Part II Signature Block

1/1/2/17/0

#### DATEMBED TO MOVEMBER TO, 2020 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

486,330.

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address THE ORION SOCIETY INC Name Doing business as 22-3508064 Initial Number and street (or P.O. box if mail is not delivered to street address) Final Room/suite E Telephone number 187 MAIN ST eturn/ 413-528-4422 termin-ated City or town, state or province, country, and ZIP or foreign postal code 1,479,511. G Gross receipts \$ Amended return GREAT BARRINGTON, MA 01230 H(a) Is this a group return Applica-F Name and address of principal officer.MARTHA SCHUBERT for subordinates? Yes X No pending 2245 HARCOURT DRIVE, CLEVELAND HEIGHTS, OH H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No." attach a list. See instructions WWW.ORIONMAGAZINE.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: ORION MAGAZINE INVITES READERS Activities & Governance INTO A COMMUNITY OF CARING FOR THE PLANET. THROUGH WRITING AND ART Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,018,892. 820,289. Revenue Program service revenue (Part VIII, line 2g) 716,446. 700,213. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,484 -40.991.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 1,479,511 1,765,822 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 O. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ....... 610,657. 716,470. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 708,651. 791,411. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ...... 1,319,308. ,507,881. Revenue less expenses. Subtract line 18 from line 12 446,514. -28,370. Ssets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 782,655. 732,156. 21 Total liabilities (Part X, line 26) 296,325. 274,194. Net assets or fund balances. Subtract line 21 from line 20

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.

| Sign                 | Signature of officer  | Date                  |   |
|----------------------|---|-----------------------|---|
| Here                 | MARTHA SCHUBERT, CHAIRMAN Type or print name and title            | OF THE BOARD OF       | DIRECTORS   |
| Pald                 | Print/Type preparer's name ROBIN BERGER-BUZZEO                    | Preparer's signature  | Date   Check   X   PTIN   1   1   1   1   1   1   1   1   1 |
| Preparer<br>Use Only | Firm's name R. BERGER & COMPA<br>Firm's address 45 GARIBALDI LANE |                       | Firm's EIN 83-1729387                                       |
|                      | NEW CANAAN, CT 06   | 840                   | Phone no.203.966.2614                                       |
| May the I            | RS discuss this return with the preparer shown abo                | ove? See instructions | X Van Na  |

X7 Mun API T

457,962.

Form 990 (2022)

THE ORION SOCIETY INC

# Form 990 (2022) THE ORION SO Part IV Checklist of Required Schedules

|     |  |     | Yes           | No  |
|-----|--|-----|---------------|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A   | 1   | x             |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | X             | +-  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     | <del> </del>  | T.  |
| 4   | 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   | 3   |               | X   |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |               | X   |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                   | 5   |               | х   |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6   |               | x   |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |               | х   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  |     |               | x   |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | 8   | -             | 1   |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  | 9   |               | X   |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | ٦   |               |     |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | X             |     |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |     |               |     |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a | х             |     |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | 114 |               |     |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | Х             |     |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |     |               | v   |
| d   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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  | 11c |               | X   |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | х             |     |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |               | X   |
| Ť   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |               | 7.5 |
| 192 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete            | 11f |               | X   |
|     | Schedule D, Parts XI and XII   | 12a |               | Х   |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     | - 1           |     |
| 13  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |               | X   |
| 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?   | 13  | -             | X   |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 14a |               | X   |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |     |               |     |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |               | Х   |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |     |               | x   |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 15  | $\rightarrow$ |     |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |               | X   |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     |               |     |
| -   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17  |               | X   |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |               | х   |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   | .5  | $\neg$        |     |
|     | complete Schedule G, Part III  | 19  |               | X   |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |               | X   |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |               |     |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |               | _   |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |               | X   |

Form 990 (2022) THE ORION SOCIETY

Part IV Checklist of Required Schedules (continued)

| 45.00       | - The state of the |     | Voc      | No       |
|-------------|--|-----|----------|----------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     | Yes      |          |
| -00         | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | 1        | X        |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |     | 9        |          |
|             | Schedule J   | 23  |          | X        |
| 24 a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |     |          |          |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a |          | x        |
|             | 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 |          |          |
| c           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |          |          |
| <b>2</b> 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |          | 79/6/17  |
|             | 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   |     |          | 1        |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  | 051 |          |          |
| 26          | Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 25b | -        | X        |
| 20          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |     |          |          |
|             | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |          | X        |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |     |          | +        |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |     |          |          |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |          | X        |
| 28          | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |     |          |          |
|             | instructions for applicable filing thresholds, conditions, and exceptions):  |     |          |          |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |     |          |          |
|             | "Yes," complete Schedule L, Part IV  | 28a | -        | X        |
|             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b | -        | X        |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV   | 28c |          | Х        |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |          | X        |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |          |          |
|             | contributions? If "Yes," complete Schedule M   | 30  | <u> </u> | X        |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  | <u> </u> | X        |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |          | 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  |          | X        |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |     |          | v        |
| 25.0        | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34  | -        | X        |
|             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 35a | _        |          |
|             | 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?   | 000 |          | $\vdash$ |
|             | 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?   |     |          |          |
| Pai         | Note: All Form 990 filers are required to complete Schedule O  | 38  | X        |          |
|             | Check if Schedule O contains a response or note to any line in this Part V   |     |          |          |
|             |  |     | Yes      | No       |
|             | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   |     |          |          |
| b           | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 11  |     |          |          |
| С           | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     |          |          |
|             | (gambling) winnings to prize winners?  | 1c  |          |          |

Form 990 (2022) THE ORION SOCIETY INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  |       | Yes           | No       |
|------------|--|-------|---------------|----------|
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |       |               |          |
|            | The state of the s | 0     |               |          |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b    |               |          |
| 3a         | , ,, , , , , , , , , , , , , , , , , ,   | 3a    |               | X        |
|            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b    |               |          |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |       |               |          |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a    |               | X        |
| b          | If "Yes," enter the name of the foreign country  |       |               |          |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |       |               |          |
| 5a         | 5  | 5a    |               | X        |
| b          | , and the second | 5b    |               | X        |
| С          | 9  | 5c    |               |          |
| 6a         | 9  |       |               |          |
|            | any contributions that were not tax deductible as charitable contributions?  | 6a    |               | X        |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |       |               |          |
|            | were not tax deductible?   | 6b    |               |          |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |       |               |          |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a    |               | X        |
| b          | · · · · · · · · · · · · · · · · · · ·  | 7b    |               |          |
| C          | general general general general general property for fillion in fragment   |       |               |          |
|            | to file Form 8282?   | 7c    |               | X        |
| d          | 9 )  |       |               |          |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e    |               |          |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f    |               |          |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g    |               |          |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h    |               |          |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |       |               |          |
| 200        | sponsoring organization have excess business holdings at any time during the year?   | 8     |               |          |
| 9          | Sponsoring organizations maintaining donor advised funds.  |       |               |          |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a    |               |          |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b    |               |          |
| 10         | Section 501(c)(7) organizations. Enter:  |       |               |          |
|            | Initiation fees and capital contributions included on Part VIII, line 12   |       |               |          |
|            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |       |               |          |
| 11         | Section 501(c)(12) organizations. Enter:   |       |               |          |
|            | Gross income from members or shareholders  |       |               |          |
| b          | Gross income from other sources. (Do not net amounts due or paid to other sources against  |       |               |          |
| 40         | amounts due or received from them.)  |       |               |          |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a   |               |          |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |       |               |          |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |       |               |          |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | 13a   |               |          |
| h          | Note: See the instructions for additional information the organization must report on Schedule O.  |       |               |          |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the   |       |               |          |
| _          | organization is licensed to issue qualified health plans  The the amount of received an head   |       |               |          |
|            | Enter the amount of reserves on hand   |       |               | v        |
|            | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a   | $\rightarrow$ | <u>X</u> |
|            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b   | -             |          |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 4.    |               | v        |
|            | excess parachute payment(s) during the year?   | 15    | 1703 1        | X        |
| 16         | If "Yes," see the instructions and file Form 4720, Schedule N.   | 40    |               | v        |
|            | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16    | );;((R)) =    | X        |
|            | If "Yes," complete Form 4720, Schedule O.  |       |               |          |
|            | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |       |               |          |
|            | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17    | al Color      |          |
|            | If "Yes," complete Form 6069.  | 100 C |               |          |

