

MHCS P.C.
1601 W Lakes Pkwy Ste 300
West Des Moines, IA 50266

Kailah Schmitz
National Rural Economic
Developers Association
1255 SW Prairie Trail Parkway
Ankeny, IA 50023-7068

**December 31, 2021 Income Tax Return
Prepared For**

National Rural Economic

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

NATIONAL RURAL ECONOMIC
DEVELOPERS ASSOCIATION

42-1356900

Net Asset / Fund Balance at Beginning of Year 202,985

Revenue

Contributions	
Program service revenue	221,815
Investment income	697
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	600

Total revenue 223,112

Expenses

Program services	
Management and general	
Fundraising	

Total expenses 193,252

Excess / (deficit) 29,860

Changes

Net Asset / Fund Balance at End of Year 232,845

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	223,112

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	193,252

Balance Sheet

	Beginning	Ending	Differences
Assets	290,362	412,242	
Liabilities	87,377	179,397	
Net assets	202,985	232,845	29,860

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service

Name of filer **NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION** EIN or SSN **42-1356900**

Name and title of officer or person subject to tax **GARRY CLARK
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>223,112</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MHCS P.C. to enter my PIN 56900 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 07/08/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BRIAN K. NEWTON, CPA Date 07/08/22

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1255 SW PRAIRIE TRAIL PARKWAY City or town, state or province, country, and ZIP or foreign postal code ANKENY IA 50023-7068	D Employer identification number 42-1356900 E Telephone number 515-243-1558 G Gross receipts \$ 223,112
F Name and address of principal officer: GARRY CLARK SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.NREDA.ORG H(c) Group exemption number ▶	K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶
		L Year of formation: 1989 M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION, ADVOCACY, AND NETWORKING OPPORTUNITIES TO RURAL AND SUBURBAN UTILITIES AND AFFILIATED ORGANIZATIONS.																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	18																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18																								
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	0																								
	6 Total number of volunteers (estimate if necessary)	18																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td></td> <td align="right">0</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">174,970</td> <td align="right">221,815</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">1,453</td> <td align="right">697</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">500</td> <td align="right">600</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">176,923</td> <td align="right">223,112</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)		0	9 Program service revenue (Part VIII, line 2g)	174,970	221,815	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,453	697	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500	600	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,923	223,112						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GARRY CLARK Type or print name and title	Date PRESIDENT
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Paid Preparer Use Only	Print/Type preparer's name BRIAN K. NEWTON, CPA	Preparer's signature BRIAN K. NEWTON, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00556116	
	Firm's name ▶ MHCS P.C. 1601 W LAKES PKWY STE 300 Firm's address ▶ WEST DES MOINES, IA 50266	Firm's EIN ▶ 42-1104473 Phone no. 515-288-3279				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

CONFERENCES AND SEMINARS THAT PROMOTE THE EXCHANGING OF IDEAS AND INFORMATION BETWEEN MEMBERS, EDUCATIONAL OPPORTUNITIES FOR ITS MEMBERS AND FURTHERING THE MOVEMENT OF REVITALIZING RURAL AMERICA THROUGH ECONOMIC ENHANCEMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records AMPLIFY ASSOCIATION MANAGEMENT 1255 SW PRAIRIE TRAIL PARKWAY ANKENY IA 50023-7068 515-243-1558

