

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

RUFFED GROUSE SOCIETY 451 MCCORMICK ROAD CORAOPOLIS, PA 15108

PREPARED BY:

LOUIS PLUNG & COMPANY LLP 420 FT. DUQUESNE BLVD, STE 1900 PITTSBURGH, PA 15222

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

RUFFED GROUSE SOCIETY 451 MCCORMICK ROAD CORAOPOLIS, PA 15108

PREPARED BY:

LOUIS PLUNG & COMPANY LLP 420 FT. DUQUESNE BLVD, STE 1900 PITTSBURGH, PA 15222

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2021

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 54-0846925 RUFFED GROUSE SOCIETY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 451 MCCORMICK ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORAOPOLIS, PA 15108 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KIM SWISHER The books are in the care of ► 451 MCCORMICK ROAD - CORAOPOLIS, PA 15108 Telephone No. ► 412-262-4044 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Α Ι	OI LIN	e 2020 Calendar year, or tax year beginning	and ending	J									
В	Check if applicabl	C Name of organization			D Employer i	dentific	cation number						
	Addre	e RUFFED GROUSE SUCIETY											
	Name chang	Doing business as			54-08	4692	25						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	suite	E Telephone r	number	,						
	Final return	451 MCCORMICK ROAD			4122644044								
	termir ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts	\$	12,956,140.						
	Amen return	ded CODAODOTTO DA 15100			H(a) Is this a g	roup re	eturn						
	Application				for subordinates? Yes X No								
	pendi		15108		H(b) Are all subordinates included? Yes No								
Τ.	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1		list. See instructions						
J	Websi	te: ► WWW.RUFFEDGROUSESOCIETY.ORG			H(c) Group ex	emptio	n number 🕨						
		forganization: X Corporation Trust Association Other	L	Year o	of formation: 19	61 N	1 State of legal domicile: VA						
	art I	Summary	•				ŭ						
	1	Briefly describe the organization's mission or most significant activities: ES	STABLIS	HE	D IN 196	1, 1	THE RUFFED						
Se		GROUSE SOCIETY IS NORTH AMERICA'S FORE	MOST (CON	T. ON SC	HED	ULE O)						
nar	2	neck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ş.	3												
ၓ	4	Number of independent voting members of the governing body (Part VI, line					17						
<u>დ</u>	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)					28						
iŧ.	6	Total number of volunteers (estimate if necessary)					900						
Activities & Governance	7 a						37,663.						
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					0.						
					Prior Year		Current Year						
a)	8	Contributions and grants (Part VIII, line 1h)			2,553,9	03.	4,881,848.						
ž	9	Program service revenue (Part VIII, line 2g)				0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			158,7	02.	1,390,485.						
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,453,4	51.	1,305,447.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		5,166,0	56.	7,577,780.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10)		1,920,8		1,786,678.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.						
É	. b	Total fundraising expenses (Part IX, column (D), line 25) — 391	.,056.										
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,675,0		2,348,904.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			5,595,9		4,135,582.						
	19	Revenue less expenses. Subtract line 18 from line 12			-429,9	32.	3,442,198.						
Net Assets or	3			Beg	ginning of Current	t Year	End of Year						
sets	20	Total assets (Part X, line 16)			8,414,6		11,039,762.						
t As	21	Total liabilities (Part X, line 26)			1,549,6		1,445,483.						
2	22	Net assets or fund balances. Subtract line 21 from line 20			6,865,0	20.	9,594,279.						
	art II	Signature Block											
	•	alties of perjury, I declare that I have examined this return, including accompanying sch			•	•	knowledge and belief, it is						
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prep	parer l	has any knowledg	е.							
		Signature of officer			Data								
Sig		, · · · ·			Date								
Her	e	BENJAMIN JONES, PRESIDENT AND CEO											
		Type or print name and title		Ιn	oate (n	PTIN						
<u>.</u>		Print/Type preparer's name Preparer's signature		٦٦	l i	Check f	- -∟						
Paid		JOSEPH C. ZOVKO				self-employ							
	parer	Firm's name LOUIS PLUNG & COMPANY LLP		Firm's E	IN 🕨	25-1637458							
use	Only	Firm's address 420 FT. DUQUESNE BLVD, STE 19 PITTSBURGH, PA 15222	UU		Dharra	no. (4 :	12) 281-8771						
NA	, +la = "	•			Pnone	110. (4							
ıvıa\	y trie li	RS discuss this return with the preparer shown above? See instructions					X Yes No						

4d Other program services (Describe on Schedule O.)

(Expenses \$ 578,745. including grants of \$

) (Revenue \$

131,023.)

4e Total program service expenses

3,432,498.

Pai	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI It the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
а				
		11a	X	
b				,,
		11b		X
С				3,7
		11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			₩.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	10h		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
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, fundraising, business,	14d		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

032003 12-23-20

Form 990 (2020) RUFFED GROUSE SOCIETY

Part IV Checklist of Required Schedules (continued)

1 011	Continued)		Vac	No.			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı			
	Schedule J	23	х	ı			
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			l			
	Schedule K. If "No," go to line 25a	24a		Х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c		l			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			l			
	Schedule L, Part I	25b		X			
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%			ı			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ı			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ı			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		<u>X</u>			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		<u>X</u>			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37			
	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>X</u>			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥		ı			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v			
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	l			
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	77				
	Check if Schedule O contains a response or note to any line in this Part V						
	Shook it Gorioddio G contains a response of flote to any line in this fact v		Vaa	No			
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 68		Yes	140			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 o Enter the number of Forms W-2G included in 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?	1c	х				

032004 12-23-20

Par	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								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
	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		Х					
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?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year			37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	0-							
		9a 9b							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90							
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	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							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		—					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1_					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see 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		X					
	lf "Yes," complete Form 4720, Schedule O.								

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other									
	officer, director, trustee, or key employee?			2		_X_					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3		_X_					
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was filed?		4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point one or									
	more members of the governing body?			7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or									
	persons other than the governing body?			7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:									
	The governing body?]	8a	Х						
b	Each committee with authority to act on behalf of the governing body?]	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)									
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	X						
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		}	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? H	Yes," describe									
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b		_X_					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					77					
	taxable entity during the year?			16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
800	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure	O OM TIT O'A	TTT	TT	TZ C	TZ 3Z					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990-1 (Section 501	ı(c)(3)s	oniy)	avaılat	oie					
	for public inspection. Indicate how you made these available. Check all that apply.										
40		n on Schedule O)		e:	:-1						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	entilict of interest polic	y, and	tinand	ıaı						
00	statements available to the public during the tax year.	also and									
20	State the name, address, and telephone number of the person who possesses the organization's bookstam SWISHER $-412-262-4044$	oks and records									
	451 MCCORMICK ROAD, CORAOPOLIS, PA 15108										
2005 -	DEMAND SO DITT THE GOS OF HIGHIOD SER			Earn	990	(2020)					
J32006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			LUIII	550	(2020)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both ar officer and a director/trustee			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BENJAMIN C. JONES	50.00			.,				174 (5)	0	20 520
PRESIDENT AND CEO	10.00			Х				174,653.	0.	28,538.
(2) KIMBERLY D. SWISHER	40.00	-		77				67 500	0	11 067
MANAGER OF ACCOUNTING	1 50			Х				67,522.	0.	11,067.
(3) DAVID MOORE	1.50	v						0	0	0
DIRECTOR (4) GEORGE RICH	1.50	Х				\vdash	-	0.	0.	0.
DIRECTOR	1.50	Х						0.	0.	0.
(5) BRIAN W. SMITH	3.00	Δ						0.	0.	0.
CHAIR	3.00	Х		х				0.	0.	0.
(6) TRACY T. LARSEN	1.50	77						0.	0.	0.
DIRECTOR	1.30	х						0.	0.	0.
(7) TERRY WILSON	1.50								•	
DIRECTOR	1.30	х						0.	0.	0.
(8) JOSEPH M. BYERS JR	1.50	T-								
DIRECTOR		Х						0.	0.	0.
(9) BRUCE A. BENNETT	1.50								-	-
DIRECTOR		Х						0.	0.	0.
(10) SETH E DIZARD, ESQ.	3.00									
SECRETARY		Х		Х				0.	0.	0.
(11) WILLIAM V KRAZINSKI JR R.PH.	1.50									
DIRECTOR		Х						0.	0.	0.
(12) DAVID KURITZKY	1.50									
DIRECTOR		Х						0.	0.	0.
(13) W. STEPHEN MARITZ	1.50									
DIRECTOR		Х						0.	0.	0.
(14) SHANE T. MENGEL	1.50									
DIRECTOR		Х						0.	0.	0.
(15) ROY SMITH	1.50	1								
DIRECTOR		Х						0.	0.	0.
(16) JULIE SANDSTROM	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(17) JAMES COBY SHAW	1.50	. .							_	_
DIRECTOR		Х						0.	0.	0 . Form 990 (2020)

032007 12-23-20

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)		(C) Position					(D)	(E)			(F)	
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable Reportabl compensation compensation				timate nount	
	week	offi				r/trust		from	from related	ı		other	O1
	(list any hours for	lirector						the organization	organization: (W-2/1099-MIS			pensa om th	
	related	tee or (ustee			ensatec		(W-2/1099-MISC)	(VV 2) 1000 IVIIC	,0,		anizat	
	organizations below	Individual trustee or director	Institutional trustee		ployee	t comp ee						d relat	
	line)	Individ	Institut	Officer	Key employee	Highest compensated employee	Former				orga	anizati	UIS
(18) TRACY LEE	1.50												
DIRECTOR	2 00	Х						0.		0.			0.
(19) ED SHUFORD TREASURER	3.00	х		х				0.		0.			0.
IREADOREK		Λ		Λ				0.		0.			<u> </u>
						\vdash							
_						\vdash							
						Щ		040 175		_	1	0 6	<u> </u>
1b Subtotal c Total from continuation sheets to Part VI							>	242,175.		0.	3	9,6	05.
d Total (add lines 1b and 1c)							>	242,175.		0.	3:	9,6	
Total number of individuals (including but not not not not not not not not not no							re	eceived more than \$100,	000 of reportable)			
compensation from the organization											1		1
O Did the experiention list on farmous officer	alia.t.att.	1					اند : حا			1		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so								nest compensated empi			3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				,			· ·					37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5		Х
Complete this table for your five highest contains the state of t	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	tion fro	m	
the organization. Report compensation for t													
(A)								(B)		0	(C		_
Name and business COMMUNITY COUNSELING SERV		Т.Т.	<u></u>	0	NE		+	Description of s	ervices		ompei	isatio	<u>n</u>
LOGAN SQUARE STE 1250, PH			-		_			COUNSELING			19	5,0	00.
										_, -			
							\downarrow						
							\dashv						

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2020) RUFFED
Part VIII Statement of Revenue

		Check if Schedule O contains a res	sponse o	or note to anv lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
Sυ	1 9	Federated campaigns1	а					
Contributions, Gifts, Grants and Other Similar Amounts			b	543,803.				
S S			c	,				
fts,			d					
ij gi								
ons,		3 \	е					
utic	T	All other contributions, gifts, grants, and		4 338 045				
ë			f	4,338,045.				
o d	_	·	g \$		4 991 949			
O g	n	Total. Add lines 1a-1f			4,881,848.			
	_			Business Code				
<u>ic</u> e	2 a							
erv	b							
n S	C	·						
ran 3ev	C							
Program Service Revenue	e							
Δ		All other program service revenue						
	ç	Total. Add lines 2a-2f						
	3	Investment income (including dividend						
		other similar amounts)			95,146.			95,146.
	4	Income from investment of tax-exempt	bond pr	roceeds				
	5	Royalties						
		(i) F	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	c	Net rental income or (loss)						
	7 a		urities	(ii) Other				
		assets other than inventory 7a 6,59	8,921.	8,500.				
	b	Less: cost or other basis						
ē			0,774.	1,308.				
en l	c		8,147.	7,192.				
her Revenue		Net gain or (loss)			1,295,339.			1,295,339.
e		Gross income from fundraising events (not						
G	-	including \$.					
		contributions reported on line 1c). See						
		Part IV, line 18		1,099,098.				
	h	Less: direct expenses		0.				
		Net income or (loss) from fundraising e			1,099,098.			1,099,098.
		Gross income from gaming activities.						
	0.0	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming activ						
		Gross sales of inventory, less returns						
	10 6		10a	145,360.				
		and allowances						
		Less: cost of goods sold		00,270.	79,082.	79,082.		
-		Net income or (loss) from sales of inver	itory	Business Code	,,,002.	75,002.		
sn	44 -	TIMBER SALES		110000	80,423.	80,423.		
je on	11 a	ADVERTISING INCOME		511120	37,663.	00,423.	37 662	
llan				900099		0 101	37,663.	
Miscellaneous Revenue	_	MISCELLANEOUS INCOME		300033	9,181.	9,181.		
Ξ̈́		All other revenue			107 067			
		Total. Add lines 11a-11d		>	127,267.	160 606	27 662	2 400 502
	12	Total revenue. See instructions			7,577,780.	168,686.	37,663.	2,489,583.