THE ORION SOCIETY INC 22-3508064 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 |     |  |  |  |  |
| Sed | ction C. Disclosure   |       |     |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed MA   |       | 100 |  |  |  |  |
| 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  X  Another's website  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 KAREN GAGNE - 4135284422                             |       |     |  |  |  |  |

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187 MAIN ST, GREAT BARRINGTON,

### 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| X Check this box if neither the organizat |                   | dorg                           | aniza                 |          |              | mpe                          | nsa  |                 |                            |                    |
|---|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|------|-----------------|----------------------------|--------------------|
| (A)                                       | (B)               |                                |                       | Pos      | C)           |                              |      | (D)             | (E)                        | (F)                |
| Name and title                            | Average           | (do                            | not c                 | heck     | more         | than                         | one  | Reportable      | Reportable                 | Estimated          |
|   | hours per         |                                | c, unle               |          |              |                              |      | compensation    | compensation               | amount of          |
|   | week<br>(list any | 5                              | Τ                     |          |              | Т                            | Ė    | from<br>the     | from related organizations | other compensation |
|   | hours for         | direct                         |                       |          |              | _                            |      | organization    | (W-2/1099-MISC/            | from the           |
|   | related           | 10 98                          | stee                  |          |              | nsate                        |      | (W-2/1099-MISC/ | 1099-NEC)                  | organization       |
|   | organization      | Individual trustee or director | Institutional trustee |          | yee          | adwo                         |      | 1099-NEC)       |                            | and related        |
|   | below             | idual                          | tution                | l la     | Key employee | est co                       | Je.  |                 |                            | organizations      |
|   | line)             |                                | Insti                 | Officer  | Key          | Highest compensated employee | Form |                 |                            |                    |
| (1) AMY BRADY                             | 40.00             |                                |                       |          |              |                              |      |                 |                            |                    |
| EXECUTIVE DIRECTOR                        |                   |                                | _                     | L.       | _            | X                            |      | 107,085.        | 0.                         | 0.                 |
| (2) CHRISTOPHER NYE                       | 1.00              | _                              |                       |          |              |                              |      |                 |                            |                    |
| DIRECTOR EMERITUS                         |                   | X                              | _                     |          |              | _                            |      | 0.              | 0.                         | 0.                 |
| (3) MARTHA SCHUBERT                       | 1.00              |                                |                       |          |              | *                            |      | ,               |                            |                    |
| BOARD CHAIR                               |                   | X                              |                       | Х        |              |                              |      | 0.              | 0.                         | 0.                 |
| (4) MAJOR JACKSON                         | 1.00              |                                |                       |          |              |                              |      |                 | _                          |                    |
| DIRECTOR                                  |                   | X                              |                       |          |              |                              |      | 0.              | 0.                         | 0.                 |
| (5) PETER KAHN                            | 1.00              |                                |                       |          |              |                              |      |                 | _                          |                    |
| DIRECTOR                                  |                   | X                              | _                     |          |              |                              |      | 0.              | 0.                         | 0.                 |
| (6) PHINEAS LAMBERT                       | 1.00              |                                |                       |          |              |                              |      |                 |                            | •                  |
| TREASURER                                 | 1                 | X                              | _                     | X        |              | _                            |      | 0.              | 0.                         | 0.                 |
| (7) ELIZABETH LUCAS                       | 1.00              | _                              |                       |          |              |                              |      |                 |                            |                    |
| VICE CHAIR                                | 1 00              | X                              |                       | X        |              |                              |      | 0.              | 0.                         | 0.                 |
| (8) AMY SEIDL                             | 1.00              |                                |                       |          |              |                              |      |                 |                            | 0                  |
| SECRETARY/CLERK                           | 1 00              | X                              |                       | Ш        |              | _                            |      | 0.              | 0.                         | 0.                 |
| (9) LISA FUNDERBURKE                      | 1.00              | _                              |                       |          |              |                              |      |                 |                            | 0                  |
| DIRECTOR                                  | 1 00              | X                              |                       |          |              | _                            |      | 0.              | 0.                         | 0.                 |
| (10) DR. MEL MICHELLE LEWIS               | 1.00              |                                |                       |          |              |                              |      | _               | _                          | 0                  |
| DIRECTOR                                  | 1.00              | Х                              |                       | _        |              |                              |      | 0.              | 0.                         | 0.                 |
| (11) FIONA MCCRAE                         | 1.00              | x                              | , a                   |          |              |                              |      | 0.              | 0.                         | 0.                 |
| DIRECTOR (12) RANDY WINSTON               | 1.00              | 1                              | -                     | -        | _            |                              |      | 0.              | 0.                         | 0.                 |
| DIRECTOR                                  | 1.00              | x                              |                       |          |              |                              |      | 0.              | 0.                         | 0.                 |
| DIRECTOR                                  |                   | 1                              | $\vdash$              | -        | _            |                              | _    | 0.              | 0.                         | 0.                 |
|   | -                 | +                              |                       | ı        |              |                              |      |                 |                            |                    |
|   |                   | +                              | $\vdash$              | -        | _            |                              |      |                 |                            |                    |
|   |                   | -                              |                       |          |              |                              |      |                 |                            |                    |
|   |                   | +                              |                       | $\dashv$ |              | $\vdash$                     | _    |                 |                            |                    |
|   |                   | 1                              |                       |          |              |                              |      |                 |                            |                    |
|   |                   | $\vdash$                       | $\vdash$              |          |              | $\vdash$                     |      |                 |                            |                    |
|   |                   | 1                              |                       |          |              |                              |      |                 | *                          |                    |
|   |                   |                                |                       | $\dashv$ | $\neg$       |                              |      |                 |                            |                    |
|   |                   | 1                              |                       |          |              |                              |      |                 |                            |                    |
|   |                   |                                |                       |          |              |                              |      |                 |                            |                    |

|          | Section A. Officers, Directors, Trus  | tees, Key Em   | ploy  | /ees                  | , an     | d H          | ighe                         | st (   | compensated Employe                                 | es (continuea)                                |         |   |                              |  |
|----------|---|--|---|-----------------------|----------|--------------|------------------------------|--------|---|---|---------|---|------------------------------|--|
|          | (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week                                  | Position (do not check more than on box, unless person is both a officer and a director/trustee |                       |          |              |                              | h an   | (D) Reportable compensation from                    | (E) Reportable compensation from related      |         | (F) Estimated amount of other             |                              |  |
|          |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director  | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | oi<br>a | mpens<br>from the<br>rganization relation | ation<br>he<br>ition<br>ited |  |
|          | 8 ,   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   | ,   |         |   |                              |  |
| 7/II 400 |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   | 1 1                          |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
| 1b       | Subtotal  Total from continuation sheets to Part VI   | I Section A  |   |                       |          |              |                              |        | 107,085.  | 0   |         |   | 0.                           |  |
| _d       | Total (add lines 1b and 1c)   |  |   |                       |          |              |                              |        | 107,085.  | 0   |         |   | 0.                           |  |
| 2        | Total number of individuals (including but no compensation from the organization                                    | ot limited to the  | ose   | liste                 | d ab     | ove          | e) wh                        | o re   | eceived more than \$100                             | ,000 of reportable                            |         |   | 1                            |  |
| 3        | Did the organization list any <b>former</b> officer,  | director, truste   | e. k  | ev e                  | mple     | ove          | e. or                        | hial   | hest compensated emp                                | lovee on                                      |         | Yes                                       | No                           |  |
| 4        | line 1a? If "Yes," complete Schedule J for su   | uch individual   |   |                       |          |              |                              |        |   |   | 3       |   | Х                            |  |
|          | For any individual listed on line 1a, is the sur<br>and related organizations greater than \$150                    | ,000? If "Yes,"  | con   | nple                  | te S     | che          | dule                         | J fo   | or such individual                                  |   | 4       |   | Х                            |  |
| 5        | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compared to the organization? |  |   |                       |          |              |                              |        | ed organization or individ                          |   | 5       |   | х                            |  |
| Sec<br>1 | tion B. Independent Contractors  Complete this table for your five highest cor                                      | nnensated ind  | ene   | nde                   | nt co    | ntra         | acto                         | rs th  | nat received more than 9                            | \$100,000 of compen                           | eation  | from                                      |                              |  |
|          | the organization. Report compensation for t   |  |   |                       |          |              |                              |        | the organization's tax y                            |   |         |   |                              |  |
|          | (A)<br>Name and business a  | address  | NO  | NE                    | <u> </u> |              |                              |        | (B)<br>Description of se                            | ervices                                       |         | C)<br>ensatio                             | n                            |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         |   | 100                          |  |
|          |   |  |   |                       |          |              |                              |        |   |   |         | -   |                              |  |
|          | 9   |  |   |                       |          |              |                              |        |   |   |         |   |                              |  |
|          | Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)  |  | t lim   | ited                  | to t     | hos<br>0     | e list                       | ed a   | above) who received mo                              | ore than                                      |         |   |                              |  |
|          |   |  |   |                       |          |              |                              |        |   |   | Form    | 990 (                                     | 2020                         |  |

