Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

bo not enter social security numbers on this form as it may be made p	JDIIC.
Go to www.irs.gov/Form990 for instructions and the latest information	on.

Α	For the	2022 calen	dar year, or tax year beginning	07/01/2022	and ending		06/30/20	023	-	
в	Check if	applicable:	C Name of organization BARK					D Emplo	oyer identification	number
	Address	change	Doing business as						93-1263288	
	Name cl	hange	Number and street (or P.O. box if main	n/suite	E Telephone number					
	Initial ret	turn	PO BOX 12065			503-331-0374				
	Final retu	urn/terminated	City or town, state or province, count							
	Amende	ed return		G Gross	receipts \$	775,701				
	Applicat	ion pending	ıp return fo	or subordinates? 🗌 Y	'es 🖌 No					
			PO BOX 12065, PORTLAND, OR	97212			H(b) Are all sul	oordinate	es included? 🗌 Y	'es 🗌 No
<u> </u>	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌 527	7	If "No," attach	a list. Se	e instructions.	
J		www.bar					H(c) Group exe	emption	number	
к	Form of	organization: 🗸	Corporation Trust Association	Other	L Year of for	mation	: 1999	M State	of legal domicile:	OR
P	art I	Summa	•							
	1		cribe the organization's mission							EST
Activities & Governance		INTO A PL	ACE WHERE NATURAL PROCESS	SES PREVAIL, WHERE W	ILDLIFE TH	RIVES	AND WHER	E LOCA	<u>AL</u>	
nar			TIES HAVE A SOCIAL, CULTURAL							۱.
ver	2		box if the organization disc	•	•			% of its	s net assets.	
ő	3		voting members of the governing		3		4			
യ് ഗ	4	Number of		4		4				
itie	5		per of individuals employed in ca		5		18			
ctiv	6	Total numb		6		300				
Ă	7a		ated business revenue from Par					7a		0
	b	Net unrelat	ed business taxable income fro		7b		0			
						-	Prior Year		Current Y	
ne	8		ons and grants (Part VIII, line 1h)				36	57,005	775,175	
Revenue	9	-	ervice revenue (Part VIII, line 2g)					0	0	
Be	10		t income (Part VIII, column (A), li nue (Part VIII, column (A), lines 5					208		526
	11			39		-57				
	12		ue-add lines 8 through 11 (mus		()	_	36	57,252		775,644
	13		I similar amounts paid (Part IX, o					0		0
	14	•	aid to or for members (Part IX, c					0		0
Expenses	15		her compensation, employee ben	(, , , , , , , , , , , , , , , , , , ,	. ,		28	37,649		603,739
ens	16a		al fundraising fees (Part IX, colu					56		0
Ä	b 17		aising expenses (Part IX, colum enses (Part IX, column (A), lines		98,122			0 700		007.054
								9,739		207,354
	18 19		nses. Add lines 13–17 (must equ ess expenses. Subtract line 18 fr	-		37,444		811,093		
- %			so expenses. Subtract line 10 li			Ben	 inning of Curre	20,192 nt Year	End of Ye	-35,449
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			Deg	-	64,346		644,029
Asse Bala	20					-		5.819		71,191
Net	22		or fund balances. Subtract line			-		08,527		572,838
	art II		re Block				00	10,021		512,030

Part II 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.

		\mathcal{H}	04/12/2024								
Sign	Signature of officer			0	Date						
Here	re NICKI DARDINGER, BOARD CHAIR										
Γ	Type or print name	and title									
Paid	Print/Type prepa	arer's name		er's signature		Check 🗌 if	PTIN				
Preparer	JEREMY COR	łK	ý l	eremy Cork	4	self-employed	P01544850				
Use Only		EASY OFFICE DBA	Firm's	s EIN	26-2176601						
	Firm's address	1120 S RACKHAM V	Phone	eno. 2	208-287-4777						
May the IRS	S discuss this r	eturn with the prepa	rer shown	above? See instructions				🖌 Yes 🗌 No			
								000			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