032009 12-23-20

Form 990 (2020) RUFFED GROUSE SOCIETY Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	his Part IX(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	040 175	005 641	15 000	16 52
	trustees, and key employees	242,175.	207,641.	17,800.	16,734
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 544 502	1 240 470	114 010	00 111
7	Other salaries and wages	1,544,503.	1,340,478.	114,912.	89,113
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а		7,581.		7,581.	
b	<u> </u>	17,599.		17,599.	
C	9	17,399.		17,399.	
	, o F				
e	· · · · · · · · · · · · · · · · · · ·	36,235.		36,235.	
f	Investment management fees	30,233.		30,233.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
^	column (A) amount, list line 11g expenses on Sch 0.)	184,685.	158,349.	13,574.	12,762
2 3	Advertising and promotion	62,529.	55,290.	5,640.	1,599
ა 4	Office expenses Information technology	02,323.	33,230.	3,040.	1,333
1 5	Royalties				
5 6	Occupancy	123,806.	106,151.	9,100.	8,555
7	Traval	66,282.	56,830.	4,872.	4,580
, 8	Payments of travel or entertainment expenses	00,2021	30,0001	2,0,20	1,000
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	38,354.		38,354.	
1	Payments to affiliates	,		, , , , , , , , , , , , , , , , , , , ,	
2	Depreciation, depletion, and amortization	131,189.	112,482.	9,642.	9,065
3	Insurance	59,726.	46,404.	9,582.	3,740
4	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 0.)				
а	IIADIMAM DDOGDAMO	588,961.	588,961.		
b	CHAPTER ACTIVITIES EXPE	297,782.	72,926.	3,051.	221,805
С	DANGIEM EXPENSES	284,249.	284,249.		<u> </u>
d	PRINTING & PUBLICATIONS	130,588.	130,588.		
е		319,338.	272,149.	24,086.	23,103
5	Total functional expenses. Add lines 1 through 24e	4,135,582.	3,432,498.	312,028.	391,050
6	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X | Balance Sheet

rt X	Balance Sheet					
	Check if Schedule O contains a response or r	ote to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			200,261.	1	1,868,404.
2					2	363,270.
3					3	2,513,297.
4		181,844.	4	130,227.		
5						
	trustee, key employee, creator or founder, sul	ostantial co	ontributor, or 35%			
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqu	alified pers	ons (as defined			
	under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			274,854.	8	261,064. 35,390.
9	Prepaid expenses and deferred charges			99,475.	9	35,390.
10a						
	basis. Complete Part VI of Schedule D	10a	1,333,037.			
b				694,737.	10c	603,817. 5,264,293.
11				4,866,755.	11	5,264,293.
12	Investments - other securities. See Part IV, lin			12		
13			13			
14						
15				0 414 620		11 020 060
16				8,414,639.		11,039,762.
				238,199.		109,591.
			26 524		E0 E42	
			30,334.		50,543.	
l					21	
22						
					00	
22				1 132 905		1,175,634.
				1,132,303.		1,175,054.
					24	
23						
	(0.1.1.1.5)			141.981.	25	109,715.
26			·····			1,445,483.
		heck here	► X			
27				5,404,024.	27	5,878,880.
28			Г	1,460,996.	28	3,715,399.
	and complete lines 29 through 33.		. —			
29	Capital stock or trust principal, or current fund	ds			29	
30					30	
31					31	
32			Г	6,865,020.	32	9,594,279.
				8,414,639.	33	11,039,762.
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Check if Schedule O contains a response or not complete lines 29 through 33. Check if Schedule O contains a response or not complete lines 29 through 33. Capital stock or trust principal, or current or Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, c and complete lines 29 through 33. Capital stock or trust principal, or current func. Capital Stock or trust principal, or current or paids in complete lines 29 through 33. Capital stock or trust principal, or current func. Capital Sure, and caping, or land, building, or Retained earnings, endowment, accumulated or paids in or capital surplus, or land, building that to not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current func. Paid in or capital surplus, or land, building, or Retained earnings, endowment, accumulated	Check if Schedule O contains a response or note to any Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former or trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person and receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets. Add lines 1 through 15 (must equal line 33 Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person of the liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24), of Schedule D Total liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24), of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment and complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 under section 4958f(f(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Intangible assets 1 Other assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 33) 1 Accounts payable and accrued expenses 1 Grants payable 1 Deferred revenue 2 Tax-exempt bond liabilities 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other 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 2 Secured mortgages and notes payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Unsecured notes and loans payable to unrelated third parties 3 Office liabilities. Add lines 17 through 25 3 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 3 Net assets with donor restrictions 3 Net assets with don or restrictions 3 Organizations that do not follow FASB ASC 958, check here and complete lines 27 through 33. 4 Capital stock or trust principal, or current funds 5 Paid-in or capital surplus, or land, building, or equipment fund 6 Retained earnings, endowment, accumulated income, o	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 200 , 261 .	Check if Schedule O contains a response or note to any line in this Part X

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>7,57</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,13	5,5	82.			
3	Revenue less expenses. Subtract line 2 from line 1		3,44					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,86					
5	Net unrealized gains (losses) on investments	5	-66	0,2	96.			
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	-5	2,6	43.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9,59	4,2	79.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RUFFED GROUSE SOCIETY

Employer identification number

54-0846925 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4,) = 0 + 0	(3) 23	(5) = 5 : 5	(4) = 0.10	(5) = 5 = 5	(1) 1014
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax y			
10	organization, check this box and stor	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						▶ □
Ŀ	33 1/3% support test - 2019. If the o		-				
	and stop here. The organization qual						`
17a	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	_	▶ □
ŀ	10% -facts-and-circumstances test	-	•	*		I7a and line 15 is	
	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
10	i invate roundation. If the organization	n did not oneok a	DOA OIT III IC TO, TO	a, 100, 17a, 01 17k		dule A (Form 990	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1861110.	2958236.	2511545.	2553903.	4753687.	14638481.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	89,355.	93,043.	75,577.	73,034.	145.360.	476,369.
3	Gross receipts from activities that	02,000	20,010	,	70,0020		2707000
	are not an unrelated trade or bus- iness under section 513	1487310.	2641646.	2467810.	2357631.	972,863.	9927260.
4	Tax revenues levied for the organ- ization'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	3437775.	5692925.	5054932.	4984568.	5871910.	25042110.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	159,535.	50,960.	189,316.	116,263.	267,137.	783,211.
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	39,810.		100 016	59,922.	0.00	99,732.
	Add lines 7a and 7b	199,345.	50,960.	189,316.	176,185.	267,137.	
8	Public support. (Subtract line 7c from line 6.)						24159167.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	3437775.	5692925.	5054932.	4984568.	58/1910.	25042110.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	01 060	08 485	110 550	110 007	05 146	406.068
	and income from similar sources	81,260.	87,175.	112,579.	119,907.	95,146.	496,067.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	81,260.	87,175.	112,579.	119,907.	95,146.	496,067.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3519035.	5780100.	5167511.	5104475.	5967056.	25538177.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
_	check this box and stop here						
	ction C. Computation of Publi						0.4.60
	Public support percentage for 2020 (li		•	olumn (f))		15	94.60 %
	Public support percentage from 2019					16	94.74 %
	ction D. Computation of Inves						1 0 4
17	Investment income percentage for 20					17	1.94 %
18	Investment income percentage from 2					18	2.07 %
19a	33 1/3% support tests - 2020. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
O.L.		
9b		
00		
9c		
10-		
10a		
10h		
10b	N E71	L

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>Sac</u>	detail in Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>	tion B. Type I Supporting Organizations		Yes	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		res	No
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

Fai	t v Type in Non-Functionally integrated 509(aj(s) supporting orga	ilizations (continu	<u> ,ea) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> b</u>	Applied to 2020 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
•	Evenes from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

2020

OMB No. 1545-0047

Name of the organization Employer identification number $RUFFED \;\; GROUSE \;\; SOCIETY \\ 54-0846925$

Organization type (check one):									
Filers of	:	Section:							
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 99	0-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
X	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special	Rules								
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., neplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year							
but it m u	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>160,295</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$4,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 86,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$101,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RUFFED GROUSE SOCIETY 54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,262.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** RUFFED GROUSE SOCIETY 54-0846925 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RUFFED GROUSE SOCIETY

Employer identification number 54-0846925

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area				
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		I I				
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired		I I				
_	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax				
	year -						
4	Number of states where property subject to conservation ear						
5	Does the organization have a written policy regarding the pe		Yes No				
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,						
U	Starr and volunteer riours devoted to monitoring, inspecting,	Thandling of violations, and emorcing conse	ervation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year				
•	\$ \$ \$	ding of violations, and emoreing conservati	on easements during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/h)(4)(B)(i)				
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footi	•					
	organization's accounting for conservation easements.	Ç					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public				
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	3.				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under FASB $\!$	ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020				

032051 12-01-20

Par	t III Organizations Maintaining Coll	ections of Art,	Historical Tre	asures, or	Other S	imilar Asse	ets _{(contir}	nued)
	Using the organization's acquisition, accession,							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange prograr	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain h	now they further th	e organizatior	n's exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit or re	eceive donations of	art, historical treas	ures, or other	similar ass	sets		
	to be sold to raise funds rather than to be maint	ained as part of the	organization's col	lection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ments. Complete	e if the organization	n answered "\	es" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part X	, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermedia	y for contributions	or other asse	ets not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII and							
							Amoun	t
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expl	anation has been p	orovided on P	art XIII			
Par	t V Endowment Funds. Complete if the	e organization ansv	vered "Yes" on Fo	rm 990, Part I	V, line 10.			
	(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	ck (e) Foui	r years back
1a	Beginning of year balance	5,904,196.	5,364,579.	5,974	,135.	5,460,90	6. 5	,204,756.
	Contributions	61,350.	61,994.	59	,929.	19,41	8.	84,950.
С	Net investment earnings, gains, and losses	678,583.	959,609.	-389	,485.	780,00	1.	369,636.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	544,444.	481,986.	280	,000.	286,19	0.	198,436.
f	Administrative expenses							
g	End of year balance	6,099,685.	5,904,196.	5,364	,579.	5,974,13	5. 5	,460,906.
2	Provide the estimated percentage of the current	year end balance (line 1g, column (a)) held as:	•		•	
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment ▶ %	_						
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
За	Are there endowment funds not in the possession	•	on that are held an	d administere	d for the o	rganization		
	by:	_						Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization						ا ۱۰۰۰ ا	
4	Describe in Part XIII the intended uses of the organization	ganization's endowr	ment funds.					
Par	t VI Land, Buildings, and Equipmer	it.						
	Complete if the organization answered "	Yes" on Form 990, I	Part IV, line 11a. S	ee Form 990,	Part X, line	e 10.		
	Description of property	(a) Cost or oth	er (b) Cost	or other	(c) Accu	ımulated	(d) Boo	k value
		basis (investme	nt) basis ((other)	depre	ciation		
1a	Land	492,0	00.				49	2,000.
b	Buildings							
С	Leasehold improvements		1	1,809.	1	1,809.		0.
d	Equipment		82	9,228.	71	7,411.	11	1,817.
е	Other							
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X.	column (B). line 10	Oc.)			60	3,817.

