

# EXTENDED TO NOVEMBER 15, 2022

# **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.

Open to Public Inspection

OMB No. 1545-0047

AI	or u	e 2021 calendar year, or tax year beginning and	enaing							
В	Check if applicat	C Name of organization		D Employer identific	cation number					
	Addr									
	Name Chan	ge Doing business as		54-17353	38					
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r					
$\overline{\Box}$	Final returi	D O BOX 1221		804-333-						
	termi ated			G Gross receipts \$ 1,591,545.						
	□Amer	ided WADCAM VA 22572		H(a) Is this a group re						
$\vdash$	returi ∏Appli	•		for subordinates						
	tion pend	SAME AS C ABOVE			=					
_				H(b) Are all subordinates in						
		tempt status: X 501(c)(3)	or 527	1	list. See instructions					
		ite: ► WWW.MENOKIN.ORG		H(c) Group exemptio						
		f organization: X Corporation Trust Association Other	L Year	of formation: 1994 N	M State of legal domicile: VA					
Pa	art I	Summary								
4	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O						
ၓၘ										
na.	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.					
Š	3	•		3	17					
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17					
∞ ∞	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			13					
<u>ië</u>	6	Total number of volunteers (estimate if necessary)			23					
Activities & Governance	0				0.					
Ą	' a				0.					
_	0	Net unrelated business taxable income from Form 990-T, Part I, line 11								
	١.		<b>/</b>	Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		971,427.	992,495.					
Revenue	9	Program service revenue (Part VIII, line 2g)		31,491.	25,153.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,145.	161,340.					
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,053,063.	1,178,988.					
	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.					
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		308,187.	326,577.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		13,035.	5,299.					
ĕ		Total fundraising expenses (Part IX, column (D), line 25)	21.		77=77					
ă	17			1,403,762.	277,391.					
	l			1,724,984.	609,267.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-671,921.						
	19	Revenue less expenses. Subtract line 18 from line 12		•	569,721.					
Net Assets or			Ве	ginning of Current Year	End of Year					
sset	20	Total assets (Part X, line 16)		2,513,159.	2,724,564.					
T. A.	21	Total liabilities (Part X, line 26)		642,660.	495,158.					
		Net assets or fund balances. Subtract line 21 from line 20		1,870,499.	2,229,406.					
Pa	art II	Signature Block								
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	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 wh	nich preparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Her		► MR. SAM MCKELVEY, EXECUTIVE DIRECTOR								
	_	Type or print name and title								
_			1	Date Check	PTIN					
Dair	4	Print/Type preparer's name  TRAVIS W. SIMPSON  Preparer's signature	[	if L						
Paid				self-employ						
	parer	Firm's name HANTZMON WIEBEL LLP, CPA'S		Firm's EIN ▶	54-0618213					
Use	Only	Firm's address PO BOX 1408		, ,	241006 0456					
		CHARLOTTESVILLE, VA 22902		Phone no. (4	34)296-2156					
May	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No					

ı a	Check if Schedule O contains a response or note to any line in this Part III
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?
_	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?
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 \$ 389,491. including grants of \$) (Revenue \$ 25,153. )
	PUBLIC PROGRAMS OVERVIEW: IN 2021, THE PANDEMIC CONTINUED SOME
	REDUCTION OF ON SITE ORGANIZED PUBLIC PROGRAMMING, THOUGH THE OPEN
	GROUNDS OF MENOKIN ALLOWED FOR PANDEMIC RELIEF IN A SAFE ENVIRONMENT.
	MENOKIN CONTINUED TO PROVIDE PUBLIC PROGRAMMING OVER THEIR INCREASINGLY
	POPULAR DIGITAL CHANNELS. SEVERAL THOUSAND UNIQUE VISITORS VISITED
	MENOKIN'S SOCIAL MEDIA WEBSITES, BLOGS, VIDEOS, AND DIGITAL LECTURES
	AND DISCUSSIONS. VISITORS INCLUDING STUDENTS, SCHOLARS, LIFE-LONG LEARNERS, LOCAL GEOGRAPHIC AND DESCENDENT COMMUNITIES.
	LEARNERS, LOCAL GEOGRAPHIC AND DESCENDENT COMMUNITIES.
4b	(Code:) (Expenses \$ 45,620. including grants of \$ ) (Revenue \$)
	CONSTRUCTION AND PRESERVATION: MENOKIN CONTINUED CONSTRUCTION TO
	STABILIZE THE SOUTH AND WEST WALLS OF THE MENOKIN RUIN. MENOKIN CONTINUES TO PURSUE FUNDRAISING ACTIVITIES TO PROVIDE THE NECESSARY
	FUNDS FOR FUTURE CONSTRUCTION AND PRESERVATION INITATIVES.
	TONDO TON TOTORE CONSTRUCTION AND INEIGHNATION INITIATIVES.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 435 , 111 .
	Form <b>990</b> (2021)