	0 (2022) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO TRANSFORM MT. HOOD NATIONAL FOREST INTO A PLACE WHERE NATURAL PROCESSES PREVAIL, WHERE
	WILDLIFE THRIVES AND WHERE LOCAL COMMUNITIES HAVE A SOCIAL, CULTURAL, AND ECONOMIC INVESTMENT IN
	ITS RESTORATION AND PRESERVATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 222,440 including grants of \$) (Revenue \$)
	PUBLIC EDUCATION AND ADVOCACY - PROVIDING FREE, EDUCATIONAL RESOURCE MATERIALS, GUIDED LEARNING
	EXPERIENCES, AND FACILITATED CIVIC ENGAGEMENT ACTIVITIES TO INFORM AND SUPPORT PUBLIC PARTICIPATION
	IN PUBLIC LANDS LAW AND POLICY BY INCREASING PUBLIC UNDERSTANDING OF FOREST ECOLOGY, RESTORATION
	SCIENCE, AND ENVIRONMENTAL JUSTICE THROUGH IN-PERSON AND VIRTUAL SPACES (GUIDED HIKES, WETLAND
	RESTORATION, AND ECOLOGICAL SURVEY ACTIVITIES, VIRTUAL AND IN-PERSON GATHERINGS, WEB-BASED
	LEARNING MATERIALS AND RECORDED AND IN-PERSON TRAINING AND WORKSHOPS) TRAINING AND WORKSHOPS
	HELD THIS PAST YEAR INCLUDED: BEAVER HABITAT SURVEY TRAINING, GROUNDTRUTHING 101 & 102, WETLAND
	MAPPING 101 & 102, INTRO TO COMMENT WRITING, INTRO TO FOREST POLICY, GRASSHOPPER PUBLIC COMMENT
	WRITING WORKSHOP, GATE CREEK INSECT AND DISEASE CE PUBLIC COMMENT WRITING WORKSHOP, FOREST FIRST
	AID, USING COLONIZER SPECIES: DANDELIONS, AND NATURE POETRY. STAFF LED THREE ECOLOGICAL FIELD
	SURVEY TRAINING COURSES FOR STUDENTS AT PORTLAND STATE UNIVERSITY AND THE PORTLAND STATE
4h	(Continued on Schedule O, Statement 1) (Code:
4b	(Code:) (Expenses \$117,063 including grants of \$0) (Revenue \$0) FOREST WATCH - TRAINED AND GUIDED 54 VOLUNTEERS IN CONDUCTING ON-SITE ECOLOGICAL SURVEYS AND
	MONITORING PROPOSED TIMBER LOGGING AND ROAD-BUILDING PROJECTS ON THE PUBLIC LANDS OF MT. HOOD
	NATIONAL FOREST, INCORPORATES COMMUNITY-DRIVEN SCIENCE DATA INTO PUBLIC COMMENTS SUBMITTED
	ORGANIZATIONALLY AND BY THOUSANDS OF MEMBERS OF THE PUBLIC, THROUGH THE NATIONAL ENVIRONMENTAL
	POLICY ACT AND NATIONAL FOREST MANAGEMENT ACT, ON 3 MAJOR PROPOSED LAND MANAGEMENT ACTIONS
	INCLUDING COMMERCIAL TIMBER HARVEST, POST-FIRE ROADSIDE TREE REMOVAL POST-FIRE SALVAGE LOGGING,
	INSECT AND DISEASE TREATMENTS, AND FUELS REDUCTION AND THINNING. BARK STAFF AND VOLUNTEERS
	GROUNDTRUTHED THE PROPOSED GATE CREEK CE PROJECT AREA IN THE SUMMER OF 2022, PROVIDING
	SITE-SPECIFIC DATA AND ANALYSIS TO GUIDE THE RECOMMENDATIONS FORMED IN THE COLLABORATIVE PROCESS
	TO EDUCATE AND INFORM THE PUBLIC DESPITE THE INTENTIONALLY EXCLUSIVE PROJECT DEVELOPMENT PROCESS.
	THE GATE CREEK CE PROPOSED LOGGING IN 490 ACRES WITHIN DESIGNATED RIPARIAN RESERVES, 162 IN
	(Continued on Schedule O, Statement 2)
4c	(Code:) (Expenses \$113,556 including grants of \$) (Revenue \$)
	RESTORATION - TRAINED AND GUIDED 115 VOLUNTEERS IN SEASONAL BEAVER HABITAT SURVEYS RESTORATION
	PLANTINGS, AND WETLAND HYDROLOGICAL CAPACITY MONITORING IN MT. HOOD NATIONAL FOREST ROUGHLY 60
	MILES FROM PORTLAND, OR. CONDUCTED SURVEYS OF CLACKAMAS LAKE, LITTLE CRATER LAKE, BLACK WOLF
	MEADOW, TIMOTHY LAKE, ANVIL CREEK/LAKE, SHELL ROCK LAKE, BUCK LAKE, STONE CREEK, AND OTHER SITES
	ACROSS THE OAK GROVE FORK SUB WATERSHED OF THE CLACKAMAS RIVER BASIN-PRIORITIZING FORESTED SITES
	THAT ARE DIFFICULT TO MAP VIA AERIAL MAPPING TO CONDUCT FIELD VERIFICATION OF HABITAT TYPES. ONCE
	SUBMITTED AND APPROVED, THE AREAS MAPPED WILL BE AVAILABLE FOR THE USE OF THE PUBLIC AND FEDERAL
	AGENCIES THROUGH THE NATIONAL WETLAND INVENTORY. THE UPDATED BOUNDARIES AND CLASSIFICATIONS OF
	WETLANDS PRODUCED THROUGH OUR IMAGE INTERPRETATION AND FIELD-BASED VERIFICATION WILL PROVIDE A
	CURRENT INVENTORY OF THE LOCATIONS AND TYPES OF WETLANDS IN OUR PROJECT AREA ON MT. HOOD.
A .1	Other program convises (Describe on Schedule O.) and the transmission of
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 3
40	(Expenses \$ 9,376 including grants of \$ 0) (Revenue \$ 0) Total program service expenses 462.435