Schedule D (Form 990) 2020

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) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(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)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook value
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	e 15.)	>	
• , •	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		22.	(b) Book value
	deral income taxes			
	CCRUED EXPENSES			109,715
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<u> </u>		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

	edule D (Form 990) 2020 ROFFED GROODE DOCIETI				DO TO DO Page T
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,894,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-660,296.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	66,278.		
е	Add lines 2a through 2d			2e	-594,018.
3	Subtract line 2e from line 1			3	7,488,902.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,235.		
b	Other (Describe in Part XIII.)	4b	52,643.		
С	Add lines 4a and 4b			4c	88,878.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,577,780.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	4,165,625.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	66,278.		
е	Add lines 2a through 2d			2e	66,278.
3	Subtract line 2e from line 1			3	4,099,347.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,235.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	36,235.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,135,582.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; $\mbox{\sc l}$; Part X	K, line 2; Part XI,
lines	$2\mbox{d}$ and $4\mbox{b};$ and Part XII, lines $2\mbox{d}$ and $4\mbox{b}.$ Also complete this part to provide any	additional infor	mation.		
PAI	RT X, LINE 2:				

THE SOCIETY IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SOCIETY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE SOCIETY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AS IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THE SOCIETY HAS ANALYZED TAX POSITIONS

Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued) TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE SOCIETY BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SOCIETY'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE SOCIETY HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2020 AND 2019. THE SOCIETY'S POLICY IS TO CLASSIFY ANY INCOME TAX RELATED INTEREST AND PENALTIES TO INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY. THE SOCIETY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS: HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD INCLUDED ON PART VII LINE 10B 66,278. PART XI, LINE 4B - OTHER ADJUSTMENTS: UNCOLLECTIBLE PROMISE TO GIVE 52,643. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD INCLUDED ON PART VII LINE 10B 66,278.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
						54-0846925	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with policiduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	I ACTIVITY I have custody I		(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total							
List all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt ı	of fundraising event contributions and gro	-		· · · · · · · · · · · · · · · · · · ·	
		or fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			ANNUAL	(5) 270111 112	NONE	(d) Total events
			SPORTSMAN BA		MOINE	(add col. (a) through
					(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	١.		1 000 000			1 000 000
Rev	1	Gross receipts	1,099,098.			1,099,098.
_						
	2	Less: Contributions				
			4			1
	3	Gross income (line 1 minus line 2)	1,099,098.			1,099,098.
	4	Cash prizes				
	5	Noncash prizes				
ses						
eus	6	Rent/facility costs				
Direct Expenses						
ščt	7	Food and beverages				
) Ire						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	0: 1 (1)		•	
	11	•				1,099,098.
Pa	irt l					, ,
		\$15,000 on Form 990-EZ, line 6a.				
			(-) Dia	(b) Pull tabs/instant	(-) Other marking	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
š						
æ	1	Gross revenue				
	2	Cash prizes				
Direct Expenses						
oeu	3	Noncash prizes				
$\bar{\Sigma}$						
ect	4	Rent/facility costs				
۾	•	Tiend tacinty cools				
	5	Other direct expenses				
_	3	Other direct expenses	Yes%	Yes %	6 Yes %	
	_	Volunteer labor				
	•	Volunteer labor	L No	∟ No	No	
	_	Direct evenes cumment Add lines O through	a E in column (d)			
	7	Direct expense summary. Add lines 2 through	15 in column (a)		>	
		Not remain a income a manage. Colleting at line 7	Second line 4 and one (al)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
_	Г.,					
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				Yes No
b) IT "	No," explain:				
	_					
46						
		ere any of the organization's gaming licenses re			(year?	Yes No
b) IT "	Yes," explain:				
	_					
	_					
	_	l-25-20				rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 RUFFED GROUSE SOCIETY	4-0846	<u>925</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		122	I	07
	a The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party \$\bigs\\$			
	E If "Yes," enter name and address of the third party:			
٠	7 1 165, Critici Hame and address of the time party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Name P			
	Gaming manager compensation \$			
	Description of continuous and ideal N			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year > \$	· ·		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort III. lin	00.0.0	h 10h
		a Part III, IIII	es 9, s	ю, тою,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	RUFFED GROUSE	SOCIETY	54-0846925	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(constitution)			
-					
-					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

ZUZU

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

RUFFED GROUSE SOCIETY

Employer identification number 54-0846925

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Z Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BENJAMIN C. JONES	(i)	174,653.	0.	0.	13,200.	15,338.	203,191.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

RUFFED GROUSE SOCIETY

Employer identification number 54-0846925

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GENERAL EDUCATION AND OUTREACH: THE RGS RECRUITMENT PROGRAMS RECRUIT, RETAIN AND REACTIVATE CONSERVATIONISTS TO ENSURE CURRENT AND FUTURE FOREST STEWARDSHIP WORK THAT IS ESSENTIAL TO CREATING, PROTECTING AND RESTORING FOREST HEALTH AND FOREST DIVERSITY FOR RUFFED GROUSE AMERICAN WOODCOCK, AND ALL FOREST WILDLIFE. EXPENSES \$ 404,976. INCLUDING GRANTS OF \$ 0. REVENUE \$ 131,023. RESEARCH; RGS PROVIDES FUNDING TO DEVELOP SOUND SCIENTIFIC MANAGEMENT PRACTICES THAT FOSTER DIVERSE, HEALTHY FORESTS FOR RUFFED GROUSE, AMERICAN WOODCOCK AND ALL FOREST WILDLIFE. EXPENSES \$ 116,427. INCLUDING GRANTS OF \$ 0. REVENUE \$ ADVOCACY: RGS ADVOCATES FOR THE APPLICATION OF SOUND SCIENTIFIC PRINCIPLES IN WILDLIFE CONSERVATION, SUSTAINABLE FOREST MANAGEMENT, AND RECRUITMENT, REACTIVATION, AND RETENTION OF HUNTER CONSERVATIONISTS. INCLUDING GRANTS OF \$ 0. EXPENSES \$57,342. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: PDF COPIES ARE SENT TO EACH DIRECTOR FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY AND

032211 11-20-20

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

54-0846925 RUFFED GROUSE SOCIETY UNDERSTANDS RGS IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS NECESSARY FOR EFFECTIVE OVERSIGHT. PERIODIC REVIEWS SHALL BE CONDUCTED THAT AT A MINIMUM WILL INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AS WELL AS WHETHER ANY PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO RGS'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. WHEN CONDUCTING THE PERIODIC REVIEWS RGS MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE BOARD OF ITS RESPONSIBILITY FOR ENSURING PERIODIC REVIEWS ARE

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS SALARIES ANNUALLY, SALARY IS COMPARED TO NATIONAL SALARY SURVEY FOR NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH

OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Schedule O (Form 990 or 990-EZ) 2020

CONDUCTED.

Employer identification number Name of the organization 54-0846925 RUFFED GROUSE SOCIETY FORM 990, PART VI, SECTION C, LINE 19: COPIES OF BYLAWS, ARTICLES OF INCORPORATION AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED AT OFFICES FOR INSPECTION AND MAILED TO REQUESTERS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: UNCOLLECTIBLE PROMISE TO GIVE -52,643. FORM 990 - PART III - LINE 1 LANDOWNERS AND GOVERNMENT AGENCIES TO DEVELOP CRITICAL HABITAT UTILIZING SCIENTIFIC MANAGEMENT PRACTICES. AT A TIME WHEN FORESTS ARE BEING INCREASINGLY RECOGNIZED FOR THEIR IMPORTANT ROLE IN PROVIDING CLEAN AIR, CLEAN WATER, CLIMATE MITIGATION AND HOMES FOR WILDLIFE, FORESTS AND THE WILDLIFE THAT DEPEND ON THEM ARE FACING UNPRECEDENTED CHALLENGES. RGS EXISTS TO PROTECT, CONSERVE, AND ENHANCE HEALTHY FORESTS, ABUNDANT WILDLIFE AND A CONSERVATION ETHIC THROUGH SCIENCE-BASED FOREST AND WILDLIFE MANAGEMENT AND PUBLIC EDUCATION. DEVOTED TO CONSERVATION ETHICS, RUFFED GROUSE AND WOODCOCK HUNTERS ARE A UNIQUE GROUP WITH A PASSION FOR THE WAYS, HABITS AND CONSERVATION OF THESE BIRDS WHO ARE BELLWETHERS OF FOREST HEALTH. FROM ALASKA AND THE CANADIAN PROVINCES TO THE GULF OF MEXICO, OUR MEMBERS INCLUDE ALL MANNER OF CONSERVATIONISTS, HUNTERS AND NON-HUNTERS ALIKE, FOREST LANDOWNERS, FOREST AND WILDLIFE PROFESSIONALS, AND INDUSTRY PARTNERS. OUR EVENTS AND ACTIVITIES FOCUS ON CAMARADERIE, LEARNING, SHARING, AND

07100830 781024 ZZ30735.1

RUFFED GROUSE SOCIETY	54-0846925
SUPPORTING THE GOALS OF OUR ORGANIZATION.	
RSG MEMBERS AND STAFF EMBRACE OUR DUTY TO ENHANCE FOREST H	ABITAT AND
WILDLIFE. THERE IS A SENSE OF FULFILLMENT WITH BEING INVO	LVED IN AN
ORGANIZATION THAT MAKES A DIFFERENCE IN HABITAT AND WILDLI	FE NATIONALLY
AND LOCALLY.	
THE VALUE OF RGS TO MEMBERS:	
RGS SERVES ITS MEMBERS BY CREATING HEALTHY FOREST HABITAT	FOR RUFFED
GROUSE, AMERICAN WOODCOCK AND ALL FOREST WILDLIFE.	
RGS PRESERVES AND CHAMPIONS THE CONSERVATION ETHIC DESCRIB	ED BY FOREST
AND WILDLIFE CONSERVATION LEADERS LIKE GIFFORD PINCHOT AND	ALDO
LEOPOLD.	
RGS EDUCATES THE PUBLIC ABOUT THE BENEFITS OF SUSTAINABLE,	
SCIENCE-BASED FOREST MANAGEMENT AND THE IMPORTANCE OF SUCH	MANAGEMENT
TO WILDLIFE.	
RGS PROVIDES MEMBERS WITH OPPORTUNITIES FOR CAMARADERIE TH	ROUGH VARIOUS
EVENTS AND ACTIVITIES.	
RGS REPRESENTS MEMBER INTERESTS AT THE LOCAL, STATE AND NA	TIONAL
LEVELS.	
RGS ENCOURAGES YOUTH AND ALL WHO ARE NOT ENGAGED IN CONSER	VATION TO
BECOME INTERESTED IN HABITAT, WILDLIFE, CONSERVATION ETHIC	
	edule O (Form 990 or 990-EZ) 2020

2020.04020 RUFFED GROUSE SOCIETY

Name of the organization RUFFED GROUSE SOCIETY	54-0846925
INTRODUCES THEM TO THE HUNTING LIFESTYLE AND ITS ROLE IN C	CONSERVATION
AND MANAGEMENT OF WILDLIFE.	
RGS PROVIDES MEMBERS WITH A COMMUNITY AND NETWORK OF	
CONSERVATION-MINDED INDIVIDUALS.	
RGS PROVIDES MEMBERS WITH ACCESS TO WILDLIFE AND FORESTRY	PROFESSIONALS
WHO ARE SOUGHT BY PUBLIC, PRIVATE, AND CORPORATE ENTITIES	FOR THEIR
KNOWLEDGE AND EXPERTISE.	
RGS PROVIDES MEMBERS WITH AN AWARD-WINNING QUARTERLY MAGAZ	ZINE.
RGS PROVIDES MEMBERS WITH INFORMATION ABOUT NEWSWORTHY EVE	ENTS,
IMPORTANT DECISIONS BEING MADE AT LOCAL, STATE AND NATIONAL	AL LEVELS, AND
HOW AND WHERE THE RGS MISSION IS BEING ACCOMPLISHED.	
THE VALUE OF MEMBERS TO RGS:	
RGS MEMBERS ARE DEVOTED TO ADVANCING CONSERVATION ETHICS E	OR CURRENT
AND FUTURE GENERATIONS.	
DCC MEMBERS HONOR AND DROMOME CONCERNATION EMUTES IN FORES	AND
RGS MEMBERS HONOR AND PROMOTE CONSERVATION ETHICS IN FORES	SI AND
WILDLIFE MANAGEMENT.	
RGS MEMBERS UNDERSTAND AND EMBRACE SCIENCE-BASED CONSERVAT	CION
INITIATIVES ON PUBLIC AND PRIVATE LAND, KNOWING THESE INIT	PIATIVES
BENEFIT ALL FOREST WILDLIFE IN ADDITION TO THE BELLWETHERS	S, RUFFED
GROUSE AND AMERICAN WOODCOCK.	