Form 990 (2022) THE ORI
Part VIII Statement of Revenue

|  |      | Check if Schedule O  | contains a  | respons   | e or note to any lin | ne in this Part VIII |                          |                     |                                      |
|--|------|--|-------------|-----------|----------------------|----------------------|--------------------------|---------------------|--------------------------------------|
|  | -    |  |             |           |                      | (A)<br>Total revenue | (B)<br>Related or exempt | (C)<br>Unrelated    | (D)<br>Revenue excluded              |
|  |      |  |             |           |                      |                      | function revenue         | business revenue    | from tax under<br>sections 512 - 514 |
| ts   | 1 :  | Federated campaigns  |             | 1a        |                      | TENDRE LEGISLA       |                          | NOTES OF BUILDING   | Exercise terms and                   |
| Contributions, Gifts, Grants and Other Similar Amounts | ' 6  |  |             | 1b        |                      |                      |                          |                     |                                      |
| 2,5  | b    |  |             | 1c        |                      |                      |                          |                     |                                      |
| ifts<br>r A  |      | Fundraising events   |             | 1d        | 12,000.              |                      |                          |                     |                                      |
| D in   |      | 15 to 15 | :           | _         | 12,000.              |                      |                          |                     |                                      |
| Sin  | e    | Government grants (contr   | 9.5         | 1e        |                      |                      |                          |                     |                                      |
| uti<br>ie  | 1    | All other contributions, gifts,  |             | 1 1       | 000 000              |                      |                          |                     |                                      |
| 향  |      | similar amounts not included   |             | 1f        | 808,289.             |                      |                          |                     |                                      |
| ont  | 9    | Noncash contributions included in  | lines 1a-1f | 1g \$     | 12,000.              |                      |                          |                     |                                      |
| <u>Q</u> <u>E</u>                                      | h    | Total. Add lines 1a-1f   |             |           |                      | 820,289.             |                          |                     |                                      |
|  |      |  |             |           | Business Code        |                      |                          |                     |                                      |
| Se   | 2 a  | 2 a MAGAZINE/PUBLICATIONS  |             |           | 513120               | 541,761.             | 541,761.                 |                     |                                      |
| Program Service<br>Revenue                             | b    |  |             |           | 513120               | 153,625.             | 153,625.                 |                     |                                      |
| Sun  | c    | OTHER  |             |           | 513120               | 4,827.               | 4,827.                   |                     |                                      |
| eve  | d    |  | 4           |           |                      |                      |                          |                     |                                      |
| Pogra  | е    |  |             |           |                      |                      |                          |                     |                                      |
| P.   | f    | All other program service i  | revenue     |           |                      |                      |                          |                     |                                      |
|  |      | Total. Add lines 2a-2f   |             |           |                      | 700,213.             |                          |                     |                                      |
|  | 3    |  |             |           |                      | •                    |                          |                     |                                      |
|  |      | Investment income (including dividends, intere other similar amounts)  |             |           |                      | -40,991.             |                          |                     | -40,991.                             |
|  | 4    | Income from investment o   |             |           |                      |                      |                          |                     | ,                                    |
|  | 5    | Royalties  |             |           |                      |                      |                          |                     |                                      |
|  | ٥    | rioyanics  |             | ) Real    | (ii) Personal        |                      |                          | representation (See |                                      |
|  | 6 3  | Gross rents  | 6a          | ) 1 loui  | (11) 1 01001141      |                      |                          |                     |                                      |
|  | 7    |  | 6b          |           | <del> </del>         |                      |                          |                     |                                      |
|  |      | Less: rental expenses  |             |           | -                    |                      |                          |                     |                                      |
|  | С    |  | 6c          |           | 1                    |                      |                          |                     |                                      |
|  |      | Net rental income or (loss)  |             |           | (ii) Other           |                      |                          |                     |                                      |
|  | 7 a  | Gross amount from sales of   |             | ecurities | (ii) Other           |                      |                          |                     |                                      |
|  |      | assets other than inventory  | 7a          |           |                      |                      |                          |                     |                                      |
| d)   | b    | Less: cost or other basis  |             |           |                      |                      |                          |                     |                                      |
| ě  |      |  | 7b          | 301       |                      |                      |                          |                     |                                      |
| eve  |      |  | 7c          |           |                      |                      |                          |                     |                                      |
| Ğ.   | d    | Net gain or (loss)   |             |           |                      |                      |                          |                     |                                      |
| Other Revenue  | 8 a  | Gross income from fundraisin   | g events (r | ot        |                      |                      |                          |                     |                                      |
| ō  |      | including \$   |             | of        |                      |                      |                          |                     |                                      |
|  |      | contributions reported on I  | line 1c). S | ee        |                      |                      |                          |                     |                                      |
|  |      | Part IV, line 18   |             | 8a        |                      |                      |                          |                     |                                      |
|  | b    | Less: direct expenses  |             |           |                      |                      |                          |                     |                                      |
|  |      | Net income or (loss) from f  |             |           |                      |                      |                          |                     |                                      |
|  | 9 a  | Gross income from gaming   | activities  | . See     |                      |                      |                          |                     |                                      |
| ı  |      | Part IV, line 19   |             |           |                      |                      |                          |                     |                                      |
|  | b    | Less: direct expenses  |             |           |                      |                      |                          |                     |                                      |
| - 1  |      | Net income or (loss) from g  |             |           |                      |                      |                          |                     |                                      |
| - 1  |      | Gross sales of inventory, le   |             |           |                      |                      |                          |                     |                                      |
|  |      | -  |             |           |                      |                      |                          |                     |                                      |
| ı  | h    | and allowances 10a Less: cost of goods sold 10b  |             |           |                      |                      |                          |                     |                                      |
|  |      |  |             |           |                      |                      |                          |                     |                                      |
| $\dashv$   | С    | Net income or (loss) from s  | ales of in  | remory    | 7                    |                      |                          |                     |                                      |
| Sn   | 4.0  |  |             |           | Business Code        |                      |                          |                     |                                      |
| e e  | 11 a |  |             |           |                      |                      |                          | -                   |                                      |
| le la  | b    |  |             |           |                      |                      |                          |                     |                                      |
| Miscellaneous<br>Revenue                               | С    | 200 100  |             |           |                      |                      |                          |                     |                                      |
| Ξ  |      | All other revenue  |             |           |                      |                      |                          |                     |                                      |
|  |      | Total. Add lines 11a-11d .   |             |           |                      | 450 511              |                          |                     |                                      |
|  | 10   | Total revenue See instruction  | 10          |           | 11                   | 479 511              | 700 213                  | 0.1                 | -40 991                              |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|          | Check if Schedule O contains a respon  | ise or note to any line in | this Part IX                 |                                     |  |
|----------|--|----------------------------|------------------------------|-------------------------------------|--|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                               | (A)<br>Total expenses      | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                            |                              |                                     |  |
|          | and domestic governments. See Part IV, line 21   |                            |                              |                                     |  |
| 2        | Grants and other assistance to domestic  |                            |                              |                                     |  |
|          | individuals. See Part IV, line 22  |                            |                              |                                     |  |
| 3        | Grants and other assistance to foreign   |                            |                              |                                     |  |
|          | organizations, foreign governments, and foreign  |                            |                              |                                     |  |
|          | individuals. See Part IV, lines 15 and 16  |                            |                              |                                     |  |
| 4        | Benefits paid to or for members  | ×4                         |                              |                                     |  |
| 5        | Compensation of current officers, directors,   |                            |                              |                                     |  |
|          | trustees, and key employees  |                            |                              |                                     |  |
| 6        | Compensation not included above to disqualified  |                            |                              |                                     |  |
|          | persons (as defined under section 4958(f)(1)) and  |                            |                              |                                     |  |
|          | persons described in section 4958(c)(3)(B)   | F06 101                    | 240 440                      | 444 544                             | 100 000                                |
| 7        | Other salaries and wages   | 586,121.                   | 348,118.                     | 111,611.                            | 126,392.                               |
| 8        | Pension plan accruals and contributions (include   |                            |                              |                                     |  |
|          | section 401(k) and 403(b) employer contributions)  | 65 515                     | F 4 00 F                     | 0.610                               |  |
| 9        | Other employee benefits  | 67,717.                    | 54,035.                      | 9,640.                              | 4,042.                                 |
| 10       | Payroll taxes  | 62,632.                    | 37,770.                      | 10,636.                             | 14,226.                                |
| 11       | Fees for services (nonemployees):  |                            |                              |                                     |  |
| a        |  |                            |                              |                                     |  |
| b        |  |                            |                              |                                     |  |
| С        | -  |                            |                              |                                     |  |
| d        | , 3  |                            |                              |                                     |  |
| e        | Professional fundraising services. See Part IV, line 17  |                            |                              |                                     |  |
| f        | Investment management fees   |                            |                              |                                     |  |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) |                            |                              |                                     |  |
| 10       |  |                            |                              | *                                   |  |
| 12<br>13 | Advertising and promotion  | 120,358.                   | 46,159.                      | 68,149.                             | 6,050.                                 |
| 14       | Office expenses Information technology   | 10,998.                    | 10,998.                      | 00,143.                             | 0,030.                                 |
| 15       |  | 10,550.                    | 10,550.                      |                                     |  |
| 16       | Royalties  | 36,293.                    |                              | 36,293.                             |  |
| 17       | Occupancy  | 9,032.                     | 2,960.                       | 5,952.                              | 120.                                   |
| 18       | Payments of travel or entertainment expenses   | 3,0021                     | 2,5001                       | 0,7021                              | 1201                                   |
| 10       | for any federal, state, or local public officials  |                            |                              |                                     |  |
| 19       | Conferences, conventions, and meetings   |                            |                              | :                                   |  |
| 20       | Interest   |                            |                              |                                     |  |
| 21       | Payments to affiliates   |                            |                              |                                     |  |
| 22       | Depreciation, depletion, and amortization  | 723.                       |                              | 723.                                |  |
| 23       | Insurance  |                            |                              |                                     | -                                      |
| 24       | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If         |                            |                              |                                     |  |
|          | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       |                            |                              |                                     |  |
| а        | PRODUCTION SERVICES  | 308,269.                   | 308,269.                     |                                     |  |
| b        | MAIL HOUSE MAILINGS  | 174,977.                   | 145,112.                     | 2,557.                              | 27,308.                                |
| С        | CONSULTANTS  | 65,461.                    | 53,621.                      | 890.                                | 10,950.                                |
| d        | HONORARIA  | 65,300.                    | 65,300.                      |                                     |  |
| е        | All other expenses   |                            |                              |                                     |  |
| 25       | Total functional expenses. Add lines 1 through 24e   | 1,507,881.                 | 1,072,342.                   | 246,451.                            | 189,088.                               |
| 26       | Joint costs. Complete this line only if the organization   |                            | T-Manager o                  |                                     |  |
|          | reported in column (B) joint costs from a combined   | <i>a</i> ,                 |                              |                                     |  |
|          | educational campaign and fundraising solicitation.   |                            |                              |                                     |  |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                            |                              |                                     |  |

