Form 990

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2021 calendar year, or tax year beginning and	l ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	cation number
X	Addr	RUFFED GROUSE SOCIETY			
	Name			54-084692	25
	Initia	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	100 HIGH TOWER BOULEVARD	101	412264404	44
	termi ated			G Gross receipts \$	8,996,912.
	Amer	PIIISBURGH, PA IS205		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DEMOKETIN CONES		for subordinates	? Yes X No
		451 MCCORMICK ROAD, CORAOPOLIS, PA 151	L08	H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) () \leq (insert no.) = 4947(a)(1)$	or 527	1 '	list. See instructions
		te: WWW.RUFFEDGROUSESOCIETY.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1961 N	I State of legal domicile: VA
Pa	art I	Summary		D TH 1061 P	
ø	1	Briefly describe the organization's mission or most significant activities:			
Governance		GROUSE SOCIETY IS NORTH AMERICA'S FOREMOS			
ern	2	Check this box Check			
20 So	3				<u> </u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1800
Activities &	6	Total number of volunteers (estimate if necessary)			31,165.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,881,848.	4,729,616.
IUe	9			0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,390,485.	521,083.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,305,447.	1,322,229.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,577,780.	6,572,928.
	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.
6	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,786,678.	1,845,191.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	31.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,348,904.	2,103,391.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,135,582.	3,948,582.
	19	Revenue less expenses. Subtract line 18 from line 12		3,442,198.	2,624,346.
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		11,039,762.	13,438,836.
tAss	21	Total liabilities (Part X, line 26)		1,445,483.	926,769.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		9,594,279.	12,512,067.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	

Sign Here	Signature of officer BENJAMIN JONES, PRESIDI Type or print name and title	ENT AND CEO	Date	
Paid	Print/Type preparer's name JOSEPH C - ZOVKO	Preparer's signature D	ate Check [if self-emplo	PTIN yed P00299402
Preparer	Firm's name 🕨 LOUIS PLUNG & CO	MPANY LLP	Firm's EIN 🕨	25-1637458
Use Only	Firm's address 420 FT. DUQUESNE	BLVD, STE 1900		
	PITTSBURGH, PA 1	5222	Phone no. (4	12) 281-8771
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2021)

	990 (2021) RUFFED GROUSE SOCIETY t III Statement of Program Service Accomplishments	54-0846925	Page
rai			X
1	Check if Schedule O contains a response or note to any line in this Part III		<u>A</u>
'	1. ESTABLISHED IN 1961, THE RUFFED GROUSE SOCIETY UNITES	3	
	CONSERVATIONISTS TO IMPROVE WILDLIFE HABITAT AND FOREST		
	PROMOTE A CONSERVATION ETHIC, ALL GROUNDED IN THE TENETS		
	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?	Yes	XNo
	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	XNo
	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 other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,274,016. including grants of \$) (Reve		
	CHAPTER OPERATIONS: RGS CHAPTERS UNDERSTAND AND FURTHER		
	ORGANIZATION'S MISSION TO IMPROVE WILDLIFE HABITAT, FORE		D
	PROMOTE CONSERVATION ETHICS. WITH THE HELP OF RGS ENGAGE		
	CHAPTERS ORGANIZE VARIOUS ACTIVITIES INCLUDING EDUCATION	•	
	HABITAT DAYS, YOUTH OUTINGS, SOCIAL EVENTS, UPLAND HUNTS	S, AND	
	MEMBERSHIP MEETINGS.		
4b	(Code:) (Expenses \$788 , 577 including grants of \$) (Reve		
	HABITAT PROJECTS: RGS WORKS WITH VARIOUS LANDOWNERS AND		
	AGENCIES TO ENHANCE FOREST HABITAT FOR RUFFED GROUSE AND		
	WILDLIFE USING SCIENCE-SUPPORTED MANAGEMENT PRACTICES, A		
	FOREST CONSERVATION DIRECTORS AND OTHER CONSERVATION DEI		
	EMPLOYED TO CARRY OUT THE ORGANIZATION'S HABITAT MISSION	•	
	E40.024	21	1.6.5
4c	(Code:) (Expenses \$ 549,834. including grants of \$) (Reve		<u>165.</u>
	MEMBERSHIP SERVICES: RGS COMMUNICATES AND EDUCATES MEMBE		
	FOREST MANAGEMENT AND UPLAND HUNTING THROUGH THE RUFFED		
		ND SOCIAL ME	DIA
	COMMUNICATION.		
4d	Other program services (Describe on Schedule O.)	202 214	
	(Expenses \$ 492,299. including grants of \$) (Revenue \$	202,314.)	
4e	Total program service expenses ► 3,104,726.		
ac-		Form	990 (202
32002	3		
08	10 781024 ZZ30735.1 2021.04012 RUFFED GROUSE	SOCIETY	zz30