RUFFED GROUSE SOCIETY	Employer identification number $54-0846925$
RGS MEMBERS DEVOTE TIME, TALENT AND TREASURE TO SUSTAIN TH	E
ORGANIZATION, EXPAND ITS MESSAGE AND PARTICIPATE IN ITS MI	SSION.
RGS MEMBERS ARE OUR GREATEST ADVOCATES AND ACTIVELY INVITE	OTHERS TO
BECOME PART OF THE ORGANIZATION.	
WITHOUT THIS NETWORK OF MEMBERS AND MEMBER SUPPORT THERE I	S NO
ORGANIZATION.	
FORM 990 - PART I - LINE 1	
CONSERVATION ORGANIZATION DEDICATED TO PROMOTING AND CREAT	ING HEALTHY
FORESTS, ABUNDANT WILDLIFE AND A CONSERVATION ETHIC AND CR	EATING
HEALTHY FOREST HABITAT FOR RUFFED GROUSE, AMERICAN WOODCOC	K AND ALL
FOREST WILDLIFE. RGS WORKS WITH LANDOWNERS AND GOVERNMENT	AGENCIES TO
DEVELOP CRITICAL HABITAT USING SCIENCE-BASED MANAGEMENT PR	ACTICES.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	mis form, visit www.irs.gov/e-iiie-providers/e-iiie-ior-chari	tioo and n	on prome.					
Autom	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).					
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts			
must us	e Form 7004 to request an extension of time to file incom	e tax retur	ns.					
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification r	number (TIN)		
print	RUFFED GROUSE SOCIETY				54-0846	5925		
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, so 451 MCCORMICK ROAD	ee instruct	ions.					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORAOPOLIS, PA 15108							
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 7		
Applicat	tion	Return	Application			Return		
Is For			Is For			Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227	10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	Form 6069				
Form 99	0-T (trust other than above) KIM SWISHER	06	Form 8870			12		
Telep If the	hone No. ► $\frac{451 \text{ MCCORMICK}}{412-262-4044}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit (s in the Uni	Fax No. ▶ited States, check this box	f this is fo	r the whole gro			
th	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga X calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	anization's	d ending	the exem		return for		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.		
b If	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_		
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by			_		
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct deb	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-E	O for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section RUFFED GROUSE SOCIETY 54-0846925 Print Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 451 MCCORMICK ROAD 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [CORAOPOLIS, PA 15108 529S Check box if 039,762. C Book value of all assets at end of year ... an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ►KIM SWISHER Telephone number ► 412-262-4044 Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see -147,022. instructions) 2 Reserved 2 -147,0223 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 4 -147,022. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 -147,022. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 Trusts. Section 199A deduction. See instructions 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5

6

LHA

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

6

Form 990-T (2020) Page 2

Part	III Tax and Payments								
1a	Foreign tax credit (corporations attach Form 1	118; trusts attach Form 1116)		1a					
b				1b					
С	General business credit. Attach Form 3800 (se			1c					
d	Credit for prior year minimum tax (attach Form			1d					
е	Total credits. Add lines 1a through 1d					1e			
2	0.11 12 4 6 5 1 2 2					2			0.
3	Other taxes. Check if from: Form 42				Form 8866				
	Other (a	ttach statement)				3			
4	Total tax. Add lines 2 and 3 (see instructions).								
	section 1294. Enter tax amount here		· •			4			0.
5	2020 net 965 tax liability paid from Form 965-A					5			0.
6a	Payments: A 2019 overpayment credited to 20	20	L	6a					
b	2020 estimated tax payments. Check if section			6b					
С			I .	6с					
d	Foreign organizations: Tax paid or withheld at			6d					
е	Backup withholding (see instructions)			6e					
f	Credit for small employer health insurance prei			6f					
g	Other credits, adjustments, and payments:								
_	Form 4136	Other	Total 🕨	6g					
7	Total payments. Add lines 6a through 6g					7			
8	Estimated tax penalty (see instructions). Check				▶ □	8			
9	Tax due. If line 7 is smaller than the total of line				>	9			
10	Overpayment. If line 7 is larger than the total of	of lines 4, 5, and 8, enter amou	nt overpaid		>	10			
11	Enter the amount of line 10 you want: Credite	d to 2021 estimated tax			Refunded >	11			
Part	IV Statements Regarding Certain	Activities and Other Info	ormation	(see in	structions)				
1	At any time during the 2020 calendar year, did	the organization have an interest	est in or a si	gnature	or other authority	1		/es	No
	over a financial account (bank, securities, or ot	her) in a foreign country? If "Ye	es," the orga	nization	may have to file				
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," e	enter the na	me of th	e foreign country				
	here								<u>X</u>
2	During the tax year, did the organization receive	e a distribution from, or was it	the grantor	of, or tra	ensferor to, a				
	foreign trust?							_	<u>X</u>
	If "Yes," see instructions for other forms the or	ganization may have to file.							
3	Enter the amount of tax-exempt interest receive	ed or accrued during the tax ye	ear		> \$				
4a	Did the organization change its method of according	ounting? (see instructions)							<u>X</u>
b	If 4a is "Yes," has the organization described to	he change on Form 990, 990-E	Z, 990-PF, d	r Form	1128? If "No,"				
D .	explain in Part V								
Part									
Provide	the explanation required by Part IV, line 4b. Als	so, provide any other additiona	l informatior	n. See in	structions.				
	Under penalties of perjury, I declare that I have examined	this return, including accompanying cohe	dulas and stator	aonto and	to the best of my knowl	ladge and l	holiof it in true		
Sign	correct, and complete. Declaration of preparer (other than					leuge and i	beller, it is true,		
Here		l DR	ממכדטפא	m 7.1.1	D CEO	,	S discuss this re		th
	Signature of officer	Date PR	ESIDEN	T. AIV	D CEO		er shown below (see	l Na
	<u> </u>	Γ					s)? X Yes		No
	Print/Type preparer's name	Preparer's signature	Date		Check	if PTI	IN		
Paid	JOSEPH C. ZOVKO				self- employed		002994	nο	
Prepa	TOTTO DI INC	L COMPANY T.T.D			Firm's FIM		5-1637		·
Use C		QUESNE BLVD, STI	z 1900		Firm's EIN		2-103 <i>1</i>	±) (
	Firm's address PITTSBURGH		_ <u></u>		Phone no.	<i>(</i> Δ12) 281-	877	71
	I I I I I I I I I I I I I I I I I I I	, 18 13444			r none no.	\ - 1 2	Form 990		
								- • 1/	· 1// 1/1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

1

ENTITY

(B) Expenses

501(c)(3) Organizations Only

(C) Net

Department of the Treasury Internal Revenue Service

Part I Unrelated Trade or Business Income

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

B Employer identification number Name of the organization RUFFED GROUSE SOCIETY 54-0846925 812900 **D** Sequence: C Unrelated business activity code (see instructions)

(A) Income

E Describe the unrelated trade or business ▶ADVERTISING AND CREDIT CARD INCOME

1 a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8_						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10	2.5	7 66	<u> </u>	104	0.5	1.45 000
11	Advertising income (Part IX)	11	3.	7,66	3.	184,6	85.	-147,022.
12	Other income (see instructions; attach statement)	12	2.5	7 66	_	104	0.5	1.45 000
<u>13</u>	Total. Combine lines 3 through 12	13] 3	7,66	3.	184,6	85.	-147,022.
1	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)						1	
2	Salaries and wages						2	
3	Repairs and maintenance						3	
4	Bad debts						4	
5	Interest (attach statement) (see instructions)						5	
6	Taxes and licenses						6	
7	Depreciation (attach Form 4562) (see instructions)			7				
8	Less depreciation claimed in Part III and elsewhere on return			8a			8b	
9	Depletion						9	
10	Contributions to deferred compensation plans						10	
11	Employee benefit programs						11	
12	Excess exempt expenses (Part VIII)						12	
13	Excess readership costs (Part IX)						13	
14	Other deductions (attach statement)						14	
15	Total deductions. Add lines 1 through 14						15	0.
16	Unrelated business income before net operating loss deduction. So column (C)					•	16	-147,022.
17	Deduction for net operating loss (see instructions)						17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16						18	-147,022.
LHA	For Paperwork Reduction Act Notice, see instructions.					9	chedule	A (Form 990-T) 2020

	le A (Form 990-T) 2020				Page 2
Part I	II Cost of Goods Sold Enter meth	nod of inventory valua	tion		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part I	V Rent Income (From Real Property and	Personal Prope	rty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instr	uctions)	
	A 🔲				
	в 🔲				
	c 🗆				
	D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
	From real and personal property (if the				
_	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part \ 1	Description of debt-financed property (street address, o	ee instructions)			0.
	A				
	B				
	· =				
	D			•	
•	Cross income from an allegable to debt financed	Α	В	С	D
2	Gross income from or allocable to debt-financed				
2	property Deductions directly connected with or allocable				
3	*				
	to debt-financed property				
2	Straight line depreciation (attach statement)				
_	2 11				
b	Other deductions (attach statement)				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
b c 4	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	%	%	%
b c 4 5 6 7	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6				
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5				
b c 4 5 6 7 8	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)				
b c 4 5 6 7 8 9	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	Enter here and on Pa	rt I, line 7, column (A)	>	0.

Schedule A (Form 990-T) 2020

Page

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (se	e instruct	ions)	r age o	
						E	xempt Contro	lled Org	ganization	S		
	Name of controlle organization	d	2. Employer identification number			al of specified nents made that is included controlling org tion's gross in		included olling orga	in the iniza-	Deductions directly connected with income in column 5		
<u>(1)</u>												
(2)												
(3)												
(4)			No.	novement C	Controlled Or	aanizati	one					
	'. Taxable Income	Ω	Net unrelated		Controlled Or otal of specifi	-	10. Part	of colur	nn 9	11 D	eductions directly	
	. Taxable income	ir	ncome (loss) e instructions)	1	yments mad		that is inc	luded ii	n the ation's	С	onnected with ome in column 10	
(1)												
(2)												
(3)												
(4)												
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)			Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals						▶			0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	uctions)			
	1. Desc	cription of	income					4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)		
(1)												
(2)												
(3)												
(4)					A -1-1						A del anno conte in	
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve		Income /	see ins	tructions)			
1	Description of exploite		,,	, , ,			,	230 HB	401101101			
2	Gross unrelated busin	•	e from trade or busir	ness. Ente	r here and or	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con					,	•	. , .				
			•							3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen	ses. Subtr	act line 5 from line 6									
	4. Enter here and on F	art II, line	12							7		

Schedule A (Form 990-T) 2020

Part	IX Advertising Income				v
1	Name(s) of periodical(s). Check box if reporting to	wo or more periodicals on a c	onsolidated basis		
	A RGS MAGAZINE				
	В 💹				
	c				
	D				
Enter	amounts for each periodical listed above in the cor	responding column.			
		A	В	С	D
2	Gross advertising income				27 662
	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		▶	37,663.
a	Discrete advantation and advantage of the I	184,685.			
3	Direct advertising costs by periodical				184,685.
а	Add columns A through D. Enter here and on Pa	rt i, iirie i i, columin (b)			104,005.
4	Advertising gain (loss). Subtract line 3 from line				
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8	-147,022.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7	<u></u>			
а	Add line 8, columns A through D. Enter the great				0
Part	X Compensation of Officers, Direct	tore and Truetone			0.
ı art	Compensation of Officers, Direct	stors, and musices (se	e instructions)	2 Doroontogo	4 Componentian
	1. Name	2. Title		3. Percentage of time devoted	 Compensation attributable to
	i. Name	Z. Title		to business	unrelated business
(1)				%	difficiated basifices
(2)				%	
(3)				%	
(4)				%	
	•				
Total	Enter here and on Part II, line 1)	0.
Part	XI Supplemental Information (see in	nstructions)			

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

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Form **4T**

Wisconsin Exempt Organization Business Franchise or Income Tax Return

For calendar year 2020 or tax year beginning MMDDYYYY		nd ending	/ V V		
				a aloog of toyoh	olo voor
Exempt Organization Name	i Sui monui (4th month for certain trusts	s and inas, idilowin	ig ciose oi taxat	ле уеаг.
RUFFED GROUSE SOCIETY					
Number and Street				Suite Numl	ber
451 MCCORMICK ROAD					
City	State	ZIP (+ 4 digit suffix if known)	A Federal Emplo		
U CORAOPOLIS	PA	15108	54 084		
D Check if applicable and attach explanation:		ess Activity (NAICS) Code	C State of Orga	nization and	Year 1961
Amended return (Include Schedule AR)	8129		state in foreign	box, or if a country, enter	7777
2 First return - new corporation or entering Wisconsin 4 3 Final return - corporation dissolved or withdrew 5		•	below.		
2 Final return - corporation dissolved of withdrew 5	Silvit periou -	Stock purchase of sale			
Check ✓ if applicable and see instructions:					
	12 15 2	2021			
	MM DD Y	YYY			
F If you have related entity expenses and are required to file Schedule RT with t	this return				
G If you changed your organization name					
			II 1181 11811 BIBIIBB 111	- 11511 - 5151 1155	-
H Internal Revenue Service adjustments became final during the year					
Enter years adjusted	_	T			
I Check ✓ type of organization:	5.1 .1.	J Name of Trustee if Tax	kable as Trust		
1 X Corporation 2 Trust - due 4th month 3 Trust - due	e 5th month				
ENTER NEGATIVE NUMBERS LIKE THIS	-1000 NO	T LIKE THIS (1000)	N	O COMMAS; N	O CENTS
Organizations Taxable as Corporations (Trusts do not fill in line			_		
1 Unrelated business taxable income (from federal Form 990-1			1		
2 Additions (from Part 1, Page 3)					
_					
3 Add lines 1 and 2			3		
<u>4</u> Subtractions (from Part 2, Page 3)			4		
<u>5</u> Total net nonapportionable unrelated business taxable incor			5		
6 Subtract lines 4 and 5 from line 3. This is apportionable unre					0000
Wisconsin apportionment percentage. Enter the apportionm		e used: A_			0000 %
If 100% apportionment, check () the space after the arrow	/		–		
S Multiply line 6 by line 7			0		
 8 Multiply line 6 by line 7 9 Wisconsin net nonapportionable unrelated business taxable 					
5 [—]					
11 Enter 7.9% (0.079) of amount on line 10. This is gross tax 12 Nonrefundable credits (from Schedule CR)			11		
11 Enter 7.9% (0.079) of amount on line 10. This is gross tax 12 Nonrefundable credits (from Schedule CR)			12		0.
13 Subtract line 12 from line 11. If line 12 is greater than line 11	l, enter zero ((0). This is net tax	<u> </u>		0.
Organizations Taxable as Trusts (Corporations do not fill in line	es 14 through	1 23)			
14 Unrelated business taxable income (from federal Form 990-1	Γ, Part 1, line				
federal Form 4720)					
15 Additions (from Part 1, Page 3)					
15 Additions (from Part 1, Page 3)			15		-
15 Additions (from Part 1, Page 3) 16 Add lines 14 and 15			15		
 15 Additions (from Part 1, Page 3) 16 Add lines 14 and 15 17 Subtractions (from Part 2, Page 3) 			15 16 17		·
15 Additions (from Part 1, Page 3) 16 Add lines 14 and 15			15 16 17		·