| art .                            | X  | Balance Sheet                                      |            |                        |                          |         |                                       |
|----------------------------------|----|--|------------|------------------------|--------------------------|---------|---------------------------------------|
|                                  |    | Check if Schedule O contains a response or         | note to a  | ny line in this Part X |                          |         |                                       |
|                                  |    |  |            |                        | (A)<br>Beginning of year |         | <b>(B)</b><br>End of year             |
|                                  | 1  | Cash - non-interest-bearing                        |            |                        | 402,386.                 | 1       | 389,573                               |
| :                                | 2  | Savings and temporary cash investments             |            |                        | 95,573.                  | 2       | 67,155                                |
| :                                | 3  | Pledges and grants receivable, net                 |            |                        |                          | 3       |                                       |
|                                  | 4  | Accounts receivable, net                           |            |                        |                          | 4       |                                       |
| -   3                            |    | Loans and other receivables from any current       |            |                        |                          |         | 4 4 7 2 3 3                           |
|                                  |    | trustee, key employee, creator or founder, su      | bstantial  | contributor, or 35%    |                          |         |                                       |
|                                  |    | controlled entity or family member of any of the   | nese per   | sons                   |                          | 5       |                                       |
| -   (                            | 6  | Loans and other receivables from other disqu       | alified pe | ersons (as defined     |                          |         |                                       |
|                                  |    | under section 4958(f)(1)), and persons descril     | oed in se  | ction 4958(c)(3)(B)    |                          | 6       |                                       |
|                                  | 7  | Notes and loans receivable, net                    |            |                        |                          | 7       |                                       |
|                                  |    | Inventories for sale or use                        |            |                        |                          | 8       |                                       |
|                                  |    |  |            |                        |                          | 9       |                                       |
| 10                               | 0a | Land, buildings, and equipment: cost or other      | -          |                        |                          |         |                                       |
|                                  |    | basis. Complete Part VI of Schedule D              | 10a        | 68,747.                |                          |         |                                       |
|                                  | b  | Less: accumulated depreciation                     | 10b        | 68,052.                | 1,418.                   | 10c     | 695                                   |
| 11                               |    | Investments - publicly traded securities           |            |                        |                          | 11      |                                       |
| 12                               |    | Investments - other securities. See Part IV, lin   |            |                        | 283,278.                 | 12      | 234,339                               |
| 10                               |    | Investments - program-related. See Part IV, lin    |            |                        |                          | 13      | <del></del>                           |
| 14                               |    | Intangible assets                                  |            |                        |                          | 14      |                                       |
| 15                               | 5  | Other assets. See Part IV, line 11                 |            |                        | 0.                       | 15      | 40,394                                |
| 16                               |    | Total assets. Add lines 1 through 15 (must ed      |            |                        | 782,655.                 | 16      | 732,156                               |
| 17                               | 7  | Accounts payable and accrued expenses              |            | 13,348.                | 17                       | 9,019   |                                       |
| 18                               |    | Grants payable                                     |            | 18                     |                          |         |                                       |
| 19                               |    | Deferred revenue                                   | 282,977.   | 19                     | 265,175                  |         |                                       |
| 20                               |    | Tax-exempt bond liabilities                        |            |                        |                          | 20      |                                       |
| 2                                | 1  | Escrow or custodial account liability. Complet     | e Part IV  | of Schedule D          |                          | 21      |                                       |
| 22                               | 2  | Loans and other payables to any current or fo      | rmer offi  | cer, director,         |                          |         |                                       |
| 22                               |    | trustee, key employee, creator or founder, sub     | stantial   | contributor, or 35%    |                          |         |                                       |
|                                  |    | controlled entity or family member of any of th    | ese pers   | ons                    |                          | 22      |                                       |
| 23                               | 3  | Secured mortgages and notes payable to unr         | elated th  | ird parties            |                          | 23      |                                       |
| 24                               | 4  | Unsecured notes and loans payable to unrela        | ted third  | parties                |                          | 24      |                                       |
| 25                               | 5  | Other liabilities (including federal income tax, p | oayables   | to related third       |                          |         |                                       |
|                                  |    | parties, and other liabilities not included on lin | es 17-24   | ). Complete Part X     |                          |         |                                       |
|                                  |    | of Schedule D                                      |            |                        |                          | 25      |                                       |
| 26                               | 3  | Total liabilities. Add lines 17 through 25         |            |                        | 296,325.                 | 26      | 274,194                               |
|                                  |    | Organizations that follow FASB ASC 958, cl         | neck her   | e X                    |                          |         |                                       |
|                                  |    | and complete lines 27, 28, 32, and 33.             |            |                        |                          |         |                                       |
| 27                               | 7  | Net assets without donor restrictions              |            |                        | 108,802.                 | 27      | 157,913                               |
| 28                               | 3  | Net assets with donor restrictions                 |            |                        | 377,528.                 | 28      | 300,049                               |
|                                  |    | Organizations that do not follow FASB ASC          | eck here   |                        |                          |         |                                       |
|                                  |    | and complete lines 29 through 33.                  |            |                        |                          |         |                                       |
| 29                               |    | Capital stock or trust principal, or current fund  |            |                        |                          | 29      | - West                                |
| 30                               | )  | Paid-in or capital surplus, or land, building, or  | equipme    | nt fund                |                          | 30      |                                       |
| 27<br>28<br>29<br>30<br>31<br>32 |    | Retained earnings, endowment, accumulated          |            |                        |                          | 31      | v v v v v v v v v v v v v v v v v v v |
| 32                               | 2  | Total net assets or fund balances                  |            |                        | 486,330.                 | 32      | 457,962                               |
| 33                               |    | Total liabilities and net assets/fund balances     |            | 782,655.               | 33                       | 732,156 |                                       |