Form 99	0 (2022)		I	Page 3
Part	V Checklist of Required Schedules			
	In the experimentian dependence in particular $E(1/2)/2$ or $40.47/2/(1)/2$ (other then a private foundation)? If "Vec "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	22		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		-
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		-
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b C	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		v v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		 ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 0	-	Yes	No

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~							
b	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		~							
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		~							
D D	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	0.0									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods										
	and services provided to the payor?	7a		~							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	required to file Form 8282?	7c		~							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f 7m		~							
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711									
-	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:										
a	Initiation fees and capital contributions included on Part VIII, line 12										
b	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										
a b	Gross income from other sources. (Do not net amounts due or paid to other sources										
-	against amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
b	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 13b										
с	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-									
	excess parachute payment(s) during the year?	15		~							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would regult in the imposition of an average tax under section 4051, 4052, or 40522										
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		-							
	If "Yes," complete Form 6069.										

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	struc	tions.
Secti				
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	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent	2		r
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		ン ン ン
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a 7b		~ ~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	>	~
10a	Did the organization have local chapters, branches, or affiliates?	iue C 10a	ode.) Yes	No V
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	~	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b 12c	v v	
13 14 15	Did the organization have a written whistleblower policy?	13 14	v v	~
a b	The organization's CEO, Executive Director, or top management official	15a 15b		ン ン
16a	Check If Schedule 0 contains a response or note to any line in this Part VI section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to a usanagement company or other person? 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? 3 Did the organization have any significant changes to its governing documents since the prior Form 900 was file? 5 Did the organization become aware during the year of a significant diversion of the organization are members or stockholders? 7 Did the organization nave members, stockholders? 7 Did the organization nave members, stockholders? 8 Did the organization nave members, stockholders? 9 Did the organization are decisions of the organization reserved to (or subject to approval by) members, stockholders, or parsons other than the governing body? 9 Dis there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be eached at the organization small gadders? 1 Did the organization nave local chapters, branches, or affiliates? 1 Did the organization have local chapters, branches, or affiliates? 1 Did the organization have local chapters, branches, or affiliates? 1 Did the organization nave a written withstelbower policy? 2 Did the organization have local chapters, branches, or affiliates? 2 Did the organization have a written policies and proceedures governing the activities of such chapters, affiliates, dharctors, or tustees, and key employee? 3 Did the organization			~
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
Secti				1
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c

19	Describe on Schedule O whether (and if so, how) the organization	ation made its governing documents, conflict of interest policy
	and financial statements available to the public during the tax y	ear.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. BARK, (503)331-0374