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 Form 990 (2021)
 RUFFED GROUSE SOCIETY

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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.			
u	Part VI	11a	x	
h	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	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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	X	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 RUFFED GROUSE SOCIETY

 Part IV
 Checklist of Required Schedules (continued)

			Vee	Na
22	Did the experimentation report more than \$5,000 of grants or other exciptions to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	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		x
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		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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
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			
02	Oshadida N. Dadill	32		x
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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	Ĺ
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	900	(0001)
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'ai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 27	,		
	filed for the calendar year ending with or within the year covered by this return		_	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the second sec		2b		
^ _	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instruction		0-	х	
		~	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		30	Δ	
+d	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		4 a		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	COUNTS (FBAR)			
5 a	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 transac		5b		X
ĉ	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a	х	
b			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		x
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	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	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			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	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	l l			
	organization is licensed to issue qualified health plans	13b	-		
-	Enter the amount of reserves on hand	13c			37
4a			14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				- -
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
~	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
6					
6	If "Yes," complete Form 4720, Schedule O.				
6 7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		4-		
			17		

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RUFFED GROUSE SOCIETY

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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

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

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	1 a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
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			1		
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?		·	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
	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 read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	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? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
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	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	0,C	T,FL,GA,HI	,IL	,KS,	KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records 🕨			
	KIM SWISHER - 412-262-4044					
	100 HIGH TOWER BOULEVARD SUITE 101, PITTSBURGH, PA	15	205			
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	9 90	(2021)

7

2021.04012 RUFFED GROUSE SOCIETY

Form 990 (2021)	RUFFED GROUSE SOCIETY	54-0846925 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated
Employee	es, and Independent Contractors	
Check if Sch	nedule O contains a response or note to any line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employ	ees
1a Complete this table f	or 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 organ 	nization's current officers, directors, trustees (whether individuals or organ	izations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average hours per vector Description builter and a structure inter- builter and a structure inter- and a structure inter- builter and a structure inter- structure inter- structure inter- and a structure inter- builter and a structure inter- structure inter- structure inter- and a structure inter- structure inter- and a structure inter- structure inter- and a structure inter- structure	(A)	(B)			(0	C)			(D)	(E)	(F)
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Form 990 (2021)

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	990 (2021) RUFFED GI									54-08	8469	925	Paç	ge 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	itior more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timated ount 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/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	I	fro orga anc	pensation om the anization related nization	n d
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1b	Subtotal								233,992.		0.	35	5,76	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.233,992.		0.	35	5,76	<u>0.</u> 6.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable	9			1
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			•	•	•		Ŭ	• • •			3		x
4	For any individual listed on line 1a, is the su													
_	and related organizations greater than \$150	,		•								4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." corr	-				-			-			5		х
Sec	tion B. Independent Contractors		- 0 1	01 50		Jers	011 .				1	•	I	
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	pensat	ion fro	m	
	(A) Name and business								(B) Description of s		С	(C omper		
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2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	niteo	d to t	thos 1		ted	above) who received mo	ore than				
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RUFFED GROUSE SOCIETY Part IX | Statement of Functional Expenses

Do n	Check if Schedule O contains a respons tot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.	101a1 01001303	expenses	general expenses	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,	222 002		17 100	16 160
_	trustees, and key employees	233,992.	200,625.	17,198.	16,169
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,611,199.	1 201 405	118,401.	111 212
7	Other salaries and wages	т,отт,тээ.	1,381,485.	110,401.	111,313
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1					
a h	Management	2,475.		2,475.	
		18,633.		18,633.	
	Accounting	10,055.		10,055.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	56,536.	48,476.	4,154.	3,906
3	Office expenses	77,288.	66,339.	6,594.	4,355
4	Information technology	·			•
15	Royalties				
16	Occupancy	100,380.	86,162.	8,564.	5,654
17	Travel	120,442.	103,267.	8,852.	<u>5,654</u> 8,323
8	Payments of travel or entertainment expenses	-			-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,363.		35,363.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,377.	37,192.	3,188.	2,997
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	F00 500	154 000	6 505	100 010
	MEMBERSHIP EXPENSES	593,533.	154,929.	6,585.	432,019
	HABITAT PROGRAMS	450,667.	448,469.	2,198.	105
C	CHAPTER ACTIVITIES EXPE	331,368.	331,243.		125
d	PRINTING & PUBLICATIONS	141,214.	141,214.		E 070
	All other expenses	132,115.	105,325.	21,520.	5,270
25	Total functional expenses. Add lines 1 through 24e	3,948,582.	3,104,726.	253,725.	590,131
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