2020 Form 4T			Page 2 of 3
Nonrefundable credits (from Schedule CR)		20	<u>.</u>
21 Net income tax paid to other states		21	<u>.</u>
22 Add lines 20 and 21			<u> </u>
23 Subtract line 22 from line 19. If line 22 is greater that	n line 19, enter zero (0). This is net tax	23	<u> </u>
24 Tax from line 13 or 23			
25 Economic development surcharge (see instructions)		25	·
26 Endangered resources donation (decreases refund o	or increases amount owed)	26	
Veterans trust fund donation (decreases refund or in			
28 Add lines 24 through 27			
OO Fatimated to a superior to local unit and forces Faure 44000	200		
29 Estimated tax payments less refund from Form 4466			
Refundable credits (from Schedule CR)		-	
32 Amended Return Only - amount previously paid	32	<u>.</u>	
33 Add lines 29 through 32			
34 Amended Return Only - amount previously refunded			
Subtract line 34 from 33			
Interest, penalty, and late fee due (from Form U line			
If you annualized income on Form U or Schedule U,	check () the space after the arrow	▶ 36	
Amount due. If the total of lines 28 and 36 is larger	than line 35, subtract line 35 from the total		
of lines 28 and 36		37	
38 Overpayment. If line 35 is larger than the total of lin			
28 and 36 from line 35		38	
Enter amount of line 38 you want credited on 2021			
			
Subtract line 39 from line 38. This is your refund		40	
Enter total gross receipts from all unrelated trade or	business activities	41	37663 .
Additional Information Required			440060000
1 Person to contact concerning this return: BENJ	AMIN JONES Phone #: 41	122644044 Fax#	4122629207
	MOON MOUNCHTI	א מד	
2 City and state where books and records are located f	· · · ————		
3 Are you the sole owner of any limited liability compan		complete Schedule DE a	and include with this
return. Did you include the incomes of these entities			
4 Did you purchase any taxable tangible personal prop			
of a state sales or use tax? Yes X No		See instructions for how t	to report use tax.
(You will not be liable for Wisconsin use tax if you hol			
5 List the locations of your Wisconsin operations: $\underline{\underline{N}}$	/ A		
	V v	0 11 11 11 1	
Third Do you want to allow another person to discu	ss this return with the department?	s Complete the following.	No
Party Print	Phone Number ▼	Personal Ident	tification Number (PIN)
Designee Designee's Name ► JOSEPH C. ZOVI	KO 4122818771	15222)
Designee Name DOSEPH C. ZOVI			·
Under penalties of law, I declare that this return and all att	achments are true, correct, and complete to the	best of my knowledge ar	nd belief.
Signature of Officer or Trustee	Title	Date	
	PRESIDENT/CEO		
Preparer's Signature	Preparer's Federal Employer ID Number	Date	
	25 1637458		
V	00 T 4700 '	= 4*	

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

2020 Form 4T Page **3 of 3**

Part 1 - Additions:

1	Interest income (less related expenses) from state and municipal of	obligations	1	
2	State and local franchise or income taxes			
3				
	•			
4	Federal net operating loss carryover		4	
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or			
6	Reserved for future use			
7	Transitional adjustments			
8	Credit computed (see instructions):			
	<u>a</u> Business development credit	8a	<u> </u>	
	b Community rehabilitation program credit	8b	<u> </u>	
	<u>c</u> Development zones credits	8c	<u> </u>	
	<u>d</u> Economic development tax credit	8d	<u> </u>	
	<u>e</u> Electronics and information technology manufacturing			
	zone credit		<u> </u>	
	<u>f</u> Employee college savings account contribution credit	8f	<u> </u>	
	g Enterprise zone jobs credit			
	<u>h</u> Farmland preservation credit	8h	<u> </u>	
	i Jobs tax credit	8i	<u> </u>	
	j Manufacturing and agriculture credit (computed in 2019)			
	k Manufacturing investment credit			
	I Research expense credit		<u> </u>	
	<u>m</u> Reserved for future use	8m	<u> </u>	
	T			
_	n Total credits (add lines 8a through 8m)		8n	<u>.</u>
9	Other additions:	0-		
	a	9a		
	h	Oh		
	b		<u>-</u>	
	d Total other additions (add lines 9a through 9c)		. 9d	_
	Total other additions (add lines sa through se)			
10	Total additions (add lines 1 through 7, 8n, and 9d and enter on	page 1)	10	
— Paı	rt 2 - Subtractions:			
1	Interest income (less related expenses) from United States govern	nment obligations	1	-
2	Capital gain/loss adjustment			
3	Wisconsin net operating loss carryforward		3	
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2	2K-1, 3K-1, or 5K-1)	4 <u></u>	<u> </u>
<u>5</u>	Income from related entities whose expenses were disallowed (ob	tain Schedule RT-1 from		
	related entity and submit with your return)		5 <u></u>	<u> </u>
<u>6</u>	Transitional adjustments		6	<u> </u>
7	Other subtractions:			
	a		<u> </u>	
	b	7b	<u>.</u>	
		_		
	C			
_	d Total other subtractions (add lines 7a through 7c)			
<u>8</u>	Total subtractions (Add lines 1 through 6 and 7d and enter on	page 1)	8	<u>.</u>



** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A 1	OI LIN	e 2020 Calendar year, or tax year beginning	and ending	J			
В	Check if applicabl	C Name of organization			D Employer i	dentific	cation number
	Addre	e RUFFED GROUSE SUCIETY					
	Name chang	Doing business as			54-08	4692	25
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	suite	E Telephone r	number	,
	Final return	451 MCCORMICK ROAD			41226	440	44
	termir ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts	\$	12,956,140.
	Amen return	ded CODAODOTTO DA 15100			H(a) Is this a g	roup re	eturn
	Application				for subord		
	pendi		15108				cluded? Yes No
Τ.	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1		list. See instructions
J	Websi	te: ► WWW.RUFFEDGROUSESOCIETY.ORG			H(c) Group ex	emptio	n number 🕨
		forganization: X Corporation Trust Association Other	L	Year o	of formation: 19	61 N	1 State of legal domicile: VA
	art I	Summary	•				ŭ
	1	Briefly describe the organization's mission or most significant activities: ES	STABLIS	HE	D IN 196	1, 1	THE RUFFED
Se		GROUSE SOCIETY IS NORTH AMERICA'S FORE	MOST (CON	T. ON SC	HED	ULE O)
nar	2	Check this box if the organization discontinued its operations or d	lisposed of r	nore	than 25% of its	net ass	ets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)	·			3	17
ၓ	4	Number of independent voting members of the governing body (Part VI, line					17
<u>დ</u>	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)					28
iŧ.	6	Total number of volunteers (estimate if necessary)					900
Activities & Governance	7 a						37,663.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					0.
					Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)			2,553,9	03.	4,881,848.
ž	9	Program service revenue (Part VIII, line 2g)				0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			158,7	02.	1,390,485.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,453,4	51.	1,305,447.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		5,166,0	56.	7,577,780.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10)		1,920,8		1,786,678.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
É	. b	Total fundraising expenses (Part IX, column (D), line 25) — 391	.,056.				
Ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,675,0		2,348,904.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			5,595,9		4,135,582.
	19	Revenue less expenses. Subtract line 18 from line 12			-429,9	32.	3,442,198.
Net Assets or	3			Beg	ginning of Current	t Year	End of Year
sets	20	Total assets (Part X, line 16)			8,414,6		11,039,762.
t As	21	Total liabilities (Part X, line 26)			1,549,6		1,445,483.
2	22	Net assets or fund balances. Subtract line 21 from line 20			6,865,0	20.	9,594,279.
	art II	Signature Block					
	•	alties of perjury, I declare that I have examined this return, including accompanying sch			•	•	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prep	parer l	has any knowledg	е.	
		Signature of officer			Data		
Sig		, · · · ·			Date		
Her	e	BENJAMIN JONES, PRESIDENT AND CEO					
		Type or print name and title		Ιn	oate (n	PTIN
<u>.</u>		Print/Type preparer's name Preparer's signature		٦٦	l i	Check f	- -∟
Paid		JOSEPH C. ZOVKO				self-employ	
	parer	Firm's name LOUIS PLUNG & COMPANY LLP	0.0		Firm's E	IN 🕨	25-1637458
use	Only	Firm's address 420 FT. DUQUESNE BLVD, STE 19 PITTSBURGH, PA 15222	UU		Dharra	no. (4)	12) 281-8771
NA	, +la = "	•			Pnone	110. (4	
ıvıa\	y trie li	RS discuss this return with the preparer shown above? See instructions					X Yes No

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	1. ESTABLISHED IN 1961, THE RUFFED GROUSE SOCIETY UNITES
	CONSERVATIONISTS TO IMPROVE WILDLIFE HABITAT AND FOREST HEALTH AND
	PROMOTE A CONSERVATION ETHIC, ALL GROUNDED IN THE TENETS OF
	SCIENCE-BASED MANAGEMENT PRACTICES.
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? Yes X No
_	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
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$1, 341, 458. including grants of \$) (Revenue \$)
'i a	CHAPTER OPERATIONS: RGS CHAPTERS UNDERSTAND AND FURTHER THE
	ORGANIZATION'S MISSION TO IMPROVE WILDLIFE HABITAT, FOREST HEALTH AND
	PROMOTE CONSERVATION ETHICS. WITH THE HELP OF RGS REGIONAL DIRECTORS,
	CHAPTERS ORGANIZE VARIOUS ACTIVITIES INCLUDING EDUCATIONAL SEMINARS,
	HABITAT DAYS, YOUTH OUTINGS, SOCIAL EVENTS, UPLAND HUNTS, AND
	MEMBERSHIP MEETINGS.
	070 400
4b	(Code:) (Expenses \$978,489. including grants of \$) (Revenue \$) HABITAT PROJECTS: RGS WORKS WITH VARIOUS LANDOWNERS AND GOVERNMENT
	AGENCIES TO ENHANCE FOREST HABITAT FOR RUFFED GROUSE AND ALL FOREST
	WILDLIFE USING SCIENCE-SUPPORTED MANAGEMENT PRACTICES, AND GUIDED BY
	FOREST CONSERVATION DIRECTORS AND OTHER CONSERVATION DELIVERY STAFF
	EMPLOYED TO CARRY OUT THE ORGANIZATION'S HABITAT MISSION.
4c	(Code:) (Expenses \$
	MEMBERSHIP SERVICES: RGS COMMUNICATES AND EDUCATES MEMBERS ON HABITAT,
	FOREST MANAGEMENT AND UPLAND HUNTING THROUGH THE RUFFED GROUSE SOCIETY MAGAZINE, WEBSITE (WWW.RUFFEDGROUSESOCIETY.ORG), EMAIL AND SOCIAL MEDIA
	COMMUNICATION.
	COMMONICATION:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 578,745. including grants of \$) (Revenue \$ 131,023.)
4e	Total program service expenses ► 3,432,498.