| Pa  | rt XI Reconciliation of Net Assets   |          |  |       |            |  |  |  |
|---|--|----------|--|-------|------------|--|--|--|
|   | Check if Schedule O contains a response or note to any line in this Part XI  |          |  |       | Ш          |  |  |  |
|   |  |          |  |       |            |  |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1        | 1,47   |       |            |  |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 1,50   |       |            |  |  |  |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3        |  |       | 70.<br>30. |  |  |  |
| 4   | 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4                       |          |  |       |            |  |  |  |
| 5   | Net unrealized gains (losses) on investments   | 5        |  |       |            |  |  |  |
| 6   | Donated services and use of facilities   | 6        |  |       |            |  |  |  |
| 7   | Investment expenses  | 7        |  |       |            |  |  |  |
| 8   | Prior period adjustments   | 8        | 1 6 88   |       |            |  |  |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |  | 0,000 | 0.         |  |  |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          | The state of the s |       |            |  |  |  |
|   | column (B))  | 10       | 45   | 7,9   | 60.        |  |  |  |
| Pa  | rt XII Financial Statements and Reporting  |          |  |       |            |  |  |  |
|   | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |  |       |            |  |  |  |
|   |  | 1,000    |  | 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    | d on a   |  |       |            |  |  |  |
|   | separate basis, consolidated basis, or both:   |          |  |       |            |  |  |  |
|   | Separate basis Consolidated basis Both consolidated and separate basis   |          |  |       |            |  |  |  |
| b   | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b   |       | X          |  |  |  |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis, |  |       |            |  |  |  |
|   | consolidated basis, or both:   |          |  |       |            |  |  |  |
|   | Separate basis Consolidated basis Both consolidated and separate basis   |          |  |       |            |  |  |  |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, |  |       |            |  |  |  |
| review, or compilation of its financial statements and selection of an independent accountant?                            |  |          |  |       |            |  |  |  |
| If the organization changed either its oversight process or selection process during the tax year, explain on 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        |  |          |  |       |            |  |  |  |
|   | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | . 3a   |       | X          |  |  |  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi |          |  |       |            |  |  |  |
| 0.0000  | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | . 3b   |       |            |  |  |  |
|   |  |          | Form   | 990   | 2022)      |  |  |  |