2021.04012 RUFFED GROUSE SOCIETY

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Form 990 (2021)

RUFFED GROUSE SOCIETY

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			1,868,404.	1	3,973,894.
	2	Savings and temporary cash investments			363,270.	2	398,330.
	3	Pledges and grants receivable, net	2,513,297.	3	2,451,041.		
	4	Accounts receivable, net			130,227.	4	138,740.
	5	Loans and other receivables from any current or			,	-	
	-	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		ſ		7	
Assets	8	Inventories for sale or use			261,064.	8	148,004.
As	9				35,390.	9	38,220.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,303,499.			
	b	Less: accumulated depreciation	10b	735,164.	603,817.	10c	568,335.
	11	Investments - publicly traded securities			5,264,293.	11	5,722,272.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	10, 100, 000
	16	Total assets. Add lines 1 through 15 (must equa			11,039,762.	16	13,438,836.
	17	Accounts payable and accrued expenses			109,591.	17	177,202.
	18	Grants payable				18	F2 022
	19	Deferred revenue			50,543.	19	53,933.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa				22	
Lia	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrelate			1,175,634.	22	568,480.
	23 24	Unsecured notes and loans payable to unrelated			1,1,5,054.	23 24	500,4000
	25	Other liabilities (including federal income tax, pay				27	
		parties, and other liabilities not included on lines					
		of Schedule D			109,715.	25	127,154.
	26	Total liabilities. Add lines 17 through 25			1,445,483.	26	926,769.
		Organizations that follow FASB ASC 958, chec					
sec		and complete lines 27, 28, 32, and 33.					
lano	27	Net assets without donor restrictions			5,878,880. 3,715,399.	27	9,142,491. 3,369,576.
Ba	28	Net assets with donor restrictions			3,715,399.	28	3,369,576.
pun		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 📃			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		ſ	0 504 270	31	10 510 067
Ne	32	Total net assets or fund balances			9,594,279.	32	12,512,067.
	33	Total liabilities and net assets/fund balances			11,039,762.	33	13,438,836.

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) RUFFED GROUSE SOCIETY	54-	-0846925	Pag	_{ge} 12
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	6,572	2,9	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,948	3,5	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,624	1,3	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,594	! ,2'	79.
5	Net unrealized gains (losses) on investments	5	331	.,9	85.
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	-38	<u>3,5</u>	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	12,512	2,0	67.
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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud			37
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan		ne organization					Emp		
Da	rt I		ED GROUSE					54-0846925	
		Reason for Public (ee instructions.		
	organ	ization is not a private found							
1		A church, convention of ch				n 170(b)(⁻	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					•		
4		A medical research organiz	ation operated in cor	njunction with a nospital	described	in sectio	on 170(b)(1)(A)(iii).	Enter the hospital's name,	
-		city, and state: An organization operated for	with a banafit of a cal		l ar anarat		waramantal unit da	earlined in	
5		section 170(b)(1)(A)(iv). (C		lege of university owned	or operation	eu by a go	venimentai unit de		
6				aantal unit daaaribad in	anation 17	70/61/41/41	(.)		
6 7	\square	A federal, state, or local gov An organization that norma	•				.,	poral public described in	
'		section 170(b)(1)(A)(vi). (C	-	Initial part of its support if	on a gove	minentai	unit of from the ge	neral public described in	
8		A community trust describe			E III)				
9	\square	An agricultural research org				ad in coniu	inction with a land-	arant college	
5		or university or a non-land-g							
		university:	frank conege of agric			name, eny			
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membership fee	es, 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). (Con	mplete Part III.)	· · · ·		·	, ,		
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry ou	ut the purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section 509(a)(3). Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typical	lly by giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of	the supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	-				•		
		control or management o			ame perso	ns that co	ntrol or manage the	e supported	
		organization(s). You mus							
с		J Type III functionally inte					-	egrated with,	
		its supported organization	. , .	•			-		
d		J Type III non-functionally that is not functionally int						• • • •	
		requirement (see instructi	•	v ,	-		•	llentiveness	
е		Check this box if the orga							
U		functionally integrated, or							
f	Ente	er the number of supported of			0 0				
a		vide the following information	•					······ I	
		i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed ng document?	(v) Amount of mone	etary (vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruct	tions) support (see instructions)	
Tet									
Tota	41								