Form 990 (2022)

Page **6**

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

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

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

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

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

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

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

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

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

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

			(C)							
(A)	(B)	D III						(D)	(E)	(F)
Name and title	Average		not check more than one unless person is both an					Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any					-	<u> </u>	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	1099-MISC/	1099-MISC/	organization and
	related	dual	lior	, T	mp	st co	4	1099-NEC)	1099-NEC)	related organizations
	organizations below	r trus	al tr		oye	duc				
	dotted line)	stee	uste			ens				
			Å			Highest compensated employee				
COURTNEY ROMINE-MANN	40.00									
INTERIM EXECUTIVE DIRECTOR OF PROGRAMS		~						54,682	0	0
JESSICA MAGPIE	40.00									
INTERIM EXECUTIVE DIRECTOR OF OPERATIONS		~						51,867	0	0
FRANCISCO GARCIA	20.00									
INTERIM EXECUTIVE DIRECTOR		~						3,000	0	0
DAVID OSBORN	1.00									
CHAIR		~		~				0	0	0
ΜΑΤΤ ΜΑVΚΟ	1.00									
TREASURER		~		~				0	0	0
CALEB MAMMEN	1.00									
SECRETARY		~		~				0	0	0
NICKI DARDINGER	1.00									
CHAIR		~		~				0	0	0
ABIGAIL SINGER	1.00									
TREASURER		~		~				0	0	0
EDIN COOK	1.00	-								
BOARD MEMBER		~						0	0	0
JULIE FALK	20.00	-								
INTERIM EXECUTIVE DIRECTOR		~						0	0	0
		-								
		-								
		-								
					-		-			·
										 000 (0000)

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	-m			s, an	d F	lignest Compe	nsated	Empio	yees (conti	nuea)
					•	C)							
	(A)	(B)	do n	ot ch		ition more	e than o	one	(D)	(E))	(F)	
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Report		Estimated an	
		hours per week				-	or/trust	- ´	compensation from the	compen from re		of other compensat	
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizatio		from the	9
		hours for related	irec	tuti	Ĕ	em	nest	ner	1099-MISC/ 1099-NEC)	1099-N 1099-N		organization related organiz	
		organizations	tor al tr	onal		ploy	e on			10001	NEO)	related organiz	Lations
		below	uste	tru		ee	lper						
		dotted line)	ě	stee			Highest compensated employee						
							d						
			1										
			-										
			-										
			-										
			1										
			1										
			1										
			1										
			1										
1b	Subtotal			·	·	• •		•	109,549		0		0
c	Total from continuation sheets to Part		n A	·	·	•		•					
d	Total (add lines 1b and 1c)								109,549	· .	0	h	0
2	Total number of individuals (including		limite	ed t	10	thos	e list	ted	above) who re	eceived	more t	han \$100,0	00 of
	reportable compensation from the organi	zation							0				
-												Yes	No
3	Did the organization list any former of							mpl	loyee, or highes	st compe	ensated		
-	employee on line 1a? If "Yes," complete s							•			• •	3	~
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	an \$	150,	,000)? T	r re	s, "	complete Sched	duie J to	or such		
_			• •	·	•	•	• •	•				4	~
5	Did any person listed on line 1a receive o								0				
	for services rendered to the organization	? If Yes, C	compi	ete	SCI	ieal	lie J i	or s	such person .		• •	5	~
	on B. Independent Contractors								· · · · ·				<u> </u>
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compensation	
None													
None													
								-					

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

Part VIII Statement of Revenue

A											
	Check if Schedule O contains a response or note to any line in this Part VIII										
		(A)	(B)	(C)	(D)						