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE ORION SOCIETY INC

Employer identification number

| Da  | rt I          |   | Charity Status                                     |  |                          |                 |  | 22-3508064   |  |  |  |  |
|-----|---------------|---|--|--|--------------------------|-----------------|--|--|--|--|--|--|
|     | rt I          | Reason for Public   |  |  |                          |                 |  |  |  |  |  |  |
| The | organ         | ization is not a private foun   |  |  |                          |                 |  |  |  |  |  |  |
| 1   |               | A church, convention of c   | hurches, or associat                               | ion of churches describe                               | ed in <mark>secti</mark> | on 170(b)(      | (1)(A)(i).   |  |  |  |  |  |
| 2   |               | A school described in sec   | tion 170(b)(1)(A)(ii).                             | (Attach Schedule E (For                                | m 990).)                 |                 |  |  |  |  |  |  |
| 3   |               | A hospital or a cooperative   | e hospital service org                             | ganization described in s                              | section 17               | O(b)(1)(A)(     | iii).  |  |  |  |  |  |
| 4   |               | A medical research organi   |  |  |                          |                 |  | ter the hospital's name.   |  |  |  |  |
|     |               | city, and state:  |  |  |                          |                 |  | ,  |  |  |  |  |
| 5   |               | An organization operated  | for the benefit of a co                            | ollege or university owner                             | ed or oper:              | ated by a d     | novernmental unit des  | cribed in  |  |  |  |  |
| _   |               | section 170(b)(1)(A)(iv). (   |  | onego or anivoronty own                                | od or opore              | atou by a g     | governmental unit des  | cribed iii   |  |  |  |  |
| 6   |               |   |  | montal unit described in                               | anation 4                | 70/6V/4V/A      | V. A   |  |  |  |  |  |
| 7   | $\Box$        | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |  |  |                          |                 |  |  |  |  |  |  |
| '   | $\overline{}$ | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) |  |  |                          |                 |  |  |  |  |  |  |
| ^   |               |   |  |  |                          |                 |  |  |  |  |  |  |
| 8   | $\vdash$      | A community trust describ   |  |  |                          |                 |  |  |  |  |  |  |
| 9   |               | An agricultural research or   |  |  |                          |                 |  |  |  |  |  |  |
|     |               | or university or a non-land-  | grant college of agric                             | culture (see instructions)                             | ). Enter the             | e name, cit     | y, and state of the col  | lege or  |  |  |  |  |
|     | 77            | university:   |  |  |                          |                 |  |  |  |  |  |  |
| 10  | X             | An organization that norma  | ally receives (1) more                             | than 33 1/3% of its sup                                | port from                | contribution    | ons, membership fees   | , and gross receipts from  |  |  |  |  |
|     |               | activities related to its exer  | mpt functions, subje                               | ct to certain exceptions                               | ; and (2) no             | more tha        | n 33 1/3% of its supp  | ort from gross investment  |  |  |  |  |
|     |               | income and unrelated bus  | iness taxable income                               | (less section 511 tax) f                               | rom busine               | esses acqu      | uired by the organizati  | on after June 30, 1975.  |  |  |  |  |
|     |               | See section 509(a)(2). (Co  | mplete Part III.)                                  |  |                          |                 |  |  |  |  |  |  |
| 11  |               | An organization organized   | and operated exclus                                | sively to test for public s                            | afety. See               | section 5       | 09(a)(4).  |  |  |  |  |  |
| 12  |               | An organization organized   | and operated exclus                                | sively for the benefit of, t                           | o perform                | the function    | ons of, or to carry out  | the purposes of one or   |  |  |  |  |
|     |               | more publicly supported of  |  |  |                          |                 |  |  |  |  |  |  |
|     |               | lines 12a through 12d that  |  |  |                          |                 |  |  |  |  |  |  |
| а   |               | Type I. A supporting org  |  |  |                          | - 5             |  | by giving  |  |  |  |  |
|     |               | the supported organizati  |  |  |                          |                 |  |  |  |  |  |  |
|     |               | organization. You must  |  |  | a majority               | or the dire     | ctors or tradices or the   | c supporting   |  |  |  |  |
| b   |               | Type II. A supporting org   |  |  | rtion with i             | te eunnort      | ad arganization(s) by  | having   |  |  |  |  |
|     |               | control or management of  |  |  |                          |                 |  |  |  |  |  |  |
|     |               | organization(s). You mus  |  |  | same perso               | JIIS THAT CO    | of thanage the s   | apported   |  |  |  |  |
| _   |               |   |  |  | in connec                | tion with       | and functionally into au   | ماخان ، ام مغمر  |  |  |  |  |
| C   | 5016          | Type III functionally inte  |  |  |                          |                 |  | ated with,   |  |  |  |  |
| ٦   |               | its supported organization  |  |  |                          |                 |  | The state of the s |  |  |  |  |
| u   |               | Type III non-functionally   |  |  |                          |                 |  |  |  |  |  |  |
|     |               | that is not functionally in   |  |  |                          |                 |  | entiveness   |  |  |  |  |
|     |               | requirement (see instruct   |  |  |                          |                 |  | 15.  |  |  |  |  |
| е   |               | Check this box if the orga  |  |  |                          |                 | Type I, Type II, Type  | III  |  |  |  |  |
|     |               | functionally integrated, o  |  | nally integrated support                               | ing organi               | zation.         |  |  |  |  |  |  |
|     |               | the number of supported   |  |  |                          |                 |  |  |  |  |  |  |
| g   | Provi         | de the following information Name of supported  | n about the supporte                               |  | (iv) Is the orga         | nization listed |  | T 754  |  |  |  |  |
|     | (1)           | organization  | (II) EIN   | (iii) Type of organization<br>(described on lines 1-10 | in your governi          | ng document?    | <ul><li>(v) Amount of monetary<br/>support (see instructions</li></ul> |  |  |  |  |  |
|     |               | O I gai neation   |  | above (see instructions))                              | Yes                      | No              | support (see instructions  | support (see instructions)   |  |  |  |  |
|     |               |   |  | *  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  | 19   |                          | -               |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   |  |  |                          |                 |  |  |  |  |  |  |
|     |               |   | No. 1 at 1 at 2 at 2 at 2 at 3 at 2 at 1 at 2 at 1 |  | Et al Section            |                 |  | +  |  |  |  |  |

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

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

| Se   | ction A. Public Support  |   |                     |                       | *************************************** |   |           |  |  |
|------|--|---|---------------------|-----------------------|---|---|-----------|--|--|
| Cal  | endar year (or fiscal year beginning in)   | (a) 2018  | <b>(b)</b> 2019     | (c) 2020              | (d) 2021                                | (e) 2022                                | (f) Total |  |  |
| 1    | Gifts, grants, contributions, and  |   |                     |                       |   |   | 1         |  |  |
|      | membership fees received. (Do not  |   |                     |                       |   | ¥                                       |           |  |  |
|      | include any "unusual grants.")   |   |                     |                       |   |   |           |  |  |
| 2    | Tax revenues levied for the organ-   |   |                     |                       |   |   |           |  |  |
|      | ization's benefit and either paid to   |   |                     |                       |   |   |           |  |  |
|      | or expended on its behalf  |   |                     |                       |   |   |           |  |  |
| 3    | The value of services or facilities  |   |                     |                       |   |   |           |  |  |
|      | furnished by a governmental unit to  |   |                     |                       | 1                                       |   |           |  |  |
|      | the organization without charge  |   |                     |                       |   |   |           |  |  |
| 4    | Total. Add lines 1 through 3   |   |                     |                       |   |   |           |  |  |
|      | The portion of total contributions   |   |                     |                       |   | Territories sons                        |           |  |  |
|      | 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,   |   |                     |                       |   |   | 2         |  |  |
|      | column (f)   |   |                     |                       |   |   |           |  |  |
| 6    | Public support. Subtract line 5 from line 4.   |   |                     |                       |   |   |           |  |  |
| Se   | ction B. Total Support   |   |                     |                       |   |   |           |  |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018  | <b>(b)</b> 2019     | (c) 2020              | (d) 2021                                | (e) 2022                                | (f) Total |  |  |
| 7    | Amounts from line 4  |   |                     |                       |   |   |           |  |  |
| 8    | Gross income from interest,  | 111   |                     |                       |   |   |           |  |  |
|      | dividends, payments received on  | * **  |                     | 8                     |   |   |           |  |  |
|      | securities loans, rents, royalties,  | 1   |                     |                       |   |   |           |  |  |
|      | and income from similar sources  |   |                     |                       |   |   |           |  |  |
| 9    | Net income from unrelated business   |   |                     |                       |   |   |           |  |  |
|      | activities, whether or not the   | .03   |                     | 1 11                  |   | 11                                      |           |  |  |
|      | business is regularly carried on   |   |                     |                       |   |   |           |  |  |
| 10   | Other income. Do not include gain  |   |                     |                       | 380 880 100 100                         | 2.00                                    |           |  |  |
|      | or loss from the sale of capital   |   |                     |                       | 2                                       | N                                       |           |  |  |
|      | assets (Explain in Part VI.)   |   |                     |                       |   |   |           |  |  |
| 11   | Total support. Add lines 7 through 10  |   |                     |                       |   |   |           |  |  |
| 12   | Gross receipts from related activities,  | etc. (see instructi   | ions)               |                       |   | 12                                      |           |  |  |
| 13   | First 5 years. If the Form 990 is for th   | e organization's fi   |                     |                       |   | 501(c)(3)                               |           |  |  |
|      | organization, check this box and stop  | here  |                     |                       |   | *************************************** |           |  |  |
|      | tion C. Computation of Publi   | ic Support Pe   | rcentage            |                       |   | 3-3                                     |           |  |  |
|      | Public support percentage for 2022 (li   |   |                     |                       |   | 14                                      | %         |  |  |
|      | Public support percentage from 2021  |   |                     |                       |   | 15                                      | %         |  |  |
| 16a  | 33 1/3% support test - 2022. If the o  |   |                     |                       |   |   |           |  |  |
|      | stop here. The organization qualifies a  |   |                     |                       |   |   |           |  |  |
| b    | 33 1/3% support test - 2021. If the o  |   |                     |                       |   |   |           |  |  |
|      | and stop here. The organization quali  |   |                     |                       |   |   |           |  |  |
|      | 10% -facts-and-circumstances test  |   |                     |                       |   |   |           |  |  |
|      |  | facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization |                     |                       |   |   |           |  |  |
|      |  | cumstances test. The organization qualifies as a publicly supported organization                    |                     |                       |   |   |           |  |  |
|      | 10% -facts-and-circumstances test  |   |                     |                       |   |   | 10% or    |  |  |
|      | more, and if the organization meets th   |   |                     |                       |   |   |           |  |  |
| 10   | organization meets the facts-and-circu   | ımstances test. Ti  | ne organization qua | alities as a publicly | supported organi                        | zation                                  |           |  |  |
| ıĸ   | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |   |                     |                       |   |   |           |  |  |

