part II

Page 2

Institute of Noetic Sciences

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

23-7236986

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

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

	(B) Breakdown of W-	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Claire Lachance, CEO	(i) 205,241	0.0	0.0	0:0	0	205,241	0
	(0)						
	(1)						
	(1)						
	(1)						
	(1)						
	(t)						
	(0)						
	(1)						
	(1)						
	(0)						
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	(t) (0)						
	(H)						
	(II)						
						Sci	Schedule J (Form 990) 2021

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## SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2021** 

Open To Public Inspection

name of the organ	IZAUON						'	inpioye	riaen	thicatio	an num	юег						
ma <u>l</u> mengalang	Institute of Noetic							23-7236986										
Part I	Excess Benefit Transactio																	
	Complete if the organization answer				****		m 990-EZ, Pa	rt V, li	ne 40	)b		<del></del>						
1	(a) Name of disqualified person	(b) Relation	onship between disqu	ualified	pers	on and	(c) Description	n of tran	saction	1		(d)	Сопес	ted?				
			organization									Yes		No				
(1)			F-71000000									<u> </u>						
(2)												<u> </u>	$\bot$					
(3)												<u> </u>						
(2) (3) (4) (5)												<u> </u>						
					~~~~				***********									
(6)							,											
	e amount of tax incurred by the orgar																	
under se	ection 4958								<b>&gt;</b> \$									
3 Enter the	e amount of tax, if any, on line 2, abo	ove, reimbursed	by the organiza	tion					▶ \$	—								
Part II	Loans to and/or From Inte																	
	Complete if the organization answe				ine :	38a or Form 99	90, Part IV, line	e 26; c	or if th	10								
	organization reported an amount or					110111	1 40 5 1		( ) (- )	d-fb0	I a v A -		1	Lu				
	(a) Name of interested person	<ul><li>(b) Relationship with organization</li></ul>			Loan from	(e) Original principal amount	(f) Balance	aue	(g) #1 (	Jelault	(h) Ap	ostq ot obtoveo		Vritlen :ment?				
					org.?						comn	ittee?	Ļ-					
				To	From				Yes	No	Yes	No	Yes	No				
_(1)				<u> </u>	_					<u> </u>	-	<u> </u>	<u> </u>	—				
(2)				<u> </u>	<u> </u>					<b></b>	-	<u> </u>	├	ऻ				
(3)				ļ						├—		<u> </u>	⊨	₩				
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Total			1		L	<b>▶</b> \$	<b>.!</b>		:4:00,000 ::5:00,000		200500							
Part III	Grants or Assistance Ben	ofiting Inter	sted Person	ne					400,000,000	1000 Carre	4 2022/2010	15 m ( 10 cm ( 10 cm )	1 constants	Andreasing				
and Carrie	Complete if the organization answer	•			27.													
	WINDOWS	ì	nship between intere				(d) Type of ass	ictorec	Т	(0)	Purposi		intanoo					
	(a) Name of interested person	1	nsnip between intere and the organization		101 /	mount of assistance	for Table of ass	ista i NC		(a)	raiposi	5 UI 855	istallUS					
(1)					Т				1	<del>                                     </del>								
(2)									$\top$									
(3)					$I^-$	······································			_			***************************************						
171																		

(4) (5) (6) (7) (8) (9)

Schedule L (Form 990) 2021 Institute	of Noetic Sc:	iences	23-7236986	Page 2
Part IV Business Transactions Involving			······································	-
Complete if the organization answered "Yes"	on Form 990, Part IV, line 2	8a, 28b, or 28c.	-	
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sharing
.,	interested person and the	transaction	<b>,</b> ,,	of org. revenues?
	organization			Yes No
(1) Calvin Lehew	Director	21,096	Loan Interest Pmt	Х
(2) Harriet Crosby	Director	•	Loan Interest Pmt	Х
(3) Emerald Gate Charitable Trust	Director	51,569	Research Contr. Rev	7. X
(4)				
(5)				
[6]				
(7)				
(8)				
(9)				
(10)				
Part V Supplemental Information.				
Provide additional information for responses	to questions on Schedule L	(see instructions).		
	•	•		
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
			····	
	<del></del>			

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0074 2021

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Institute of Noetic Sciences

Employer identification number 23-7236986

Pa	rt I Types of Property					
		(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 determini noncash contribution an	-
1	Art — Works of art			rom oos, rate val, list ig		
2	Art — Historical treasures		···			
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household					
Ĭ	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	X	1	1,012,882		
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	Archeological artifacts					
25	Other ►( )					
26	Other ►()					
27	Other ►()					
28	Other ►(					
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for		
	which the organization completed Fe	om 8283,	Part V, Donee Acknowle	dgement	29	
						Yes No
30a	During the year, did the organization	receive b	y contribution any proper	ty reported in Part I, lines	1 through	
	28, that it must hold for at least thre					
	to be used for exempt purposes for	the entire	holding period?	*************	******	30a X
b	If "Yes," describe the arrangement in	n Part II.				
31	Does the organization have a gift ac	cceptance	policy that requires the re	view of any nonstandard		
					•••••	31 X
32a	Does the organization hire or use th					
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an ar	mount in c	olumn (c) for a type of pr	operty for which column (a	i) is checked,	
_	describe in Part II.					