				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total levenue	function revenue	business revenue	from tax under sections 512–514
ts, Its	1a	Federated campaigns 1a	0				
ran oun	b	Membership dues 1b	0				
ŪĔ	С	Fundraising events 1c	0				
ifts ar ⊿	d	Related organizations 1d	0				
, Bil	е	Government grants (contributions) 1e	11,000				
ons Sil	f	All other contributions, gifts, grants,					
her		and similar amounts not included above 1f	764,175				
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f					
n o' an d		-3 +					
0	h	Total. Add lines 1a-1f	Business Code	775,175			
e)	20	_	Business Code				
, vic	2a b						
jram Ser Revenue	c						
E P	d						
Be	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends,					
		other similar amounts)		526	0	0	526
	4	Income from investment of tax-exempt bon	d proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
en	b	Less: cost or other basis					
Revenue	_	and sales expenses . 7b					
Be	ر ام	Gain or (loss) 7c 0	0				
er	d	Net gain or (loss)					
Othe	8a	Gross income from fundraising events (not including \$ 0					
_		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	с	Net income or (loss) from fundraising event	ts				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0				
	b	Less: cost of goods sold 10b	57				
	C	Net income or (loss) from sales of inventory		-57	-57	0	0
sn			Business Code				
Miscellaneous Revenue	11a						
llan 'en	b						
scellanec Revenue	C						
Nis L	d	All other revenue					
	е 12	Total. Add lines 11a–11d		775 644		^	E0/
	14			775,644	-57	0	526 Form 990 (2022)

Part IX Statement of Functional Expenses

fundraising solicitation. Check here [] if

following ŠOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part IX . **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 109,549 8,600 66,361 34,588 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 428,898 108,098 66,329 254,471 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 24,471 16,471 4.713 3,287 10 Payroll taxes 40,821 12,127 23,297 5,397 11 Fees for services (nonemployees): Management а Legal b 4,440 4,440 С Accounting 38,911 38,911 d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 20,233 15,229 5,004 12 Advertising and promotion 153 153 13 Office expenses 55,200 29,868 20,878 4,454 14 Information technology 29,851 20,015 7,259 2,577 15 Royalties Occupancy 16 39,450 22,759 9,439 7,252 17 Travel 12,589 12,345 120 124 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 1 1 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance 6,276 1,216 4,958 102 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.) GIFTS AND HONORARIUMS 250 250 0 а b С d All other expenses е 25 **Total functional expenses.** Add lines 1 through 24e 811.093 462,435 250,536 98,122 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

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

0

Form 990 (2022)

	n 990 (20	,			Page 11
P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ Y		
			(A) Beginning of year		∟ (B) End of year
	1	Cash-non-interest-bearing	655,656	1	603,724
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	1,526	4	683
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		_	
	6	Loans and other receivables from other disqualified persons (as defined		5	
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>ets</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9 10a	Prepaid expenses and deferred charges	6,017	9	9,846
	h	Dasis. Complete Part Vi of Schedule D 10a 0 Less: accumulated depreciation 1 10b 0	1 1 4 7	10c	0
	b	Investments—publicly traded securities	1,147	11	0
	11 12	Investments—other securities. See Part IV, line 11		12	1,086
	12	Investments—program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	28,690
	16	Total assets. Add lines 1 through 15 (must equal line 33)	664,346	16	644,029
	17	Accounts payable and accrued expenses	55,819	17	37,920
	18	Grants payable		18	011120
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	33,271
	26	Total liabilities. Add lines 17 through 25	55,819	26	71,191
nces		Organizations that follow FASB ASC 958, check here v and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	608,527	27	572,838
Ä	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
) or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	608,527	32	572,838
Ž	33	Total liabilities and net assets/fund balances	664,346	33	644,029

Form **990** (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 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 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 10 Part XII Financial Statements and Reporting 10 2a 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2	77! 81 -3! 608	5,644 1,093 5,449 8,527 -6 0 -234 0 2,838
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 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 5 7 Investment expenses 6 7 Investment expenses 7 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 2 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 1f "Y	77! 81 -3! 603 572	5,644 1,093 5,449 8,527 -6 0 -234 0 2,838
2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 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 0 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 2	81 ⁻ -3! 60! 57:	1,093 5,449 8,527 -6 0 -234 0 2,838
3 Revenue less expenses. Subtract line 2 from line 1 3 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 0 6 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XIII Financial Statements and Reporting 10 Part XIII Financial Statements and Reporting 10 Part XIII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII . 1 Accounting method used to prepare the Form 990: □ Cash ☑ Accrual □ Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whethe	-3! 601	5,449 8,527 -6 0 -234 0 2,838
 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	600 572	8,527 -6 0 -234 0 2,838
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis	57:	-6 0 -234 0 2,838
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis		0 0 -234 0 2,838
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 10 Part XII Financial Statements and Reporting 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis		0 -234 0 2,838
 8 Prior period adjustments		-234 0 2,838
9 Other changes in net assets or fund balances (explain on Schedule O)		0 2,838
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash ✓ Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis		2,838
32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		
Check if Schedule O contains a response or note to any line in this Part XII		
 Accounting method used to prepare the Form 990: □ Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis □ Consolidated basis □ Both consolidated and separate basis 		
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis		
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis	Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
reviewed on a separate basis, consolidated basis, or both:		~
Separate basis Consolidated basis Both consolidated and separate basis		
		~
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
the audit, review, or compilation of its financial statements and selection of an independent accountant?		
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?		~
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	+	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b		