## Schedule A (Form 990) 2022 THE ORION SOCIETY INC 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.)

| Se  | ction A. Public Support  | below, please comp  | oloto i art II.)      |                     |                    |                     |            |
|-----|--|---------------------|-----------------------|---------------------|--------------------|---------------------|------------|
|     | endar year (or fiscal year beginning in)   | (a) 2018            | <b>(b)</b> 2019       | (c) 2020            | (d) 2021           | (e) 2022            | (f) Total  |
|     | Gifts, grants, contributions, and  | , , ,               | .,                    | 3-7-3-5             | 1-7-2-1            | (5) 2022            | (.) (      |
|     | membership fees received. (Do not  |                     |                       |                     |                    |                     |            |
|     | include any "unusual grants.")   | 609,639.            | 702,159.              | 975,986.            | 1,018,892.         | 808,289.            | 4,114,965. |
| 2   | Gross receipts from admissions,  |                     |                       |                     |                    |                     |            |
|     | merchandise sold or services per-  |                     |                       |                     |                    |                     |            |
|     | formed, or facilities furnished in any activity that is related to the               |                     |                       |                     |                    |                     |            |
|     | organization's tax-exempt purpose  | 262,552.            | 343,793.              | 423,800.            | 587,502.           | 541,761.            | 2,159,408. |
| 3   | Gross receipts from activities that  |                     |                       |                     |                    | -                   |            |
|     | are not an unrelated trade or bus-   |                     |                       |                     |                    | aG                  |            |
|     | iness under section 513  |                     | 3                     |                     |                    |                     |            |
| 4   | Tax revenues levied for the organ-   |                     |                       |                     |                    |                     |            |
|     | ization's benefit and either paid to   |                     | 1 1                   |                     |                    | 8                   |            |
|     | or expended on its behalf  |                     |                       |                     |                    |                     |            |
| 5   | The value of services or facilities  |                     |                       |                     |                    |                     |            |
|     | furnished by a governmental unit to  |                     | *                     |                     |                    |                     |            |
|     | the organization without charge  |                     |                       |                     |                    | 14                  |            |
| 6   | Total. Add lines 1 through 5   | 872,191.            | 1,045,952.            | 1,399,786.          | 1,606,394.         | 1,350,050.          | 6,274,373. |
| 78  | Amounts included on lines 1, 2, and  |                     |                       |                     |                    |                     |            |
|     | 3 received from disqualified persons   | 201,489.            | 247,970.              | 201,458.            | 185,784.           | 86,976.             | 923,677.   |
| b   | Amounts included on lines 2 and 3 received   |                     | 39.2                  |                     |                    |                     |            |
|     | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the |                     | 300                   |                     |                    |                     |            |
|     | amount on line 13 for the year   |                     |                       |                     |                    |                     | 0.         |
| C   | Add lines 7a and 7b  | 201,489.            | 247,970.              | 201,458.            | 185,784.           | 86,976.             | 923,677.   |
|     | Public support. (Subtract line 7c from line 6.)                                      |                     |                       |                     |                    |                     | 5,350,696. |
|     | ction B. Total Support   |                     |                       |                     |                    |                     |            |
|     | ndar year (or fiscal year beginning in)  | (a) 2018            | <b>(b)</b> 2019       | (c) 2020            | (d) 2021           | (e) 2022            | (f) Total  |
|     | Amounts from line 6  | 872,191.            | 1,045,952.            | 1,399,786.          | 1,606,394.         | 1,350,050.          | 6,274,373. |
| 10a | Gross income from interest, dividends, payments received on                          |                     |                       |                     |                    |                     |            |
|     | securities loans, rents, royalties,  | 00                  | 0.3                   | 11 024              | 20 404             | 40 001              | 000        |
|     | and income from similar sources  | 89.                 | 83.                   | 11,234.             | 30,484.            | -40,991.            | 899.       |
| b   | Unrelated business taxable income  |                     |                       |                     |                    |                     |            |
|     | (less section 511 taxes) from businesses acquired after June 30, 1975                |                     |                       |                     |                    |                     |            |
|     |  | 89.                 | 83.                   | 11,234.             | 30,484.            | -40,991.            | 899.       |
| 11  | Add lines 10a and 10b  Net income from unrelated business                            | 03.                 | 03.                   | 11,234.             | 30,404.            | -40,991.            | 099.       |
|     | activities not included on line 10b,   |                     |                       | 20                  |                    |                     |            |
|     | whether or not the business is   |                     |                       |                     |                    |                     |            |
| 12  | regularly carried on Other income. Do not include gain                               |                     |                       |                     |                    |                     |            |
| -   | or loss from the sale of capital   |                     |                       |                     | P 4                |                     |            |
| 13  | assets (Explain in Part VI.)   | 872,280.            | 1,046,035.            | 1,411,020.          | 1,636,878.         | 1,309,059.          | 6,275,272. |
|     | First 5 years. If the Form 990 is for th   |                     |                       |                     |                    |                     |            |
|     |  | e organization s in |                       | 5                   |                    |                     | лі,<br>П   |
| Sec | tion C. Computation of Publi   |                     |                       |                     |                    |                     |            |
|     | Public support percentage for 2022 (li   |                     |                       | olumn (f))          | T                  | 15                  | 85.27 %    |
|     | Public support percentage from 2021  |                     |                       |                     |                    | 16                  | 79.77 %    |
|     | tion D. Computation of Inves   |                     |                       |                     |                    |                     |            |
| 17  | Investment income percentage for 202   | 22 (line 10c, colum | n (f), divided by lin | e 13, column (f))   |                    | 17                  | .01 %      |
|     | Investment income percentage from 2  |                     |                       |                     |                    | 18                  | .68 %      |
|     | 33 1/3% support tests - 2022. If the   |                     |                       |                     |                    | 3 1/3%, and line 17 |            |
|     | more than 33 1/3%, check this box ar   |                     |                       |                     |                    |                     | X          |
| b   | 33 1/3% support tests - 2021. If the   | organization did no | ot check a box on l   | ine 14 or line 19a, | and line 16 is mor | e than 33 1/3%, a   |            |
|     | line 18 is not more than 33 1/3%, chec   |                     |                       |                     |                    |                     |            |
| 20  | Private foundation. If the organization  | n did not check a b | ox on line 14, 19a    | or 19b, check this  | s box and see inst | ructions            |            |

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|     | Yes        | No  |
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| 10a |            |     |
| 10b | SUN P      |     |