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4e Total program service expenses ▶

Form 990 (2020) RUFFED GROUS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			-110
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20	complete Schedule G, Part III	20a		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-23
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on that the column by the most in the columnia columnia to the column terms and the column terms are the column terms and the column terms are the column ter			

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Form 990 (2020) RUFFED GROUSE SOCI
Part IV Checklist of Required Schedules (continued)

	· · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see 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," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	<u> </u>		
O_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
55		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	- 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
				(2020)

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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 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		_5b		X
	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		C -		x
L	any contributions that were not tax deductible as charitable contributions?		_6a_		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
	16 IIV and a distribution of the second section of the second sec	noos provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
_	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	ا م			
_	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	110			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
	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		
	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	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.		_	990	(0000)

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		<u>17</u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	iny other				
	officer, director, trustee, or key employee?			[2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was	s filed?]	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		[5		_X_
6	Did the organization have members or stockholders?				6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	one or				
	more members of the governing body?				7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?			[7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			[8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at	the				
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form	?	11a	Х	
	Describe in 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? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? H^{-1}	Yes," de	escribe				
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77	
	The organization's CEO, Executive Director, or top management official				15a	_X	37
b	Other officers or key employees of the organization				15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				46		v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	=				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				40.		
Sec	exempt status with respect to such arrangements? tion C. Disclosure				16b		L
	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, C	ים מי	י דיו רא	υт	тт	КG	кv
17 10							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection, indicate how you made those available. Check all that apply	na 990-	· I (Section 501(ပ)(ၖ)ၭ	only)	avallal	oie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website		(
10	X Own website Another's website X Upon request Other (explain			on a	fines -	sio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ס זטווו וכ	i interest policy	, and	iirianc	ıaı	
20	statements available to the public during the tax year.	oke en-	I rocards				
20	State the name, address, and telephone number of the person who possesses the organization's bookstam SWISHER $-412-262-4044$	oks and	Tecorus – _				
	451 MCCORMICK ROAD, CORAOPOLIS, PA 15108						
132004	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2020)
					. 51111	'	()

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BENJAMIN C. JONES	50.00	1						154 652	•	00 500	
PRESIDENT AND CEO	40.00	<u> </u>		Х				174,653.	0.	28,538.	
(2) KIMBERLY D. SWISHER	40.00	-		7.7				67 500	0	11 067	
MANAGER OF ACCOUNTING	1 50			Х				67,522.	0.	11,067.	
(3) DAVID MOORE	1.50	х						0.	0.	_	
OIRECTOR (4) GEORGE RICH	1.50	^						0.	0.	0.	
DIRECTOR	1.50	х						0.	0.	0.	
(5) BRIAN W. SMITH	3.00	^						0.	0.	· ·	
CHAIR	3.00	Х		х				0.	0.	0.	
(6) TRACY T. LARSEN	1.50							0.	0.	<u>_ </u>	
DIRECTOR	1.30	x						0.	0.	0.	
(7) TERRY WILSON	1.50								•		
DIRECTOR	1130	х						0.	0.	0.	
(8) JOSEPH M. BYERS JR	1.50	1							•		
DIRECTOR		Х						0.	0.	0.	
(9) BRUCE A. BENNETT	1.50							-	-		
DIRECTOR		Х						0.	0.	0.	
(10) SETH E DIZARD, ESQ.	3.00										
SECRETARY		Х		Х				0.	0.	0.	
(11) WILLIAM V KRAZINSKI JR R.PH.	1.50										
DIRECTOR		Х						0.	0.	0.	
(12) DAVID KURITZKY	1.50										
DIRECTOR		Х						0.	0.	0.	
(13) W. STEPHEN MARITZ	1.50										
DIRECTOR		Х						0.	0.	0.	
(14) SHANE T. MENGEL	1.50										
DIRECTOR		Х						0.	0.	0.	
(15) ROY SMITH	1.50										
DIRECTOR		Х						0.	0.	0.	
(16) JULIE SANDSTROM	3.00	ļ								_	
VICE CHAIR	_	Х	_	Х			<u> </u>	0.	0.	0.	
(17) JAMES COBY SHAW	1.50	l							_	_	
DIRECTOR		Х						0.	0.	0 • Eorm 990 (2020)	

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54-0846925

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)					
(A) Name and title	(B) Average	(C) Position				1		(D) Reportable	(E) Reportable	,	Fs	(F) Estimated		
rane and the	hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation compensation from from related			an	nount other	of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	ie tion ted	
(18) TRACY LEE	1.50												_	
DIRECTOR	2 00	Х				┝		0.		0.			0.	
(19) ED SHUFORD TREASURER	3.00	Х		х				0.		0.			0.	
1b Subtotal								242,175.		0.	3	9,6	05.	
c Total from continuation sheets to Part VI								242,175.		0.				
d Total (add lines 1b and 1c) Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			9,0	05.	
compensation from the organization													1	
O Did the conscious for the form of the constant of the consta							. 1					Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so											3		Х	
4 For any individual listed on line 1a, is the su								ner compensation from t						
and related organizations greater than \$150	-								-		4	Х		
5 Did any person listed on line 1a receive or a														
rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i> o	or su	ıch r	oers	on					5		X	
Section B. Independent Contractors		_												
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•								pensa	tion fro	om		
(A)	ile calellual ye	cai e	nun	ig w	ш	JI VVI		(B)	cai.		(0	2)		
Name and business	address							Description of s	ervices	С	ompe		n	
COMMUNITY COUNSELING SERV LOGAN SQUARE STE 1250, PH			-	Ol P	NE A			COUNSELING			19	5,0	00.	
							- 1			i				

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2020)

\$100,000 of compensation from the organization

Form 990 (2020)

Part VIII Statement

Га	r L V		Statement of Rev					=			
			Check if Schedule O	conta	ins a re	sponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns1a								
			embership dues			b	543,803.				
			ndraising events			c					
		d Re	lated organizations		1	d					
			overnment grants (contri			<u>e</u>					
tio S	1		other contributions, gifts,								
ibu		sin	similar amounts not included above 1f			4,338,045.					
dr		-	ncash contributions included in I		_	g \$					
<u>ठ</u> ह		h To	tal. Add lines 1a-1f				<u></u>	4,881,848.			
							Business Code				
e	2	a									
e Ķ		b									
Sen		c _									
ran ev		d									
Program Service Revenue		e									
<u>-</u>			other program service								
		g To	tal. Add lines 2a-2f)				
	3		estment income (includ	•			•				
		oth	ner similar amounts)				>	95,146.			95,146.
	4	Inc	come from investment o	of tax	-exempt	bond p	roceeds				
	5	Ro	yalties								
					(i) F	Real	(ii) Personal				
				6a							
		b Le	ss: rental expenses	6b							
		c Re	ntal income or (loss)	6с							
			t rental income or (loss)) 							
	7	a Gro	oss amount from sales of		.,	urities	(ii) Other				
			sets other than inventory	7a	6,59	8,921.	8,500.				
			ss: cost or other basis								
ηne		and	d sales expenses	7b		0,774.	· · · · · · · · · · · · · · · · · · ·				
Revenue			in or (loss)			8,147.	•				
			et gain or (loss))	1,295,339.			1,295,339.
Other	8		oss income from fundraisir	ng eve	ents (no	:					
Ò			cluding \$			of					
			ntributions reported on		-		1 000 000				
		Pa 	rt IV, line 18			8a	1,099,098.				
			ss: direct expenses				<u> </u>	1 000 000			1 000 000
			et income or (loss) from t				·····	1,099,098.			1,099,098.
	9		oss income from gamin								
			rt IV, line 19								
			t income or (loss) from			ities	<u>-</u>				
	10		Gross sales of inventory, less returns			145 360					
			and allowances 10a 145,360. Less: cost of goods sold 10b 66,278.								
							00,270.	79,082.	79,082.		
	-	ine د	et income or (loss) from	sales	oi inve	itory	Business Code	75,002.	75,002.		
ns	44	, тт	MBER SALES				110000	80,423.	80,423.		
eo ue	11		VERTISING INCOME				511120	37,663.	55,425.	37,663.	
Miscellaneous Revenue		_	SCELLANEOUS INCOME	₹			900099	9,181.	9,181.	37,003.	
sce Be	'	_					,,,,,	7,101.	5,101.		
Ξ			other revenue					127,267.			
	12		tal. Add lines 11a-11d	ne				7,577,780.	168,686.	37,663.	2,489,583.
	14	101	tal revenue . See instructio	nio -				1 , 5 , 7 , 7 00 0	,	1 .,,,,,,,,	_,,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 207,641. 17,800. 242,175. 16,734. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,544,503. 1,340,478. 114,912. 89,113. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management 7,581. 7,581. Legal 17,599. 17,599. Accounting Lobbying Professional fundraising services. See Part IV, line 17 36,235. 36,235. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 184,685. 158,349. 13,574. 12,762. Advertising and promotion 12 62,529. 55,290. 5,640. 1,599. Office expenses 13 Information technology 14 15 Royalties 9,100. 123,806. 106,151. 8,555. 16 Occupancy 66,282. 56,830. 4,872. 4,580. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 38,354. 38,354. 20 Payments to affiliates 21 131,189. 112,482. 9,642. 9,065. Depreciation, depletion, and amortization 22 59,726. 46,404. 9,582. 3,740. 23 Other expenses. Itemize expenses not covered 24 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.) 588,961. 588,961. HABITAT PROGRAMS 221,805. CHAPTER ACTIVITIES EXPE 297,782. 72,926. 3,051. 284,249. 284,249. BANQUET EXPENSES 130,588. 130,588. d PRINTING & PUBLICATIONS 272,149. 319,338. 24,086. 23,103. e All other expenses 4,135,582. 3,432,498. 312,028. 391,056. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200,261.	1	1,868,404.
	2	Savings and temporary cash investments	1,241,990.	2	363,270.
	3	Pledges and grants receivable, net	854,723.	3	2,513,297.
	4	Accounts receivable, net	181,844.	4	130,227.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	274,854.	8	261,064. 35,390.
ĕ	9	Prepaid expenses and deferred charges	99,475.	9	35,390.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,333,037. 10b 729,220.			
	b	Less: accumulated depreciation 10b 729,220.	694,737. 4,866,755.	10c	603,817. 5,264,293.
	11	Investments - publicly traded securities	4,866,755.	11	5,264,293.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,414,639.	16	11,039,762.
	17	Accounts payable and accrued expenses	238,199.	17	109,591.
	18	Grants payable	26.524	18	50 540
	19	Deferred revenue	36,534.	19	50,543.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	1 122 005	22	1 175 624
_	23	Secured mortgages and notes payable to unrelated third parties	1,132,905.	23	1,175,634.
	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	141,981.	0.5	109,715.
	00	of Schedule D	1,549,619.		1,445,483.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	1,349,019.	26	1,445,405.
S		and complete lines 27, 28, 32, and 33.			
nce	27		5,404,024.	27	5,878,880.
ala	28	Net assets without donor restrictions Net assets with donor restrictions	1,460,996.	28	3,715,399.
Ā	20	Organizations that do not follow FASB ASC 958, check here	1/100/3300	20	377237333
Ξ		and complete lines 29 through 33.			
p	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	
Net Assets or Fund Balances	32	Total net assets or fund balances	6,865,020.	32	9,594,279.
Z	33	Total liabilities and net assets/fund balances	8,414,639.	33	11,039,762.
	, 55	The manufacture of the first decests, fairly balantions	, ===,, -		_ ==,

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		ı			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>7,57</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,13	5,5	82.
3	Revenue less expenses. Subtract line 2 from line 1		3,44		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,86		
5	Net unrealized gains (losses) on investments	5	-66	0,2	96.
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	-5	2,6	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,59	4,2	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Name of the organization

RUFFED GROUSE SOCIETY 54-0846925

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Ition is not a private foundation because it is: (For lines 1 through 12, check only one box.)

In the private foundation of churches, or association of churches described in section 170(b) (1)(A)(i).