Form **990** (2022)

SCHEDULE A (Form 990)

(D)

(E)

Total

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

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

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

Name	of the organization					Employer identification	number			
BAR	ĸ					93-120	63288			
Par	t I Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	bart.) See instructio	ons.			
The o	organization is not a private founda	ation because it i	s: (For lines 1 through	12, chec	ck only or	ne box.)				
1	A church, convention of church	hes, or associati	on of churches descr	ibed in se	ection 17	0(b)(1)(A)(i).				
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)					
3	A hospital or a cooperative hos									
4	A medical research organization hospital's name, city, and state	e:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local govern	•								
7	An organization that normally described in section 170(b)(1)		• •	port from	a gover	nmental unit or from	1 the general public			
8	A community trust described in	n section 170(b))(1)(A)(vi). (Complete	Part II.)						
9	\Box An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college			
	or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the college or			
10	An organization that normally	receives (1) more	e than 331/3% of its su	pport fro	m contrik	outions, membership	fees, and gross			
	receipts from activities related support from gross investment acquired by the organization a	t income and uni	related business taxa	ble incom	nė (less se	ection 511 tax) from	businesses			
11	An organization organized and	l operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).				
12	\Box An organization organized and					· ·				
	one or more publicly supported									
	the box on lines 12a through 12					•	· •			
а										
	the supported organization					the directors or truste	ees of the			
	supporting organization. Y	-					/ \ .			
b										
	control or management of organization(s). You must		•		persons	that control or mana	age the supported			
~		-	-		onnectio	n with and functions	ally integrated with			
с.	its supported organization(s) (see instructio	ons). You must comp	lete Part	IV, Secti	ions A, D, and E.				
d		•					U ()			
	that is not functionally integ requirement (see instructio						d an allentiveness			
е) II, Type III			
-	functionally integrated, or				organizat	ion.				
f	Enter the number of supported of	0			· · ·		•			
g	•		, <u> </u>	-						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			above (see instructions))		ment?	instructions)	instructions)			
				Yes	No					
(A)										
(B)										
(0)							<u> </u>			
(C)										

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

Secti	on A. Public Support			<i>,</i> ,		,			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	764,636	826,702	854,895	367,005	775,175	3,588,413		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0		0				
4	Total. Add lines 1 through 3	764,636	0 826,702	0 854,895	0 367,005	0 775,175	<u> </u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
6	shown on line 11, column (f)						189,936		
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						3,398,477		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	764,636	826,702	854,895	367,005	775,175	3,588,413		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	798	527	774	208	526	2,833		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4	495	97,321	39	0	97,859		
11	Total support. Add lines 7 through 10						3,689,105		
12	Gross receipts from related activities, etc					12	250		
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,			.,.,		
14	Public support percentage for 2022 (line (11. column (fl)		14	92.12 %		
15	Public support percentage from 2021 Scl		-			15	93.59 %		
16a	33 ¹ / ₃ % support test - 2022. If the organi box and stop here . The organization qua	ization did not	check the box	k on line 13, ar	nd line 14 is 33	,	check this		
b	33 ¹ / ₃ % support test - 2021. If the organi this box and stop here . The organization								
17a									
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	cts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifie	x and stop he s as a publicly	re . Explain supported		
18	Private foundation. If the organization instructions	did not check	a box on line	e 13, 16a, 16b,	, 17a, or 17b,	check this bo	x and see		
							A (Form 990) 2022		

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ŭ							
Socti	on B. Total Support						
-		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
•=	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	la first socond	third fourth	or fifth tax yo	ar ac a cod	ion 501(0)(3)
14	organization, check this box and stop he	•			•		
Costi							
	on C. Computation of Public Suppor		·	10 1 (0)		45	0/
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (-		17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and stop ł	nere. The organ	ization qualifies	s as a publicly su	pported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box a	and see inst	ructions .