Schedule A	(Form	990	202
		000	1 202

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	,	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop	<u>o here</u>	•				
	ction C. Computation of Publi						
	Public support percentage for 2021 (I					14	%
15						15	%
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this boy	and
_	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	Ū.	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	л аю пот спеск а		a, 100, 17a, or 170	, check this dox a		Form 990) 2021
						Schedule A	(1 UIII 33U) 2U2 I

RUFFED GROUSE SOCIETY

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2958236.	2511545.	2553903.	4753687.	4729616.	<u>17506987.</u>
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	93,043.	75,577.	73,034.	145,360.	104,810.	491,824.
3	Gross receipts from activities that				,		,
Ū	are not an unrelated trade or bus-	2641646.	2467810.	2357631.	072 062	1231895.	9671845.
	iness under section 513	2041040.	240/010.	233703I.	972,863.	1231095.	9071045.
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	5692925.	5054932.	4984568.	5871910.	6066321.	27670656.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	50,960.	189,316.	116,263.	267,137.	2311239.	2934915.
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			59,922.			59,922.
	amount on line 13 for the year	50,960.	189,316.		267,137.	2311239.	2994837.
	Add lines 7a and 7b	50,900.	109,510.	170,105.	207,157.		24675819.
	Public support. (Subtract line 7c from line 6.)						240/5019.
		(-) 0017	(1-) 0040	(-) 0010	(1) 0000	(-) 0001	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2017 5692925.	(b) 2018 5054932.	(c) 2019 4984568.	(d) 2020 5871910.	(e) 2021	(f) Total 27670656.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		112,579.				
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	00.405	110 500	110 005	05 146	100.001	515 000
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	87,175.	112,579.	119,907.	95,146.	100,221.	515,028.
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.)	5780100.	5167511.	5104475.	5967056.	6166542.	28185684.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	on,
	check this box and stop here	-			<u></u>		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>87.55 %</u>
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	94.60 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	1.83 %
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	<u> 1.94 %</u>
19a	33 1/3% support tests - 2021. 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 17	7 is not
	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2020. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
13202	23 01-04-22					Schedule A	(Form 990) 2021

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16

1

2

3a

Yes No

Part IV Supporting Organizations

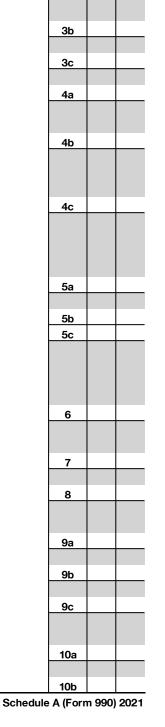
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

132024 01-04-21



Schedule A	(Form 990) 202	1 RUFFED	GROUSE	SOCIETY
Part IV	Supporting	Organizations (cont	tinued)	

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

 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 managed

 1
 1

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you	ou supported a governmental entity (see instruction	is).
---	--	---	-----------------------------	---	------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2b ______ 3a _____ 3b _____

Schedule A (Form 990) 2021

2a

Yes No

132025 01-04-22

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	dule A (Form 990) 2021 RUFFED GROUSE SOCIETY			54-0846925 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 integrat	ed Type III supporting o	organization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 **10** Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j

RUFFED GROUSE SOCIETY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

54-0846925 Page 7

1

2

3

Current Year

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Section D - Distributions

2

3

8

9

Schedule A	(Form 990) 2021	RUFFED	GROUSE	SOCIETY		54-0846925 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; F	ide the explar 4c, 5a, 6, 9a, 9 art IV, Sectior	nations required b 9b, 9c, 11a, 11b, n E, lines 1c, 2a, 2	and 11c; Part IV, Section I	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.)					
132028 01-04-2	2					Schedule A (Form 990) 202
				21		· · · · · · · · · · · · · · · · · · ·

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202[.]