# Form 990 (2021) THE MENOKIN FOUNDATION 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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		_X_
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		<u> </u>
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		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	··′		<del></del> -
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		х
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form **990** (2021)

Form 990 (2021) THE MENOKIN FOUNDATION
Part IV Checklist of Required Schedules (continued)

	· Touristady		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? 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		
С	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		
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? 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			- T
	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	200		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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			177
	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?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check is desiredule of contains a response of note to any line in this Fart v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	INO
ıa b		1		
C	Elici di chambel chi oma viza molacca chi mo ta. Elici ci i not approable	1		
J	(gambling) winnings to prize winners?	1c		
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Form 990 (2021) THE MENOKIN FOUNDATION

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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
h	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou		6a		x
b	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		
b		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
7	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		х
a h		7a 7b		<del></del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	710		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
т	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Α.
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand	4.6		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<sub>v</sub>
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.				

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 Section A. Governing Body and Management No Yes 17 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 \_\_\_\_\_\_ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VA 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. Another's website X Upon request \_\_ Other (explain on Schedule O) Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 804-333-1776

Form **990** (2021)

O. BOX 1221, WARSAW,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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		orga I	niza			nper	sate			
(A)	(B)	Docition				(D)	(E)	(F)		
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		, unle: cer ar					compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	3e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	ution	, in	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) SAMUEL A. MCKELVEY	40.00									
EXECUTIVE DIRECTOR				X				58,928.	0.	26,235.
(2) BENJAMIN OGLE TAYLOE, JR.	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) THOMAS A. DUCKENFIELD III	1.00									
TRUSTEE		Х						0.	0.	0.
(4) JAMES D.W. ZEHMER	1.00									
SECRETARY		X		X				0.	0.	0.
(5) REGGIE PEARMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(6) TOBEY TALIAFERRO	1.00									_
TRUSTEE		X						0.	0.	0.
(7) JOHN H. GUY, IV	1.00									•
TRUSTEE	1 00	X						0.	0.	0.
(8) LESLIE ARIAIL	1.00	7.								•
TRUSTEE	1 00	X	_					0.	0.	0.
(9) THOMAS C. BROWN, JR.	1.00	.,								•
TRUSTEE	1 00	Х	_					0.	0.	0.
(10) TEMPLE C. MOORE, JR.	1.00	3,7							_	•
TRUSTEE	1 00	Х	_					0.	0.	0.
(11) H. JAMES GARNER III	1.00	37							0	0
TREASURER	1 00	Х	_					0.	0.	0.
(12) ABIGAIL BANGSER	1.00	37							0	0
TRUSTEE	1.00	Х						0.	0.	0.
(13) MARY LYNN BAYLISS TRUSTEE	1.00	Х						0.	0.	0.
(14) ISOBEL MIDDY MORRIS	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(15) JUDITH GORDON	1.00							0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(16) FRANK JOHNSON	1.00								•	3.
TRUSTEE		Х						0.	0.	0.
(17) LISA MOUNTCASTLE	1.00									
VICE PRESIDENT		х						0.	0.	0.
132007 12-09-21		•	•	•	•	•	•	•		Form <b>990</b> (2021)