The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)		·	, ,					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7	同	An organization that normal	•				• •	oublic described in			
		section 170(b)(1)(A)(vi). (Co	•	a. part or no support ii	o a go		anne en menn une generan p				
8		A community trust describe	•	(1)(A)(vi). (Complete Part	t II)						
9	H	An agricultural research org			•	ed in coniu	inction with a land-grant	college			
Ŭ		or university or a non-land-g				-	_	•			
		university:	rant conege or agrici	ulture (300 il 13ti uotioli3).	Litter tile i	iarric, city,	, and state of the conege	, 01			
10	X	An organization that normal	Illy receives (1) more:	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receints from			
10		activities related to its exem	•				•	-			
		income and unrelated busin		•			• •	· ·			
		See section 509(a)(2). (Cor		(less section of reax) inc	iii busiiles	ses acquii	ed by the organization a	inter June 30, 1973.			
44			•	valu to toot for public oo	foty Soo	naation EC)()(a)(4)				
11	H	An organization organized a	•	•	•			numacos of one or			
12	ш	An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported org						Sheck the box in			
_		lines 12a through 12d that o	• •				, ,				
а		Type I. A supporting orga		•	•	_					
		the supported organization			majority o	tne airec	tors or trustees of the su	ipporting			
		organization. You must o	-								
b	L	Type II. A supporting orga	· ·					-			
		control or management of			ame perso	ns that cor	ntrol or manage the supp	ported			
		organization(s). You mus									
С		Type III functionally integrated					• •	ed with,			
	_	its supported organization		·							
d		Type III non-functionally	=								
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	/eness			
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	* *								
f	Ent	er the number of supported o	organizations								
g		vide the following information			(iv) Is the orga	unization lieted					
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
							·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	<u> </u>	Т	T	T	<u> </u>	T
	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				<u> 12 </u>	
13	First 5 years. If the Form 990 is for th			•	•		
Sac	organization, check this box and stop tion C. Computation of Publi						P
				oolumn (f))		14	0/
	Public support percentage for 2020 (li Public support percentage from 2019		•	* * * * * * * * * * * * * * * * * * * *		15	<u>%</u>
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		-		l line 15 is 33 1/3%		
	and stop here. The organization qual						
	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			=	· ·	VI HOW the Organia	L
	10% -facts-and-circumstances test	•	•			17a and line 15 is	F 10% or
	more, and if the organization meets the	-					10/001
	organization meets the facts-and-circu				-		
	Private foundation. If the organization		-		•		s
	i di d			<u>,,</u>		edule A (Form 990	

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

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

Sec	qualify under the tests listed bettion A. Public Support	elow, please comp	lete Part II.)					
		(a) 2016	(b) 2017	(a) 2018	(4) 2010	(a) 2020	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	1861110.	2958236.	2511545.	2553903.	4753687.	14638481.	
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	89,355.	93,043.	75,577.	73,034.	145,360.	476,369.	
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513	1487310.	2641646.	2467810.	2357631.	972,863.	9927260.	
4	Tax revenues levied for the organ- ization'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	3437775.	5692925.	5054932.	4984568.	5871910.	25042110.	
	Amounts included on lines 1, 2, and	159,535.	50,960.	100 216	116,263.	267,137.	783,211.	
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	159,555.	50,960.	109,310.	110,203.	201,137.	763,211.	
	amount on line 13 for the year	39,810.			59,922.		99,732.	
С	Add lines 7a and 7b	199,345.	50,960.	189,316.	176,185.	267,137.	882,943.	
8	Public support. (Subtract line 7c from line 6.)						24159167.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	3437775.	5692925.	5054932.	4984568.	5871910.	25042110.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81,260.	87,175.	112,579.	119,907.	95,146.	496,067.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	81,260.	87,175.	112,579.	119,907.	95,146.	496,067.	
	Net income from unrelated business activities not included in 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, and 12.)	3519035.	5780100.	5167511.	5104475.	5967056.	25538177.	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
Sec	tion C. Computation of Publi	c Support Per	centage				_	
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, c	column (f))		15	94.60 %	
	Public support percentage from 2019					16	94.74 %	
Sec	Section D. Computation of Investment Income Percentage							
17	17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 17							
							2.07 %	
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box ar						, 37	
b	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			>	
					•	adula A (Earm 000	==\	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
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	oa		
	OI.		
	3b		
	Зс		
	4a		
	4b		
	12		
	4c		
	5a		
	5b		
	5с		
	6		
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	95		
	9a		
	04		
	9b		
	9с		
	10a		
	.Ju		
	10b		
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Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
L	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. 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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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	^ 1		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	<u>ied) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	1	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

2020

OMB No. 1545-0047

Name of the organization Employer identification number $RUFFED \;\; GROUSE \;\; SOCIETY \\ 54-0846925$

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., neplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it m u	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>160,295</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$4,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 86,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 5,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$101,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,262.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZiF + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** RUFFED GROUSE SOCIETY 54-0846925 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RUFFED GROUSE SOCIETY

Employer identification number 54-0846925

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor advised funds (b)) Fund	ds and other accounts		
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

	t III Organizations Maintaining Co	ollections of Art.		asures. or Oth	ner Si	milar		(contin		age Z
3	Using the organization's acquisition, accession							(COITUIT	<u>uea)</u>	
Ŭ	collection items (check all that apply):	in, und other records	, oncor any or the r	onowing that make	o olgi ili	iourit c	100 01 110			
а	Public exhibition	d	I oan or exc	hange program						
a Public exhibition d Loan or exchange program b Scholarly research e Other										
c	Preservation for future generations	ū								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	vemnt	nurnos	a in Part	ΧIII		
5	During the year, did the organization solicit or						oc iiii ait.	AIII.		
•	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									1110
	reported an amount on Form 990, Parl		io ii tilo organizatio	Transwered res	0111 01	000	, , , , , , , , , , , , , , , , , , , ,	1110 0, 01		
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	s or other assets n	ot incl	ıded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									,
-	ii roo, oxpiaii iio arangementiii atrxiii e	and complete the folia	swing table.					Amount		
c	Beginning balance					1c		7 11 10 011 10		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-]
Par										
	·	(a) Current year	(b) Prior year	(c) Two years back		Three v	ears back	(e) Four	vears	back
1a	Beginning of year balance	5,904,196.	5,364,579.	5,974,135	-		60,906.		204,	
	Contributions	61,350.	61,994.	59,929).		19,418.			950.
	Net investment earnings, gains, and losses	678,583.	959,609.	-389,485	5.	7	80,001.		369,	636.
d	Grants or scholarships	·	·	,						
	Other expenditures for facilities									
_	and programs	544,444.	481,986.	280,000).	2	86,190.		198,4	
f	Administrative expenses	·	·	,						
g	End of year balance	6,099,685.	5,904,196.	5,364,579).	5,9	74,135.	5,	460,	906.
2	Provide the estimated percentage of the curre		(line 1a. column (a)		ı		,	· · · · ·		
	Board designated or quasi-endowment	100	%	,						
b	Permanent endowment	%								
С	• •	 *								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organizat	ion that are held an	nd administered for	the o	rganiza	ition			
	by:	-						Γ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.							
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) Accu	mulate	d	(d) Book	c value	Э
		basis (investm	•	(other)	depred	ciation				
1a	Land	492,0	00.					492	2,00)0.
	Buildings									
	Leasehold improvements			1,809.		1,80				0.
	Equipment		82	9,228.	71	7,41	L1.	111	L,81	L7.
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		column (R) line 1	Oc.)				603	3,81	17.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 RUFFED GRO	OUSE SOCIETY	54-	-0846925 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		110 Soo Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	 of-vear market value
(1)	(-)	(0)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye		e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B)	line 1F \		
Part X Other Liabilities.	,		
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			100 715
(2) ACCRUED EXPENSES			109,715.
(3)			
(4)			
CH C		ı	

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

Schedule D (Form 990) 2020

109,715.

(6) (7) (8)

Scriedule D (Form 990) 2020 ROTTED GROUDE DOCTETT 54 0040725 Page						
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_				
1	Total revenue, gains, and other support per audited financial statements	1	6,894,884.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments 2a -660,296	<u>.</u>				
b	Donated services and use of facilities 2b					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.) 2d 66,278					
е	Add lines 2a through 2d	2e	-594,018.			
3	Subtract line 2e from line 1	3	7,488,902.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 36, 235					
b	Other (Describe in Part XIII.) 4b 52,643					
С	Add lines 4a and 4b	4c	88,878.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,577,780.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_				
1	Total expenses and losses per audited financial statements	1	4,165,625.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2a					
b	Prior year adjustments 2b					
С	Other losses 2c					
d	Other (Describe in Part XIII.) 2d 66,278					
е	Add lines 2a through 2d	2e	66,278.			
3	Subtract line 2e from line 1	3	4,099,347.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 36, 235					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c	36,235.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,135,582.			

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SOCIETY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE SOCIETY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AS IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. THE SOCIETY HAS ANALYZED TAX POSITIONS Schedule D (Form 990) 2020

Part XIII | Supplemental Information (continued) TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE SOCIETY BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SOCIETY'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE SOCIETY HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2020 AND 2019. THE SOCIETY'S POLICY IS TO CLASSIFY ANY INCOME TAX RELATED INTEREST AND PENALTIES TO INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY. THE SOCIETY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS: HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD INCLUDED ON PART VII LINE 10B 66,278. PART XI, LINE 4B - OTHER ADJUSTMENTS: UNCOLLECTIBLE PROMISE TO GIVE 52,643. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD INCLUDED ON PART VII LINE 10B 66,278.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization								entification number	
RUFFED GROUSE SOCIETY 54-0846925 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
required to complete this part.									
1 Indicate whether th	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a Mail solicitat					overnment grants				
c Phone solici		g Special	tunara	using (events				
		or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, c	or		
key employees list	ted in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		Yes	No No	
		viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fund	draiser is to be	e	
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (or	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
or neerising.									

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

1 6	art I	of fundraising events. Complete if the	~		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	(b) Event #2	(c) Other events	1
			ANNUAL	. ,	NONE	(d) Total events
			SPORTSMAN BA			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	1,099,098.			1,099,098.
ď						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	1,099,098.			1,099,098.
	4	Cash prizes				
	l _					
S	5	Noncash prizes				
nse	6	Rent/facility costs				
xpe	١	Tient facility costs				
Direct Expenses	7	Food and beverages				
) jre	-					
	8	Entertainment				
	9	Other direct expenses				
	10		0: 1 (1)		>	
_	11					1,099,098.
Pá	art I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		6 > D. II taba / autout		
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo, progressive binge		(c) (a) an ought con. (c)
Вè	1	Cross revenue				
	!	Gross revenue				
	2	Cash prizes				
Direct Expenses						
çber	3	Noncash prizes				
Û						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	∟ No	No	
	_	Direct eveness cumment. Add lines 2 through	E in column (d)		_	
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
a	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
k	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
t) If "	Yes," explain:				
	_					
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	ledule G (Form 990 or 990-EZ) 2020 ROFFED GROUSE SOCIETY 54-0	J0409 <u>Z</u> 3	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9, 9	9b, 10b,

Schedule G	(Form 990 or 990-EZ)	RUFFED GROUSE	SOCIETY	54-0846925	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(constitution)			
í-					
		<u> </u>			

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

RUFFED GROUSE SOCIETY

QUQU
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 54-0846925

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	······································			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BENJAMIN C. JONES	(i)	174,653.	0.	0.	13,200.	15,338.	203,191.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							
_	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

RUFFED GROUSE SOCIETY

Employer identification number 54-0846925

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GENERAL EDUCATION AND OUTREACH: THE RGS RECRUITMENT PROGRAMS RECRUIT, RETAIN AND REACTIVATE CONSERVATIONISTS TO ENSURE CURRENT AND FUTURE FOREST STEWARDSHIP WORK THAT IS ESSENTIAL TO CREATING, PROTECTING AND RESTORING FOREST HEALTH AND FOREST DIVERSITY FOR RUFFED GROUSE AMERICAN WOODCOCK, AND ALL FOREST WILDLIFE. EXPENSES \$ 404,976. INCLUDING GRANTS OF \$ 0. REVENUE \$ 131,023. RESEARCH; RGS PROVIDES FUNDING TO DEVELOP SOUND SCIENTIFIC MANAGEMENT PRACTICES THAT FOSTER DIVERSE, HEALTHY FORESTS FOR RUFFED GROUSE, AMERICAN WOODCOCK AND ALL FOREST WILDLIFE. EXPENSES \$ 116,427. INCLUDING GRANTS OF \$ 0. REVENUE \$ ADVOCACY: RGS ADVOCATES FOR THE APPLICATION OF SOUND SCIENTIFIC PRINCIPLES IN WILDLIFE CONSERVATION, SUSTAINABLE FOREST MANAGEMENT, AND RECRUITMENT, REACTIVATION, AND RETENTION OF HUNTER CONSERVATIONISTS. INCLUDING GRANTS OF \$ 0. EXPENSES \$57,342. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: PDF COPIES ARE SENT TO EACH DIRECTOR FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY AND

032211 11-20-20

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** 54-0846925 RUFFED GROUSE SOCIETY UNDERSTANDS RGS IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS NECESSARY FOR EFFECTIVE OVERSIGHT. PERIODIC REVIEWS SHALL BE CONDUCTED THAT AT A MINIMUM WILL INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AS WELL AS WHETHER ANY PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO RGS'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. WHEN CONDUCTING THE PERIODIC REVIEWS RGS MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE BOARD OF ITS RESPONSIBILITY FOR ENSURING PERIODIC REVIEWS ARE

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS SALARIES ANNUALLY, SALARY IS COMPARED TO NATIONAL SALARY SURVEY FOR NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH

OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

CONDUCTED.