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JD LOWERY	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) TESSA SCHMIDTZINSKY	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) JAMES A. CHAVEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) TONY FLOYD	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) BRIAN ANDERSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) KRIS WILLIAMS	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) SHAWNNA SILVIUS	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) BRAD THOMAS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) LISA R. HURLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) SCOTT BIALICK	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(11) JOSHUA SEIDEMANN	1.00									
EX-OFFICIO	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STEVE PASTORKOVICH	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(13) JAN AHLEN	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(14) KEN JOHNSON (LEFT MARCH 2021)	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(15) CHRIS MARTIN (LEFT MAY 2021)	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(16) BRAD CAPTAIN (LEFT JULY 2021)	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(17) GARRY CLARK	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(18) DAN BOYSEL	1.00									
1ST VICE PRESIDENT	0.00	X		X			0	0	0	
(19) DAVID CLEVELAND	1.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2a CONFERENCES & SEMINARS		900099	135,310	135,310		
	b MEMBERSHIP DUES		900099	86,505	86,505		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			221,815				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			697		697	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8a							
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a MISCELLANEOUS REVENUE		900099	600		600	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			600				
12 Total revenue. See instructions			223,112	221,815	0	1,297	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	95,335			
b Legal				
c Accounting	1,500			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	229			
12 Advertising and promotion	2,369			
13 Office expenses	4,685			
14 Information technology	12,252			
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,234			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,882			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AWARDS	1,297			
b FACILITIES/MEALS	469			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	193,252	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	131,354	1	178,407
	2	Savings and temporary cash investments	157,098	2	157,777
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	500	4	75,350
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,308	9	708
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	102	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	290,362	16	412,242	
Liabilities	17	Accounts payable and accrued expenses	4,352	17	41,012
	18	Grants payable		18	
	19	Deferred revenue	83,025	19	138,385
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	87,377	26	179,397
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds	202,985	31	232,845	
32	Total net assets or fund balances	202,985	32	232,845	
33	Total liabilities and net assets/fund balances	290,362	33	412,242	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	223,112
2	Total expenses (must equal Part IX, column (A), line 25)	2	193,252
3	Revenue less expenses. Subtract line 2 from line 1	3	29,860
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	202,985
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	232,845

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) BRITTANY DICKEY	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(21) NICOLE M. PFANNENSTIEL	1.00									
PAST PRESIDENT	0.00	X		X			0	0	0	
(22) KAILAH SCHMITZ	5.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization	NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION	Employer identification number 42-1356900
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FORM 990 - ORGANIZATION'S MISSION

THE NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION IS A MEMBER ORGANIZATION DEDICATED TO THE ADVANCEMENT OF RURAL ECONOMIC DEVELOPMENT THROUGH PROVIDING EDUCATION AND NETWORKING OPPORTUNITIES.

THE PURPOSE OF THE NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION SHALL BE:

- TO PROMOTE THE EXCHANGE OF IDEAS AND INFORMATION BETWEEN ASSOCIATION MEMBERS.
- TO PROVIDE MEMBERS EDUCATIONAL OPPORTUNITIES TO ENCOURAGE PROFESSIONAL ADVANCEMENT.
- TO FURTHER THE MOVEMENT OF GROWING AND REVITALIZING RURAL AMERICA THROUGH ECONOMIC ENHANCEMENT.

FORM 990, PART VI - ADDITIONAL INFORMATION

SECTION B, QUESTION 15A - NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION DOES NOT COMPENSATE ANY INDIVIDUAL. HOWEVER, THE BOARD OF DIRECTORS ENTERED INTO A MANAGEMENT AGREEMENT WITH AMPLIFY ASSOCIATION MANAGEMENT. TO MANAGE THE DAILY OPERATIONS AND EMPLOY AN INDIVIDUAL TO SERVE AS THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE AGREEMENT IS APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS OFFERED TO AMPLIFY ASSOCIATION MANAGEMENT.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

AMPLIFY ASSOCIATION MANAGEMENT MANAGES THE DAY-TO-DAY OPERATIONS. AMPLIFY ASSOCIATION MANAGEMENT EMPLOYS KAILAH SCHMITZ, WHO SERVES AS THE EXECUTIVE DIRECTOR OF NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION.