Employer identification number

54-08469	925
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lame of the organizati	on		
	RUFFED	GROUSE	SOCIETY

Organization type (check one):

0 11 (
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$57,000.	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
2		\$ <u>176,000.</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
3		\$ <u>13,000.</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
4		\$8,631.	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
5		\$2,040,881.	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		\$ <u>15,727.</u>	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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2021.04012 RUFFED GROUSE SOCIETY

RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

54-0846925

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 36,910. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

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RUFFED GROUSE SOCIETY

Name of organization

Page **2** Employer identification number

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
14		\$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
15		\$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
16		\$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
		\$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
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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2021.04012 RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		- \$\$10,000.	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
20		- \$\$5,295 -	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
		\$\$5,550.	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
22		- \$ <u>10,000.</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
23		\$10,000.	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
24		\$ <u>26,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25_		- _ \$11,100. -	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$ <u>25,805.</u> 	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$ <u>25,000.</u> 	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>33,333.</u> 	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		- \$\$7,000.	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
30		\$5,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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2021.04012 RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$51,970.	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
32		\$12,000.	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
33		\$ <u>100,000.</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
34		\$41,026.	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
35		\$ <u>7,606.</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
36		\$41,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

54-0846925

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 5,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 38 X Person Payroll 11,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll Noncash 12,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$12,000.	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
44_		\$7,250.	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
45		\$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
46		\$6,247.	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
47		\$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
48		\$22,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

Page **2**

RUFFED GROUSE SOCIETY

54-0846925

(a) Name, address, and ZIP + 4 Total contributions (d) 49	Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
49				
a s 5,000. Payroli Payroli Complete Part II for noncesh contributions. (a) Name, address, and ZIP + 4 Total contributions Type of contributions 50	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 50	<u>49</u>		\$5,000.	Payroll Noncash (Complete Part II for
50				
Image: second	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution 51	50		\$10,000.	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) 52 (c) (d) (c) 52 (c) (c) (c) (a) (b) (c) (c) (c) 52 (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (b) (c) (c) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contributions 53 (c) (c) (c) Type of contributions) (a) Name, address, and ZIP + 4 Total contributions Payroll No. Name, address, and ZIP + 4 (c) Total contributions) (a) (b) (c) (c) (c) (a) (b) (c) (c) (c) (a) (b) (c) (c) (c) No. Name, address, an				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 52			\$ <u>60,000.</u>	Payroll Noncash (Complete Part II for
image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 53	52		\$5,000.	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 54				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 54	53		\$5,000.	Payroll Noncash (Complete Part II for
54				
123452 11-11-21 Schedule B (Form 990) (20	54			Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2021)

RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

54-0846925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u> </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
56		\$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
57		\$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
58		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ <u>5,095.</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
<u>60</u> 123452 11-11		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

990) (2021)

RUFFED GROUSE SOCIETY

Name of organization

Employer identification number

54-0846925

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 5,157. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 62 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 63 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 X Person Payroll 58,910. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 66 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

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2021.04012 RUFFED GROUSE SOCIETY

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
<u> 67 </u>		\$13,500.	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
68		\$15,000.	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
69		\$10,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule	В	(Form	990)	(2021)	J
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Name of organization

Employer identification number

RUFFED GROUSE SOCIETY

54-0846925

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(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
		\$	
(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
		\$	

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Name of ore	ganization			Employer identification number	
RUFFED	GROUSE SOCIETY			54-0846925	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations	nat total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
			_		
F		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
F		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
F	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee	
123454 11-11-;	21	36		Schedule B (Form 990) (202 ⁻	

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Name of the organization Employer identified RUFFED GROUSE SOCIETY 54-084 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other a 1 Total number at end of year (a) Donor advised funds (b) Funds and other a 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other a 3 Aggregate value of grants from (during year) (b) Funds and other a (c) Funds and other a	16925 e if the
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other a 1 Total number at end of year 2 Aggregate value of contributions to (during year)	
1 Total number at end of year 2 Aggregate value of contributions to (during year)	counts
2 Aggregate value of contributions to (during 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 advised funds are the organization's property, subject to the organization's exclusive legal control?	s 🗌 No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit? Ye Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	s 🔄 No

	· · · · · · · · · · · · · · · · ·			
	Protection of natural habitat	Preservation of a certil	fied his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a cor	nserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	

с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization dur	ing the tax	
	year ▶			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		🗌 Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easeme	nts during the y	ear
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements d	uring the year	
	▶\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E)(i)		
	and section 170(h)(4)(B)(ii)?		🗌 Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describe	es the	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar A	ssets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Bevenue included on Form 990 Part VIII line 1 ሰ