Employer identification number Name of the organization 54-0846925 RUFFED GROUSE SOCIETY FORM 990, PART VI, SECTION C, LINE 19: COPIES OF BYLAWS, ARTICLES OF INCORPORATION AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED AT OFFICES FOR INSPECTION AND MAILED TO REQUESTERS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: UNCOLLECTIBLE PROMISE TO GIVE -52,643. FORM 990 - PART III - LINE 1 LANDOWNERS AND GOVERNMENT AGENCIES TO DEVELOP CRITICAL HABITAT UTILIZING SCIENTIFIC MANAGEMENT PRACTICES. AT A TIME WHEN FORESTS ARE BEING INCREASINGLY RECOGNIZED FOR THEIR IMPORTANT ROLE IN PROVIDING CLEAN AIR, CLEAN WATER, CLIMATE MITIGATION AND HOMES FOR WILDLIFE, FORESTS AND THE WILDLIFE THAT DEPEND ON THEM ARE FACING UNPRECEDENTED CHALLENGES. RGS EXISTS TO PROTECT, CONSERVE, AND ENHANCE HEALTHY FORESTS, ABUNDANT WILDLIFE AND A CONSERVATION ETHIC THROUGH SCIENCE-BASED FOREST AND WILDLIFE MANAGEMENT AND PUBLIC EDUCATION. DEVOTED TO CONSERVATION ETHICS, RUFFED GROUSE AND WOODCOCK HUNTERS ARE A UNIQUE GROUP WITH A PASSION FOR THE WAYS, HABITS AND CONSERVATION OF THESE BIRDS WHO ARE BELLWETHERS OF FOREST HEALTH. FROM ALASKA AND THE CANADIAN PROVINCES TO THE GULF OF MEXICO, OUR MEMBERS INCLUDE ALL MANNER OF CONSERVATIONISTS, HUNTERS AND NON-HUNTERS ALIKE, FOREST LANDOWNERS, FOREST AND WILDLIFE PROFESSIONALS, AND INDUSTRY PARTNERS. OUR EVENTS AND ACTIVITIES FOCUS ON CAMARADERIE, LEARNING, SHARING, AND

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization RUFFED GROUSE SOCIETY	Employer identification number 54-0846925
SUPPORTING THE GOALS OF OUR ORGANIZATION.	
RSG MEMBERS AND STAFF EMBRACE OUR DUTY TO ENHANCE FOREST I	HABITAT AND
WILDLIFE. THERE IS A SENSE OF FULFILLMENT WITH BEING INVO	OLVED IN AN
ORGANIZATION THAT MAKES A DIFFERENCE IN HABITAT AND WILDLE	
THE VALUE OF RGS TO MEMBERS:	
RGS SERVES ITS MEMBERS BY CREATING HEALTHY FOREST HABITAT	FOR RUFFED
GROUSE, AMERICAN WOODCOCK AND ALL FOREST WILDLIFE.	
RGS PRESERVES AND CHAMPIONS THE CONSERVATION ETHIC DESCRIP	BED BY FOREST
AND WILDLIFE CONSERVATION LEADERS LIKE GIFFORD PINCHOT AND	O ALDO
LEOPOLD.	
RGS EDUCATES THE PUBLIC ABOUT THE BENEFITS OF SUSTAINABLE	,
SCIENCE-BASED FOREST MANAGEMENT AND THE IMPORTANCE OF SUCH	H MANAGEMENT
TO WILDLIFE.	
RGS PROVIDES MEMBERS WITH OPPORTUNITIES FOR CAMARADERIE TH	HROUGH VARIOUS
EVENTS AND ACTIVITIES.	
RGS REPRESENTS MEMBER INTERESTS AT THE LOCAL, STATE AND NA	ATIONAL
LEVELS.	
RGS ENCOURAGES YOUTH AND ALL WHO ARE NOT ENGAGED IN CONSE	RVATION TO
BECOME INTERESTED IN HABITAT, WILDLIFE, CONSERVATION ETHIC	CS AND nedule O (Form 990 or 990-EZ) 2020
0042 12 11-20-20 SCI	164416 Q (1 01111 330 01 330-EZ) 2020

RUFFED GROUSE SOCIETY	54-0846925
INTRODUCES THEM TO THE HUNTING LIFESTYLE AND ITS ROLE IN C	ONSERVATION
AND MANAGEMENT OF WILDLIFE.	
RGS PROVIDES MEMBERS WITH A COMMUNITY AND NETWORK OF	
CONSERVATION-MINDED INDIVIDUALS.	
RGS PROVIDES MEMBERS WITH ACCESS TO WILDLIFE AND FORESTRY	PROFESSIONALS
WHO ARE SOUGHT BY PUBLIC, PRIVATE, AND CORPORATE ENTITIES	FOR THEIR
KNOWLEDGE AND EXPERTISE.	
RGS PROVIDES MEMBERS WITH AN AWARD-WINNING QUARTERLY MAGAZ	INE.
RGS PROVIDES MEMBERS WITH INFORMATION ABOUT NEWSWORTHY EVE	NTS,
IMPORTANT DECISIONS BEING MADE AT LOCAL, STATE AND NATIONAL	L LEVELS, AND
HOW AND WHERE THE RGS MISSION IS BEING ACCOMPLISHED.	
THE VALUE OF MEMBERS TO RGS:	
RGS MEMBERS ARE DEVOTED TO ADVANCING CONSERVATION ETHICS F	OR CURRENT
AND FUTURE GENERATIONS.	
RGS MEMBERS HONOR AND PROMOTE CONSERVATION ETHICS IN FORES	T AND
WILDLIFE MANAGEMENT.	
RGS MEMBERS UNDERSTAND AND EMBRACE SCIENCE-BASED CONSERVAT	ION
INITIATIVES ON PUBLIC AND PRIVATE LAND, KNOWING THESE INIT	IATIVES
BENEFIT ALL FOREST WILDLIFE IN ADDITION TO THE BELLWETHERS	, RUFFED
GROUSE AND AMERICAN WOODCOCK.	

Name of the organization RUFFED GROUSE SOCIETY	Employer identification number $54-0846925$
RGS MEMBERS DEVOTE TIME, TALENT AND TREASURE TO SUSTAIN TH	E
ORGANIZATION, EXPAND ITS MESSAGE AND PARTICIPATE IN ITS MI	SSION.
RGS MEMBERS ARE OUR GREATEST ADVOCATES AND ACTIVELY INVITE	OTHERS TO
BECOME PART OF THE ORGANIZATION.	
WITHOUT THIS NETWORK OF MEMBERS AND MEMBER SUPPORT THERE I	s no
ORGANIZATION.	
FORM 990 - PART I - LINE 1	
CONSERVATION ORGANIZATION DEDICATED TO PROMOTING AND CREAT	ING HEALTHY
FORESTS, ABUNDANT WILDLIFE AND A CONSERVATION ETHIC AND CR	EATING
HEALTHY FOREST HABITAT FOR RUFFED GROUSE, AMERICAN WOODCOC	K AND ALL
FOREST WILDLIFE. RGS WORKS WITH LANDOWNERS AND GOVERNMENT	AGENCIES TO
DEVELOP CRITICAL HABITAT USING SCIENCE-BASED MANAGEMENT PR	ACTICES.

EXTENDED TO NOVEMBER 15, 2021 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section RUFFED GROUSE SOCIETY 54-0846925 Print Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 451 MCCORMICK ROAD 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [CORAOPOLIS, PA 15108 529S Check box if 039,762. C Book value of all assets at end of year ... an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ► KIM SWISHER Telephone number ► 412-262-4044 Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see -147,022. instructions) 2 Reserved 2 -147,022. 3 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 4 -147,022. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 -147,022. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 6

LHA

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Form 990-T (2020) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d 0. Subtract line 1e from Part II, line 7 2 2 Other taxes. Check if from: Form 4255 Form 8611 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 2020 estimated tax payments. Check if section 643(g) election applies _____ > __ 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 Other Total Form 4136 Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes_ No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here PRESIDENT AND CEO the preparer shown below (see Signature of officer instructions)? X Yes Date Date PTIN Print/Type preparer's name Preparer's signature Check self- employed Paid JOSEPH C. ZOVKO P00299402 **Preparer**

Form 990-T (2020)

25-1637458

(412) 281-8771

Use Only

Firm's name ► LOUIS PLUNG & COMPANY LLP

Firm's address ▶ PITTSBURGH, PA 15222

420 FT. DUQUESNE BLVD, STE 1900

Firm's EIN ▶

OMB No. 1545-0047

1

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Business Taxable Income

From an Unrelated Trade or Business

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

						50 1(0)(3)	Organizations Only	
A N	ame of the organization RUFFED GROUSE SOCIETY				B Employer identific 54-08469		mber	
<u>c</u> ւ	nrelated business activity code (see instructions) > 81290	0			D Sequence:	1 of	1	
E D	escribe the unrelated trade or business ADVERTISING	AND	CREDIT CARD	11	COME			
Par	t I Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) Net	
	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11	37,663.		184,685.	-	<u>147,022.</u>	
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	37,663.		184,685.		147,022.	
Par	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			duc	tions) Deduction	ns mus	t be	
1	Compensation of officers, directors, and trustees (Part X)							
2	Salaries and wages							
3	Repairs and maintenance				3			
4	Bad debts							
5	Interest (attach statement) (see instructions)							
6	Taxes and licenses		·····		6			
7	Depreciation (attach Form 4562) (see instructions)							
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b			
9	Depletion							
10	Contributions to deferred compensation plans							
11	Employee benefit programs							
12	Excess exempt expenses (Part VIII)							
13	Excess readership costs (Part IX)							
14 45	Other deductions (attach statement)						0.	
15 16	÷		line 15 from Dort Lline		15		<u> </u>	
16	Unrelated business income before net operating loss deduction. S				40		147,022.	
17	column (C)						<u> </u>	
17 18	Deduction for net operating loss (see instructions)					_	147 022	
<u>18</u> LHA	Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.					18 -147,022. Schedule A (Form 990-T) 2020		
	i oi i apoi work ricadouon Aot Nouce, see msu douons.				Julieuu	.~ ~ (1 0	111 000 1 / 2020	

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on •		Page Z
1		nod or involviory variation		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	·	8	
9	Do the rules of section 263A (with respect to property)				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with F	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6	column (A)	0.
3	Deductions directly connected with the income	tillough b. Enter here	and on raiti, line o, t	Coldinin (A)	
4	: "				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I.	line 6. column (B)	•	0.
Part '		ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code). Cl	heck if a dual-use (see	e instructions)	
	A	•			
	В 🔲				
	c 🗆				
	D				_
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	>	0.
_	Alleganists designations and the Control of the Con	Г		<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6	Lavada D. Fastanila and	Law David L Brown 7	(D)	0.
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
	. Sta. dividende i escived deductions included in line			······ /	•

ENTITY 1

Schedule A (Form 990-T) 2020

Page 3

Part	VI Interest, Annu	iities, Ro	oyalties, and Re	nts fron	n Control	led Or	ganizations	see instru	uctions)		<u> </u>
						E	xempt Control	lled Organizat	ions		
Name of controlled organization		2. Employer identification number			1	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		income in column 5		
(1)											
(2)											
(3)											
(4)											
-		_			Controlled Or	-	ons				
7	inc		Net unrelated come (loss) e instructions)	9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10	
(1)							g				
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10. and on Part I, column (A)		ter h	olumns 6 and 11. here and on Part I, e 8, column (B)
Totals						•		0			0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach stater	ected (attach	et-asides stateme		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)				>	Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (see instructio	ns)		
1	Description of exploite	d activity:							_		
2	Gross unrelated busine	ess incom	e from trade or busir	ness. Enter	here and or	n Part I,	line 10, columi	n (A)	. 2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	nere and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lin	ne 3 from line	e 2. If a (gain, complete				
5	Gross income from act										
6	Expenses attributable								6		
7	Excess exempt expens			, but do no	ot enter more	than th	ne amount on li	ine	_		

Schedule A (Form 990-T) 2020

ENTITY 1

Schedule A (Form 990-T) 2020 Page

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting to	wo or more periodicals on a co	onsolidated basis.		
	A RGS MAGAZINE				
	В 🔲				
	c				
	D				
Enter a	amounts for each periodical listed above in the cor	responding column.			
		A 27 662	В	С	D
2	Gross advertising income	· · · · · · · · · · · · · · · · · · ·			27 662
	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		>	37,663.
a	Divact advertising costs by paviadical	184,685.			
3 a	Direct advertising costs by periodical			>	184,685.
а	Add coldmins A through D. Enter here and on Fa	it i, iiile i i, coluitiii (b)			101,003.
4	Advertising gain (loss). Subtract line 3 from line				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8	-147,022.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great		l or zero here and	nn	
u	Part II, line 13			_	0.
Part		tors, and Trustees (se	e instructions)	,	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
41				اب م	
")				%	
	Enter here and on Part II line 1			%	0.
Total	Enter here and on Part II, line 1 XI Supplemental Information (see in	netructions)		% >	0.
Total		nstructions)		% •	0.
Total Part		nstructions)		% 	0.
Total		nstructions)		% >	0.
Total		nstructions)		% 	0.
Total		nstructions)		% 	0.
Total		nstructions)		% 	0.
Total		nstructions)		% >	0.
Total		nstructions)		96 	0.
Total		nstructions)		% 	0.
Total		nstructions)		% 	0.
Total		nstructions)		% 	0.
Total		nstructions)		96 	0.
Total		nstructions)		% 	0.
Total		nstructions)		% 	0.
Total		nstructions)		96 	0.