| Par  | t IV Supporting Organizations (continued)   |             |         |                |
|------|---|-------------|---------|----------------|
|      |   |             | Yes     | No             |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |             |         |                |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |             |         |                |
|      | 11c below, the governing body of a supported organization?  | 11a         |         |                |
| b    | A family member of a person described on line 11a above?  | 11b         |         |                |
| С    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |             |         |                |
|      | detail in Part VI.  | 11c         |         |                |
| Sec  | tion B. Type I Supporting Organizations   |             |         |                |
|      |   |             | Yes     | No             |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |             |         | 357            |
|      | 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           |         | 75             |
| Sec  | ion C. Type II Supporting Organizations   |             |         | 187-000-       |
|      |   |             | 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  |             |         |                |
|      | the supported organization(s).  | 1           |         |                |
| Seci | ion D. All Type III Supporting Organizations  |             | 1       |                |
|      |   | er esercion | Yes     | No             |
|      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |             |         |                |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |             |         |                |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |             |         |                |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1           | es Pitt | Description of |
|      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |             |         |                |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).                        | 0           |         |                |
|      | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   | 2           | E SE    | y              |
|      | 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  |             | 266     |                |
|      | supported organizations played in this regard.  | 3           |         |                |
|      | ion E. Type III Functionally Integrated Supporting Organizations  | <u> </u>    |         |                |
|      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).   |             |         |                |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  |             |         |                |
| b    | The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .   |             |         |                |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:  | struction   | s).     |                |
| 2    | Activities Test. Answer lines 2a and 2b below.  |             | Yes     | No             |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |             |         |                |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |             |         |                |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,  |             |         |                |
|      | how the organization was responsive to those supported organizations, and how the organization determined   |             |         |                |
|      | that these activities constituted substantially all of its activities.  | 2a          |         |                |
| b    | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |             |         |                |
|      | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |             |         |                |
|      | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |             |         |                |
|      | these activities but for the organization's involvement.  | 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   |             |         |                |
|      | rustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | За          |         |                |
| b    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |             |         |                |
| 3    | of its supported example tions? If "Ves." describe in Boxt VII the role played by the examination in this regard  | 21-         | - 1     |                |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Support                  | ing Organ      | nizations                        |                                |
|------|--|----------------|----------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualif  | ying trust on  | Nov. 20, 1970 (explain in        | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations m    | ust complete   | Sections A through E.            |                                |
| Sect | ion A - Adjusted Net Income  |                | (A) Prior Year                   | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1              |                                  |                                |
| 2    | Recoveries of prior-year distributions                                       | 2              |                                  |                                |
| 3    | Other gross income (see instructions)  | 3              |                                  |                                |
| 4    | Add lines 1 through 3.   | 4              |                                  |                                |
| 5    | Depreciation and depletion   | 5              | 1136 Jillion 2001 Machine - 2001 |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |                |                                  |                                |
|      | collection of gross income or for management, conservation, or               |                |                                  |                                |
|      | maintenance of property held for production of income (see instructions)     | 6              |                                  |                                |
| 7    | Other expenses (see instructions)  | 7              |                                  |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8              |                                  |                                |
| Sect | ion B - Minimum Asset Amount   |                | (A) Prior Year                   | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                |                |                                  |                                |
|      | instructions for short tax year or assets held for part of year):            |                |                                  |                                |
| а    | Average monthly value of securities  | 1a             |                                  |                                |
| b    | Average monthly cash balances  | 1b             |                                  |                                |
| С    | Fair market value of other non-exempt-use assets                             | 1c             |                                  |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                                  |                                |
| е    | Discount claimed for blockage or other factors                               |                |                                  |                                |
|      | (explain in detail in Part VI):  |                |                                  |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2              |                                  |                                |
| 3    | Subtract line 2 from line 1d.  | 3              | - 4                              |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                |                                  |                                |
|      | see instructions).   | 4              |                                  |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5              |                                  |                                |
| 6    | Multiply line 5 by 0.035.  | 6              |                                  |                                |
| 7    | Recoveries of prior-year distributions                                       | 7              |                                  |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8              |                                  |                                |
| Sect | ion C - Distributable Amount   |                |                                  | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1              |                                  |                                |
| 2    | Enter 0.85 of line 1.  | 2              |                                  |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3              |                                  |                                |
| 4    | Enter greater of line 2 or line 3.   | 4              |                                  |                                |
| 5    | Income tax imposed in prior year   | 5              |                                  |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                |                                  |                                |
|      | emergency temporary reduction (see instructions).                            | 6              |                                  |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrate | d Type III supporting orga       | anization (see                 |

Schedule A (Form 990) 2022

instructions).

| ra   | it v Type iii Non-Functionally integrated 508                 | o(a)(a) Supporting Orga     | anizations (continue                   | ed) |  |
|------|---|-----------------------------|--|-----|--|
| Sect | ion D - Distributions   |                             |  | 1   | Current Year   |
| 1    | Amounts paid to supported organizations to accomplish exe     | empt purposes               |  | 1   |  |
| 2    | Amounts paid to perform activity that directly furthers exem  | pt purposes of supported    |  |     |  |
|      | organizations, in excess of income from activity              | 2                           |  |     |  |
| 3    | Administrative expenses paid to accomplish exempt purpos      | IS                          | 3                                      |     |  |
| 4    | Amounts paid to acquire exempt-use assets                     |                             |  | 4   |  |
| 5    | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI)   |  | 5   |  |
| 6    | Other distributions (describe in Part VI). See instructions.  |                             |  | 6   |  |
| 7    | Total annual distributions. Add lines 1 through 6.            |                             |  | 7   | And the second s |
| 8    | Distributions to attentive supported organizations to which t |                             |  |     |  |
|      | (provide details in Part VI). See instructions.               |                             | 8                                      |     |  |
| 9    | Distributable amount for 2022 from Section C, line 6          |                             |  | 9   |  |
| 10   | Line 8 amount divided by line 9 amount                        |                             |  | 10  | 7  |
| Sect | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | s   | (iii)<br>Distributable<br>Amount for 2022  |
| 1    | Distributable amount for 2022 from Section C, line 6          |                             |  |     | 3450 BES   |
| 2    | Underdistributions, if any, for years prior to 2022 (reason-  |                             |  | 9   |  |
|      | able cause required - explain in Part VI). See instructions.  |                             |  |     |  |
| 3    | Excess distributions carryover, if any, to 2022               |                             |  |     |  |
| а    | From 2017   |                             |  |     |  |
| b    | From 2018   |                             |  |     |  |
| С    | From 2019   |                             |  |     |  |
| d    | From 2020   |                             |  |     |  |
| е    | From 2021   |                             |  |     |  |
| f    | Total of lines 3a through 3e                                  |                             |  |     |  |
| g    | Applied to underdistributions of prior years                  |                             |  | 1   |  |
| h    | Applied to 2022 distributable amount                          |                             |  |     |  |
| i    | Carryover from 2017 not applied (see instructions)            |                             |  |     |  |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                             |  |     |  |
| 4    | Distributions for 2022 from Section D,                        |                             |  |     |  |
|      | line 7: \$  |                             |  |     |  |
|      | Applied to underdistributions of prior years                  |                             |  | 3   |  |
|      | Applied to 2022 distributable amount                          |                             |  |     |  |
|      | Remainder. Subtract lines 4a and 4b from line 4.              |                             |  |     |  |
| 5    | Remaining underdistributions for years prior to 2022, if      |                             |  |     |  |
|      | any. Subtract lines 3g and 4a from line 2. For result greater |                             |  |     |  |
|      | than zero, explain in Part VI. See instructions.              |                             |  |     |  |
| 6    | Remaining underdistributions for 2022. Subtract lines 3h      |                             |  |     |  |
|      | and 4b from line 1. For result greater than zero, explain in  |                             |  |     |  |
|      | Part VI. See instructions.                                    |                             |  |     |  |
| 7    | Excess distributions carryover to 2023. Add lines 3j          |                             |  |     |  |
|      | and 4c.   |                             |  |     |  |
|      | Breakdown of line 7:  |                             |  |     |  |
|      | Excess from 2018  |                             |  |     |  |
|      | Excess from 2019  |                             |  |     |  |
|      | Excess from 2020  |                             |  |     |  |
|      | Excess from 2021  |                             |  |     |  |
| е    | Excess from 2022  |                             |  | 200 |  |

Schedule A (Form 990) 2022

| Schedule A | (Form 990) 2022<br>Supplemental Ir                 | THE  | ORION  | SOCIETY  | INC  | 22-   | 3508064  | Page 8 |
|------------|--|--|--|--|--|---|--|--------|
| Part VI    | Part IV, Section A, lin<br>line 1; Part IV, Sectio | nformation<br>es 1, 2, 3b, 3d<br>n D, lines 2 an | Provide the Ab, 4c, 5a ad 3; Part IV.  | e explanations i<br>, 6, 9a, 9b, 9c,<br>Section E. lines | required by Part II, line 10; Part II, line 17a<br>11a, 11b, and 11c; Part IV, Section B, line<br>is 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa<br>nd 6. Also complete this part for any add | a or 17b; Pa<br>es 1 and 2;<br>ert V. Section | art III, line 12;<br>Part IV, Section<br>on B. line 1e: Pa | n C    |
|            | (See Instructions.)                                |  |  |  |  |   |  |        |
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