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Fart VII, line 1		Ф

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	her Sil	milar As	sets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e signifi	cant use o	f its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						Part XI	III.		
5	During the year, did the organization solicit o				ilar asse	ets				_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the organizatio	n answered "Yes"	on Forr	m 990, Par	t IV, lin	e 9, or		
19	Is the organization an agent, trustee, custodi		any for contributions	s or other assets n	not inclu	hed				
ia	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII							103	L	
			swing table.		Г		4	Amoun	t	
с	Beginning balance				F	1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance				[1f				
2a	Did the organization include an amount on Fe				ability?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, lir	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) 1	Three years I	back	(e) Four	' years	back
1 a	Beginning of year balance	6,099,685.	5,904,196.		9.	5,974,1	35.	5	,460,	
b	Contributions	265,508.	61,350.	,		59,9	29.			418.
С	Net investment earnings, gains, and losses	810,684.	678,583.	959,60	9.	-389,4	85.		780,	001.
d	Grants or scholarships									
е	Other expenditures for facilities				_					
	and programs	585,915.	544,444.	481,98	6.	280,0	00.		286,	190.
f	Administrative expenses	6 500 000	<u> </u>	5 004 40						
g	End of year balance		6,099,685.		6.	5,364,5	79.	5	,974,	135.
2	Provide the estimated percentage of the curr	•)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment									
С		%								
20	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posse		ion that are hold or	d administered fo	r tha ar	aonization				
Ja		ssion of the organizat	ion that are new ar	iu auriinistereu io		ganization		l	Yes	No
	by: (i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	t X, line	10.				
	Description of property	(a) Cost or ot basis (investm	• •	or other (c (other)	Accur deprec	nulated iation	(d) Boo	k valu	e
1a	Land	100.0	,					49	2,0	00.
b	Buildings								-, •	
	Leasehold improvements		1	1,809.	11	L,809.				0.
	Equipment			9,690.		3,355.		7	6,3	
	Other					-				
	. Add lines 1a through 1e. (Column (d) must e		. column (B). line 1			►		56	8,3	35.
				,			aluda E) / [

Schedule D (Form 990) 2021

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Dort VII Invootmonto	Other Securit	ioo	
Schedule D (Form 990) 2021	RUFFED	GROUSE	SOCIETY

(a) Description of security or category (including name of securi		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year matrix	arket value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y	es" 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 ma	arket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(0)			
otal. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Ye		11d. See Form 990, Part X, line 15.	
Part IX Other Assets.			ook value
Part IX Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Ye (1)	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "You (1) (2)	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Young in the organization answered "Young in the organization and the organization and the organization and the organization answered "Young in the organization and the organization a	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Yes (1) (2) (3) (4)	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Yes (1) (2) (3) (4) (5)	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6)	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV, line		ook value
Part IX Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8)	es" on Form 990, Part IV, line		ook value
Oart IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7) (8) (9)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yi	es" on Form 990, Part IV, line (a) Description	(b) B	
Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yi (a) Description of liability	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES	es" on Form 990, Part IV, line (a) Description	(b) B	
Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yi (1) Federal income taxes (2) ACCRUED EXPENSES (3)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yi . (a) Description of liability (1) Federal income taxes (2) ACCRUED (3) (4)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yi . (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye . (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Part IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye . (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value
Complete if the organization answered "Yi (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yi . (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6)	es" on Form 990, Part IV, line (a) Description	(b) B	ook value

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 RUFFED GROUSE SOCIETY			54-0	0846925 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re		
	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	6,909,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	331,985.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		46,141.		
е	Add lines 2a through 2d			2e	<u>378,126.</u> 6,531,622.
3	Subtract line 2e from line 1			3	6,531,622.
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	39,324.		
b	Other (Describe in Part XIII.)	4b	1,982.		
с	Add lines 4a and 4b			4c	41,306.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,572,928.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	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	3,955,399.
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	46,141.		
е	Add lines 2a through 2d			2e	46,141.
3	Subtract line 2e from line 1			3	3,909,258.
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	39,324.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	39,324.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,948,582.
Pa	t 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									
132054 10-28-21 Schedule D (Form 990) 2021 40									

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Schedule D (Form 990) 2021 RUFFED GROUSE SOCIETY 54-0846925 Page 5 Part XIII Supplemental Information (continued) Continued) 54-0846925 Page 5
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, 2021 AND 2020. 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 46,141.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
UNCOLLECTIBLE PROMISE TO GIVE 1,982.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED ON PART VII LINE 10B

46,141.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if to organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		GROUSE SOCIETY					Employer id 54-0846	entification number 5925
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
· · ·	· · ·	ed funds through any of the followin	g activ	rities. (Check all that apply.			
a 📃 Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici		g 🛄 Special	fundra	lising	events			
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, Pa	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Ye	s 🗌 No
b If "Yes," list the 10 compensated at let	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e
			(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con contribi	ustody itrol of	(iv) Gross receipts from activity		or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No	-			
Total								
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