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C-Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
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	allv i	ntegrated Type III suppo	rting organization	

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

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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

Schedule A, Part II, Line 10 - OTHER REVENUE ------

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

2022 **Open to Public**

OMB No. 1545-0047

nternal Revenu	ue Service Go to www.irs.gov/Forn	n990 for instructions and the latest information	ation. Inspection
lame of the	organization		Employer identification number
BARK			93-1263288
Part I	Organizations Maintaining Donor Ac		ds or Accounts.
	Complete if the organization answered		
4 Tab		(a) Donor advised funds	(b) Funds and other accounts
	al number at end of year		
	regate value of contributions to (during year)		
	regate value of grants from (during year)		
	regate value at end of year		
	the organization inform all donors and donors are the organization's property, subject to the		
	the organization inform all grantees, donors,		
	for charitable purposes and not for the ben	0 0	
	ferring impermissible private benefit?		
Part II	Conservation Easements.		
r ar t fi	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1 Puri	pose(s) of conservation easements held by the		
	Preservation of land for public use (for example, rec		of a historically important land area
	Protection of natural habitat	,	of a certified historic structure
	Preservation of open space		
	nplete lines 2a through 2d if the organization I	held a qualified conservation contributio	on in the form of a conservation
	ement on the last day of the tax year.		Held at the End of the Tax Yea
a Tota	al number of conservation easements		2a
b Tota	al acreage restricted by conservation easeme	nts	2 b
	nber of conservation easements on a certified		
	nber of conservation easements included in (
hist	oric structure listed in the National Register		· · 2d
	nber of conservation easements modified, tra year	insferred, released, extinguished, or ter	minated by the organization during the
5 Doe	nber of states where property subject to cons s the organization have a written policy r ations, and enforcement of the conservation e	egarding the periodic monitoring, ins	
6 Staf	f and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcin	g conservation easements during the yea
7 Amo	ount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the yea
	s each conservation easement reported on lin section 170(h)(4)(B)(ii)?		
9 In F bala	Part XIII, describe how the organization reance sheet, and include, if applicable, the tex anization's accounting for conservation easen	ports conservation easements in its in the footnote to the organization's f	revenue and expense statement and
Part III	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.
	e organization elected, as permitted under FA	•	
	rt, historical treasures, or other similar asse vice, provide in Part XIII the text of the footnot	•	•
art, prov	e organization elected, as permitted under Fahistorical treasures, or other similar assets he vide the following amounts relating to these ite	ld for public exhibition, education, or re	search in furtherance of public service
(i) F	Revenue included on Form 990, Part VIII, line	1	\$
(ii) <i>A</i>	Assets included in Form 990, Part X		\$
	ne organization received or held works of an owing amounts required to be reported under		assets for financial gain, provide th
a Rev	enue included on Form 990, Part VIII, line 1		\$

\$_____ **b** Assets included in Form 990, Part X . . . \$

Schedu	le D (Form 990) 2022								Page 2
Part	III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures,	or Ot	her Similar A	ssets (cor	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ther record	ls, chec	k any of the	e follov	ving that make	significant	use of its
а	Public exhibition		d	Loan	or exchang	e progi	ram		
b	Scholarly research		e	_	-				
с	Preservation for future generations	i							
4	Provide a description of the organization XIII.	tion's collections	and explai	n how tl	hey further	the org	ganization's exe	mpt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Forn	n 990, F	Part IV, line	e 9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the foll	owing ta	able:				
							l l	Amount	
с	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16			
f	Ending balance					1f	•		
2a	Did the organization include an amound	nt on Form 990, P	art X, line :	21, for e	scrow or cu	istodia	l account liabilit	y? 🗌 Yes	No 🗌
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the exp	olanatio	n has been	provid	ed on Part XIII .		
Par									
	Complete if the organization								
		(a) Current year	(b) Prior	r year	(c) Two year	s back	(d) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	•		e (line 1g	, column (a) held	as:		
а	Board designated or quasi-endowment	nt	%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ne organiz	ation tha	at are held	and ad	ministered for t		
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	.,								
b	If "Yes" on line 3a(ii), are the related o					• •		3b	
4	Describe in Part XIII the intended uses		on's endou	vment fi	unds.				
Part			" on Eorn	- 000 F	Dort IV/ line	110	Sac Earm 000	Dort V li	aa 10
	Complete if the organization								
	Description of property	(a) Cost or of (investm		• •	or other basis ther)	• • •	Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X,	column	n (B), line 10	c.) .			