Schedule M (For	m 990) 2021	Institute	of No	etic	Sciences	3	23-7236:	986	Page 2
Part II	the orga	nization is report	ing in Part	: I, colun	nn (b), the nu	mber of cont	ributions, the	<b>986</b> 32b, and 33, and number of items	whether received,
	or a con	nbination of both	. Also com	plete thi	s part for any	/ additional in	formation.		
	•••••				• • • • • • • • • • • • • • • • • • • •	**************			***************************************
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## SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Institute of Noetic Science

Employer identification number

institute of Moetic Sciences	23-7236986
Form 990, Part III, Line 3	
Earthrise Transformative Learning Center was sold in	December 2021.
Form 990, Part III, Line 4a - First Accomplishment	
Research & Experiential Education:	
With 50 years of experience IONS is a respected thou	ght leader in the field
of consciousness science.	
This fiscal year we conducted research on consciousne	ess and its
relationship to the physical world, championing two p	pillars of our
strategic plan: IONS Discovery Lab, the largest study	y ever done on
transformative practices; and IONSX, our cutting-edge	e application-driven
research program.	
Through these efforts, we completed 5 research project	cts, collected 3,277
records through the IONS Discovery Lab, supported 9	research fellows,
published 13 papers in peer-reviewed scientific journ	nals, and trained 5
volunteers.	
IONS also served nearly 78,000 individuals in its co	re educational programs
through webinars, workshops and trainings, including	Connect-IONS Live, the
Science of Channeling, Lucid Dreaming & Living Lucid	ly.
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990

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## Federal Statements

42300 Institute of Noetic Sciences 23-7236986 FYE: 6/30/2022

(Non-employee)
for Service
Other Fees
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), Part IX, L
Form 990

Description		Total Expenses		Program Service	Mar	Vlanagement & General	**************************************	Fund Raising
Professional fees	ၯ	383,257	ψ	143,239	ა	122,868	ဟ	117,150
Total	ۍ ا	383,257	\$	143,239	\$	122,868	\$	117,150

# 42300 Institute of Noetic Sciences 23-7236986 FYE: 6/30/2022

## Federal Statements

# Schedule A. Part II. Line 1(e)

	-
Description	Amount
Cash contributions	\$ 461,183
Richard & Connie Adams	
Cash Contribution	25,000
Bial Foundation	
Cash Contribution	54,756
~	20,030
7)	
Cash Contribution	10,000
Elizabeth Coker	
Cash Contribution	5,000
Martha Easter-Wells	
Cash Contribution	10,000
Hittman Family Foundation	
Cash Contribution	15,000
John Brockway Huntington Foundation	
Cash Contribution	50,000
The John Sperling Foundation	
Cash Contribution	100,000
Richard Meyer	
Cash Contribution	10,000
Gene & Dee Milstein	
Cash Contribution	5,000
Kathy Page	
Cash Contribution	10,030
Ray Benton Family Fund	
Cash Contribution	14,657
Bruce Roberts	
Cash Contribution	10,000
George Zimmer	
Čash Contribution	100,000
Glenn Janss	
Cash Contribution	7,500
Yosi Amram	
	5,400
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$\mathcal{O}$	14,700
Gene Thomas	

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## Federal Statements

42300 Institute of Noetic Sciences 23-7236986 FYE: 6/30/2022

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Description													sute																			
	Cash Contribution	claudia weiss Cash Contribution	Austin Marx	Cash Contribution	Lonny & Nicki Harrison Cash Contribution	Catherine Bloomer		Marjorie Brusasco Cash Contribution	< €	h Conti	Charles B Irbin Family Fund		The Global Consciousness Institut	$\sim$	Christina & James Grote	Cash Contribution	Edward Hubbard	Cash Contribution	Aranka Israni	Cash Contribution	Eugene Jhong	Cash Contribution	Andrew Koraleski	Cash Contribution	Sally Krahn	Fersonal Residence	Cash Contribution	Mary Moans		Cash	$\alpha$	Cash Contribution Jack Sawver

# 42300 Institute of Noetic Sciences 23-7236986 FYE: 6/30/2022

## Federal Statements

# Schedule A, Part II, Line 1(e) (continued)

Amount	\$ 104,375		5,000		20,000		10,000		68,116		5,000	\$ 2,490,730
Description	Cash Contribution	Judi Stauffer	Cash Contribution	Three Swallows Foundation	Cash Contribution	Sandra Tofflemire	Cash Contribution	Annette Vailancourt	Cash Contribution	Steven Vernon	Cash Contribution	Total

# Schedule A, Part II, Line 12 - Current year

Description		Amount
Conference / Retreat Revenue	ጭ	563,098
Program Fees		117,262
Contracts		110,443
Taxable Interest on Savings and Temporary Cash Investments		1,002
		56,679
PPP Loan Proceeds		360,409
Afflilate Payments		6,075
Other		20,277
Sales of Books & Materials		1,308
Petaluma Building		33,402
Total	φ.	1,269,955