Name of the organization

Employer identification number

NATIONAL RURAL ECONOMIC

42-1356900

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

DEFINITION OF MEMBERSHIP:

REGULAR MEMBERSHIP: ANY PERSON EMPLOYED BY AN ORGANIZATION DEFINED AS A LOCAL OR REGIONAL NON-FOR-PROFIT ECONOMIC DEVELOPMENT ORGANIZATION, RURAL UTILITY AS DEFINED, ASSOCIATION, OR GOVERNMENT AGENCY, EDUCATIONAL INSTITUTIONS, AND ECONOMIC DEVELOPMENT RELATED VENDORS SUCH AS CONSULTANTS, DEVELOPMENT COMPANIES, REAL ESTATE SERVICES, FINANCIAL INSTITUTIONS, LAW FIRMS, ACCOUNTING FIRMS AND SITE CONSULTANTS, CONSTRUCTION COMPANIES, REAL ESTATE DEVELOPMENT, AND RETIRED EMPLOYEES OF SAID ORGANIZATIONS. RURAL UTILITIES SHALL BE DEFINED AS ORGANIZATIONS THAT BORROW MONIES OR ARE ELIGIBLE TO BORROW MONIES FROM (1) RURAL UTILITY SERVICE, (2) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION, (3) COBANK OR (4) RURAL WATER DISTRICTS. THE MEMBERSHIP SHALL BE IN THE NAME OF THE PERSON AS IDENTIFIED ON THE MEMBERSHIP APPLICATION.

- RURAL UTILITIES SHALL BE DEFINED AS (1) COOPERATIVE RURAL UTILITIES, (2) RURAL LOCAL EXCHANGE CARRIERS AS DEFINED IN THE U.S. TELECOMMUNICATIONS ACT OF 1996 OR (3) ORGANIZATIONS THAT BORROW MONIES OR ARE ELIGIBLE TO BORROW MONIES FROM THE (1A) RURAL UTILITIES SERVICE, (2B) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION, OR (3C) COBANK. THE MEMBERSHIP SHALL BE IN THE NAME OF THE PERSON AS IDENTIFIED ON THE MEMBERSHIP APPLICATION.

- AFFILIATE LIMITED MEMBER: ANY REGIONAL ORGANIZATION THAT CONSISTS OF SEPARATE DEVELOPMENT ORGANIZATIONS SUCH AS REGIONAL ECONOMIC DEVELOPMENT GROUPS, REGIONAL MARKETING GROUPS, REGIONAL CORRIDORS, REGIONAL UTILITY GROUPS, AND COUNCILS OF GOVERNMENT.

CATEGORIES OF MEMBERSHIP:

Name of the organization

Employer identification number

NATIONAL RURAL ECONOMIC

42-1356900

INDIVIDUAL MEMBER: THOSE INDIVIDUALS WHO QUALIFY FOR MEMBERSHIP AS DEFINED IN SECTION 1. MAY QUALIFY TO BE INDIVIDUAL MEMBERS AND SHALL BE ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF MEMBERSHIP, INCLUDING, BUT NOT LIMITED TO, VOTING, THE RIGHT TO VOTE AND THE RIGHT TO HOLD OFFICE.

HONORARY MEMBER: A PAST PRESIDENT OR FOUNDER OF THE ASSOCIATION. DUES AND ANNUAL CONFERENCE REGISTRATIONS ARE COMPLIMENTARY FOR HONORARY MEMBERS. HONORARY MEMBERS SHALL BE SELECTED AND APPROVED BY THE BOARD OF DIRECTORS AS NEEDED.

STUDENT MEMBER: AN INDIVIDUAL ENROLLED AT A COLLEGE, UNIVERSITY, COMMUNITY COLLEGE OR OTHER EDUCATIONAL INSTITUTION FULL-TIME (12+ CREDIT HOURS) AT THE UNDERGRADUATE (OR GRADUATE LEVEL) IN AN ECONOMIC DEVELOPMENT OR RELATED DEGREE PROGRAM.