(A) Name and title	(B) Average hours per	Average Position (do not check more than one					n an	(D) Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	or	other npensa from th ganizat nd relat ganizati	ation e tion ted
(18) BARRY SALISBURY TRUSTEE	1.00	х						0.	0	•		0.
										_		
								4		_		
										_		
										+		
							>					
1b Subtotal  c Total from continuation sheets to Part VI	I Section A							58,928.	0		6,2	35.
d Total (add lines 1b and 1c)			-					58,928.	0		6,2	
<ul> <li>Total number of individuals (including but r</li> <li>compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			0
3 Did the organization list any <b>former</b> officer	director trust	oo k	ev e	mple	OVE	e or	hia	hest compensated emp	lovee on		Yes	No
line 1a? If "Yes," complete Schedule J for s				_						3		Х
4 For any individual listed on line 1a, is the su												X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	accrue comper	" co Isati	<i>mple</i> on fr	ete S om a	<i>iche</i> any	edule unre	e <i>J f</i> e elate	or such individual ed organization or individ	dual for services	4		Α
rendered to the organization? If "Yes," con		~								5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mneneated inc	lone	nder	nt cc	ntra	acto	re th	nat received more than	\$100,000 of compens	ation f	rom.	
the organization. Report compensation for											OIII	
<b>(A)</b> Name and business	addraga	376	<b>\</b>					(B) Description of s	on door	(Compe	C)	n
	address	MC	ONE	<u>i</u>				Description of s	el vices	Compe	SIISALIO	11
Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	ot lin	nited	to t	thos (		ted	above) who received m	ore than			
										Form	990 (	2021)

27010\_\_1

Form 990 (2021) THE MENOKIN FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		<u> </u>	<b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
Sυ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
<u> </u>		Fundraising events 1c					
fts, A		Related organizations 1d					
ig ë		Government grants (contributions) 1e	117,055.				
Sir			117,055.				
utio	Т	All other contributions, gifts, grants, and	875,440.				
ē			6,359.				
no d	_	Noncash contributions included in lines 1a-1f		002 /05	_		
<u>0 8</u>	n	Total. Add lines 1a-1f	Business Code	992,495.			
		MICITARION C EDUCATION		25 152	25 452		
<u>ic</u> e		VISITATION & EDUCATION	611710	25,153.	25,153.		
erv	b						
n S	С						
ran 3ev	d						
Program Service Revenue	е						
۵		All other program service revenue		05.450			
	g	Total. Add lines 2a-2f		25,153.			
	3	Investment income (including dividends, intere					
		other similar amounts)		19,454.			19,454.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 554,443.					
	b	Less: cost or other basis					
e		and sales expenses					
her Revenue	С	Gain or (loss) 7c 141,886.					
Be		Net gain or (loss)		141,886.			141,886.
ē	8 a	Gross income from fundraising events (not					
₽		including \$					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>•</b>				
.		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\neg$		Visit of the second of the	Business Code				
Sno .	11 a						
nec	iia b						
Miscellaneous Revenue	c						
Be		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,178,988.	25,153.	0.	161,340.

132009 12-09-21

Form **990** (2021)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 17,033. 21,291. 85,164. 46,840. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 191,609. 152,821. 12,967. 25,821. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,103. 28,631. 20,654. 4,874. Other employee benefits 9 21,173. 15,274. 2,295. 3,604. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 13,248. 13,248. Accounting Lobbying 5,299. 5,299. Professional fundraising services. See Part IV, line 17 11,006. 11,006. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 108,428 11,420. 97,008. column (A), amount, list line 11g expenses on Sch O.) 1,841 1,841. Advertising and promotion 12 9,500. 6,034. 2,950. 516. Office expenses 13 9,354. 6,590. 1,232. ,532. Information technology ..... 14 15 Royalties 32,161. 28,946. 2,297. 918. 16 Occupancy 2,286. 2.142. 144. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 6,880. 6,192. 344. 344. 20 Payments to affiliates ..... 21 23,068. 19,360. 1.854. 1,854. Depreciation, depletion, and amortization 22 11,927. 11,331. 596. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 9,322. 20,485. 8,044. 3,119. DUES AND SUBSCRIPTIONS 12,945. PRINTING/MAILING 656. 8,030. 4,259. 9,514. ,514. EDUCATION PROGRAMS & WO 1,043. d MISCELLANEOUS EXPENSES 4,748. 3,705. e All other expenses 609,267. 435,111. 93,335. 80,821. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			133,078.	1	255,118.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		496,883.	3	497,750.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%		_	
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ţ2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	·
۲	9	Prepaid expenses and deferred charges			5,992.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,147,299.			
	b	Less: accumulated depreciation	10b	436,308.	727,057.	10c	710,991. 1,258,205.
	11	Investments - publicly traded securities		1,150,149.	11	1,258,205.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14	2 500	
	15	Other assets. See Part IV, line 11			0 510 150	15	2,500.
	16	Total assets. Add lines 1 through 15 (must equ			2,513,159.	16	2,724,564.
	17	Accounts payable and accrued expenses			29,702.	17	5,158.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subs					
≣		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			612,958.	24	490,000.
	25	Other liabilities (including federal income tax, pa			02270000		
		parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			642,660.	26	495,158.
		Organizations that follow FASB ASC 958, che			·		•
es		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions	/ 		1,267,987.	27	1,719,148.
Bal	28	Net assets with donor restrictions			602,512.	28	510,258.
P I		Organizations that do not follow FASB ASC 9					
<u>.</u>		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			1,870,499.	32	2,229,406.
	33	Total liabilities and net assets/fund balances .			2,513,159.	33	2,724,564.