RUFFED GROUSE SOCIETY

54-0846925 Page 2

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

		of fundraising event contributions and gro	SS Income on Form 990-	EZ, IINES I AND OD. LISTE	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	. ,
			FUNDRAISER			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
sver	1	Gross receipts	1,022,394.			1,022,394.
Å	•					
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)	1,022,394.			1,022,394.
	-					, <u>,</u>
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
ă						
Direct Expenses	7	Food and beverages				
Dire						
		Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			1,022,394.
Pa	irt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
đ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nu			(u) Billigo	bingo/progressive bingo		col. (a) through col. (c))
Revenue						
ш.	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
g	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	Yes%	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		▶	
		N	, , , , , , , , , , , , , , , , , , ,			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	····· •	
-	-					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac		states?		Yes No
b) IT "	No," explain:				
10-	14/-	are any of the organization's coming licenses	vokod ouopondod citt	rminated during the torre	(00r2)	Yes No
		ere any of the organization's gaming licenses re			/eai (Yes No
D.		Yes," explain:				
1320	32 10)-21-21			Sche	dule G (Form 990) 2021
10200						

Sch	edule G (Form 990) 2021	RUFFED GROUSE	E SOCIETY	54-0846925 Page 3
11	Does the organization conduct g	gaming activities with nonme	mbers?	
			or a member of a partnership or other entity f	
13	Indicate the percentage of gami			
				13a 9
			organization's gaming/special events books a	
••				
	Name 🕨			
	Address			
15a	Does the organization have a co	ontract with a third party from	whom the organization receives gaming reve	nue? Yes No
100	bees the organization have a ce	indiact with a time party norm	whom the organization receives gaming reve	
h	If "Ves." enter the amount of ag	ming revenue received by the	e organization 🕨 💲 an	d the amount
	of gaming revenue retained by t			
	If "Yes," enter name and addres			
C	and address	s of the third party.		
	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 und	er state law to make charitab	le distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b	Enter the amount of distribution	s required under state law to	be distributed to other exempt organizations	or spent in the
_	organization's own exempt activ			
Pa	rt IV Supplemental Info	prmation. Provide the expl	anations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provide ar	ny additional information. See instructions.	
12200	33 10-21-21			Schedule G (Form 990) 202 ⁻
.0200			44	

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2021.04012 RUFFED GROUSE SOCIETY ZZ307351

raitiv	(continued)		
132084 11-18-2			Schedule G (Form 990)

132084 11-18-21

SC	SCHEDULE J Compensation Information		OMB No. 1545-0047			17			
(Fo	rm 990)		rustees, Key Employees, and Highest		20	91			
			ated Employees ered "Yes" on Form 990, Part IV, line 23.		20				
Denar	tment of the Treasury		to Form 990.		Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for	instructions and the latest information.		Inspection				
Nam	e of the organization			Employer id			nber		
		RUFFED GROUSE SOCIETY	[54-0	84692	5			
Ра	rt I Question	s Regarding Compensation							
	.					Yes	No		
1a		ate box(es) if the organization provided any of the	•	990,					
		line 1a. Complete Part III to provide any relevant i	1						
	First-class or o] Housing allowance or residence for person						
	Travel for com	ation and gross-up payments	Payments for business use of personal res Health or social club dues or initiation fees						
			Personal services (such as maid, chauffeu						
	Discretionary spending account Personal services (such as maid, chauffeur, che		r, chei)						
h	If any of the boyos	on line 1a are checked, did the organization follow	wa written policy regarding payment or						
U.	•	rovision of all of the expenses described above?			1b				
2		require substantiation prior to reimbursing or allo							
-	-	rs, including the CEO/Executive Director, regardin			2	х			
3	Indicate which, if a	ny, of the following the organization used to estab	lish the compensation of the organization's						
	,	ctor. Check all that apply. Do not check any boxe		on to					
		ation of the CEO/Executive Director, but explain in							
	Compensation	· · ·] Written employment contract						
	·		Compensation survey or study						
	Form 990 of o		Approval by the board or compensation co	ommittee					
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 re	lated organization:							
а	Receive a severance	e payment or change-of-control payment?			4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified re	etirement plan?		4b		X		
С	Participate in or rec	eive payment from an equity-based compensatior	n arrangement?		4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicab	ble amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations mus							
5		n Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensation	n					
	contingent on the r						v		
							X		
b		ation?			<u>5b</u>		X		
~		r 5b, describe in Part III.		_					
6		n Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensation	n					
-	contingent on the r	5			6.		Х		
a b		ntion?					 X		
a		ation?			<u>6b</u>				
7		r 6b, describe in Part III.	reanization provide any perfixed neumente						
'		n Form 990, Part VII, Section A, line 1a, did the o les 5 and 6? If "Yes," describe in Part III			7		х		
8		reported on Form 990, Part VII, paid or accrued p			/		- 23		
0		ption described in Regulations section 53.4958-4			8		х		
9		d the organization also follow the rebuttable pres							
		53.4958-6(c)?			9				
ΙΗΔ		eduction Act Notice, see the Instructions for Fo			ule J (Forr	n 990)	2021		
,				301180					