AFFILIATE LIMITED MEMBER: REGIONAL ORGANIZATIONS THAT QUALIFY FOR MEMBERSHIP AS DEFINED IN SECTION 1B MAY QUALIFY TO BE AN AFFILIATE LIMITED MEMBER IN ONE OF THE TWO SUB-CATEGORIES:

- 1. AN ORGANIZATION MADE UP OF PRIMARILY LOCAL, COMMUNITY-BASED ECONOMIC DEVELOPERS AND/OR GOVERNMENT OFFICIALS.
- 2. AN ORGANIZATION MADE UP OF PRIMARILY STAFF AND/OR DIRECTORS OF RURAL UTILITIES.

VOTING MEMBERS: INDIVIDUAL MEMBERS ARE ELIGIBLE TO VOTE ON ACTIONS OF THE ASSOCIATION.

Name of the organization

Employer identification number

NATIONAL RURAL ECONOMIC

42-1356900

NONVOTING MEMBERS: HONORARY, STUDENT, AND AFFILIATE LIMITED MEMBERS ARE NOT ELIGIBLE TO VOTE ON THE ACTIONS OF THE ASSOCIATION AND ARE NOT ELIGIBLE FOR ELECTION TO ANY ELECTED POSITION TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS DIRECTORS WILL BE ELECTED AT-LARGE BY THE MEMBERSHIP.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT OF THE FORM 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS AND REVIEWED BEFORE THE FORM IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ENFORCEMENT OF CONFLICTS POLICY ANNUALLY, THE BOARD MEMBERS AND MEMBERS OF MANAGEMENT SIGN A DECLARATION DISCLOSING ANY KNOWN CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE PUBLIC IS ABLE TO VIEW THE ASSOCIATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 6104(D) FOR OTHER PUBLIC DISCLOSURE DOCUMENTS.

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

NATIONAL RURAL ECONOMIC
DEVELOPERS ASSOCIATION

42-1356900

		2020	2021	Differences	
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	174,970	221,815	46,845
	5. Investment income	5.	1,453	697	-756
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	500	600	100
	12. Total revenue. Add lines 1 through 11	12.	176,923	223,112	46,189
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	99,835	97,064	-2,771
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	53,338	96,188	42,850
	22. Total expenses. Add lines 13 through 21	22.	153,173	193,252	40,079
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	23,750	29,860	6,110
Other Information	24. Total exempt revenue	24.	176,923	223,112	46,189
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	176,923	223,112	46,189
	27. Total assets	27.	290,362	412,242	121,880
	28. Total liabilities	28.	87,377	179,397	92,020
	29. Retained earnings	29.	202,985	232,845	29,860
	30. Number of voting members of governing body	30.	18	18	
31. Number of independent voting members of governing body	31.	18	18		
32. Number of employees	32.	0	0		
33. Number of volunteers	33.	18	18		

Name NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION	Employer Identification Number 42-1356900
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants						
Membership dues	81,325					
Program service revenue	123,190	196,286	227,983	174,970	221,815	
Capital gain or loss						
Investment income	1,530	1,217	1,574	1,453	697	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	300	500	650	500	600	
Total revenue	206,345	198,003	230,207	176,923	223,112	
Grants and similar amounts paid			3,250			
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees	85,438	97,563	120,240	99,835	97,064	
Occupancy costs						
Depreciation and depletion						
Other expenses	89,512	132,377	154,446	53,338	96,188	
Total expenses	174,950	229,940	277,936	153,173	193,252	
Excess or (Deficit)	31,395	-31,937	-47,729	23,750	29,860	
Total exempt revenue	206,345	198,003	230,207	176,923	223,112	
Total unrelated revenue						
Total excludable revenue	125,020	198,003	230,207	176,923	223,112	
Total Assets	321,372	292,246	284,607	290,362	412,242	
Total Liabilities	62,471	65,282	105,372	87,377	179,397	
Net Fund Balances	258,901	226,964	179,235	202,985	232,845	

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACTED SERVICES	\$ 229	\$ 229	\$	\$
TOTAL	\$ 229	\$ 229	\$ 0	\$ 0