Schedule D (Form 990) 2022 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) RIGHT OF USE NET 28,690 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,690 . **Other Liabilities.** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes LEASE LIABILITY (2) 33,271 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 33,271 .

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

Schedu	le D (Form 990) 2022				Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents V	Vith Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	
Part				-	1
rait	Complete if the organization answered "Yes" on Form 990,			netum	•
				1	
1	Total expenses and losses per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
C.	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	·			
_c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	vide any additional in	formation	

SCHEDULE	0
(Form 990)	

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

BARK

Department of the Treasury

Employer identification number

93-1263288

Form 990, Part VI, Section B, Line 11b - DRAFT 990 IS DISTRIBUTED TO THE BOARD, INCLUDING THE TREASURER PRIOR TO FILING REQUESTING REVIEW, AND SOLICITING FEEDBACK.

Form 990, Part VI, Section B, Line 12c - THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY IS LOCATED IN ARTICLE 2 OF ITS BYLAWS. ANY PERCEIVED OR POTENTIAL CONFLICT OF INTEREST IS STATED VERBALLY AT MEETINGS OF THE BOARD OF DIRECTORS PRIOR TO TAKING ACTION ON THE RELEVANT ITEM. THIS IS RECORDED IN THE MEETING MINUTES.

Form 990, Part VI, Section C, Line 19 - AVAILABLE UPON WRITTEN REQUEST AND TO VISITORS AT THE OFFICE LOCATION.

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Form: Form 990 (2022)

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First Program Service Accomplishments Description

Description

ASSOCIATION OF ENVIRONMENTAL SCIENCE STUDENTS. IN TOTAL THIS PROGRAM TRAINED AND EDUCATED 121 VOLUNTEERS AND PARTICIPANTS.

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Second Program Service Accomplishments Description

Description

DESIGNATED PINE MARTEN/PILEATED WOODPECKER HABITAT, 893 ACRES WITHIN FIRE-ADAPTED PINE-OAK HABITAT, AND 501 ACRES DESIGNATED AS SCENIC VIEWSHED, IN ADDITION TO 1,419 ACRES DESIGNATED AS TIMBER EMPHASIS BY THE CRITICALLY OUTDATED, 1990 MT. HOOD FOREST MANAGEMENT PLAN. IN THE FALL OF 2022, BARK FILED A FORMAL OBJECTION TO THE 5,000-ACRE GRASSHOPPER TIMBER PROJECT ON MT. HOOD'S BARLOW RANGER DISTRICT, IS THE CULMINATION OF THREE YEARS OF ENGAGEMENT WITH PROJECT PLANNING UNDER THE NATIONAL ENVIRONMENTAL POLICY ACT. IN THE SUMMER OF 2023 BARK VOLUNTEERS GROUNDTRUTHED THE AREAS PROPOSED FOR LOGGING IN THE 27 ROAD FUEL BREAK CE PROJECT THROUGHOUT 6-DAY TRIPS AND VOLUNTEER CAMPOUTS. THIS PROJECT WOULD CREATE A 1,000' FUEL BREAK ALONG AREAS OF THE 27-ROAD SYSTEM (APPROXIMATELY 2,900 ACRES TOTAL).

Schedule	O, Statement 3	BARK EIN: 93-1263288			
Form: For	m 990 (2022)				
Page: 2			Part III, Line 4d		
	Other Program Services Accomplishments				
Activity	Description	Expense	Grants	Revenue	
Code					
	OTHER PROGRAMS INCLUDE LOBBYING AND EDI.	9,376	0	0	