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Schedule J (Form 990) 2021

54-0846925

Page 2

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BENJAMIN C. JONES	(i)	174,185.	0.	0.	0.	20,509.	194,694.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2021

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 J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



54-0846925

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RUFFED GROUSE SOCIETY

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 \$ 377,927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 202,314.

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 \$ 61,266. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADVOCACY: RGS ADVOCATES FOR THE APPLICATION OF SOUND SCIENTIFIC

PRINCIPLES IN WILDLIFE CONSERVATION, SUSTAINABLE FOREST MANAGEMENT, AND

RECRUITMENT, REACTIVATION, AND RETENTION OF HUNTER CONSERVATIONISTS.

EXPENSES \$ 53,106. INCLUDING GRANTS OF \$ 0. 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization RUFFED GROUSE SOCIETY	Employer identification number $54 - 0846925$
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 OTHE	R 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	
CONDUCTED.	

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

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

Name of the organization

RUFFED GROUSE SOCIETY

Employer identification number 54-0846925

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-1,982.OTHER ADJUSTMENT-36,561.TOTAL TO FORM 990, PART XI, LINE 9-38,543.

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
132212 11-11-21
Schedule O (Form 990) 2021
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OUR EVENTS AND ACTIVITIES FOCUS ON CAMARADERIE, LEARNING, SHARING, AND

SUPPORTING THE GOALS OF OUR ORGANIZATION.

RSG MEMBERS AND STAFF EMBRACE OUR DUTY TO ENHANCE FOREST HABITAT AND

WILDLIFE. THERE IS A SENSE OF FULFILLMENT WITH BEING INVOLVED IN AN

ORGANIZATION THAT MAKES A DIFFERENCE IN HABITAT AND WILDLIFE 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 DESCRIBED 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 THROUGH VARIOUS

EVENTS AND ACTIVITIES.

RGS REPRESENTS MEMBER INTERESTS AT THE LOCAL, STATE AND NATIONAL

LEVELS.

BECOME INTERESTED IN HABITAT, WILDLIFE, CONSERVATION ETHICS AND

INTRODUCES THEM TO THE HUNTING LIFESTYLE AND ITS ROLE IN 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 MAGAZINE.

RGS PROVIDES MEMBERS WITH INFORMATION ABOUT NEWSWORTHY EVENTS,

IMPORTANT DECISIONS BEING MADE AT LOCAL, STATE AND NATIONAL 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 FOR CURRENT

AND FUTURE GENERATIONS.

RGS MEMBERS HONOR AND PROMOTE CONSERVATION ETHICS IN FOREST AND

WILDLIFE MANAGEMENT.

RGS MEMBERS UNDERSTAND AND EMBRACE SCIENCE-BASED CONSERVATION

INITIATIVES ON PUBLIC AND PRIVATE LAND, KNOWING THESE INITIATIVES

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Schedule O (Form 990) 2021

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Name of the organization

RUFFED GROUSE SOCIETY

Page 2 Employer identification number 54-0846925

BENEFIT ALL FOREST WILDLIFE IN ADDITION TO THE BELLWETHERS, RUFFED

GROUSE AND AMERICAN WOODCOCK.

RGS MEMBERS DEVOTE TIME, TALENT AND TREASURE TO SUSTAIN THE

ORGANIZATION, EXPAND ITS MESSAGE AND PARTICIPATE IN ITS MISSION.

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 IS NO

ORGANIZATION.

FORM 990 - PART I - LINE 1

CONSERVATION ORGANIZATION DEDICATED TO PROMOTING AND CREATING HEALTHY

FORESTS, ABUNDANT WILDLIFE AND A CONSERVATION ETHIC AND CREATING

HEALTHY FOREST HABITAT FOR RUFFED GROUSE, AMERICAN WOODCOCK AND ALL

FOREST WILDLIFE. RGS WORKS WITH LANDOWNERS AND GOVERNMENT AGENCIES TO

DEVELOP CRITICAL HABITAT USING SCIENCE-BASED MANAGEMENT PRACTICES.