Pa	rt 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		1,17			
2	Total	expenses (must equal Part IX, column (A), line 25)	2			9,2		
3	Reve	nue less expenses. Subtract line 2 from line 1	3			9,7		
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,87			
5	Net ι	unrealized gains (losses) on investments	5			7,2	<u>70.</u>	
6		ated services and use of facilities	6					
7	Inves	stment expenses	7					
8		-19	<u>3,5</u>	<u>44.</u>				
9	Othe	r changes in net assets or fund balances (explain on Schedule O)	9	<u> </u>			0.	
10	Net a	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
		nn (B))	10		2,22	<u>9,4</u>	<u>06.</u>	
Pa	rt XII	Financial Statements and Reporting						
		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X	
						Yes	No	
1		ounting method used to prepare the Form 990: Cash X Accrual Other						
		organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					X	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Ye	es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	sepa	rate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis								
b		the organization's financial statements audited by an independent accountant?			2b		X	
	If "Ye	es," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,				
	cons	olidated basis, or both:						
		Separate basis Consolidated basis Both consolidated and separate basis						
С		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
		w, or compilation of its financial statements and selection of an independent accountant?			2c			
		e organization changed either its oversight process or selection process during the tax year, explain on Scho						
3а		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					ا	
		nd OMB Circular A-133?			. 3a		<u> </u>	
b		es," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or au	dits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
					Form	990	(2021)	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

**Employer identification number** Name of the organization THE MENOKIN FOUNDATION 54-1735338 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	397,549.	921,528.	434,096.	971,427.	992,495.	3717095.					
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	397,549.	921,528.	434,096.	971,427.	992,495.	3717095.					
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)						785,546.					
	Public support. Subtract line 5 from line 4.						2931549.					
Sec	ction B. Total Support											
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
7	Amounts from line 4	397,549.	921,528.	434,096.	971,427.	992,495.	3717095.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	17,481.	24,547.	23,058.	23,676.	19,454.	108,216.					
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.)						2005244					
11	<b>Total support.</b> Add lines 7 through 10						3825311.					
12	Gross receipts from related activities,					12	133,046.					
13	First 5 years. If the Form 990 is for the			•			. $\Box$					
800	organization, check this box and stor						<b>P</b>					
	ction C. Computation of Publi			- L (n)			76.64 %					
	Public support percentage for 2021 (li					14						
15	Public support percentage from 2020					15						
Ioa	33 1/3% support test - 2021. If the c						. 57					
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2020.</b> If the o		•			or more, check thi						
J	and <b>stop here.</b> The organization qual											
17a	10% -facts-and-circumstances test		•			and line 14 is 10% (						
174	and if the organization meets the facts	-										
	meets the facts-and-circumstances te					_	<b>.</b> —					
h	10% -facts-and-circumstances test	-		*	-							
J	more, and if the organization meets the	ū				•	. 5,0 01					
	organization meets the facts-and-circu											
18	Private foundation. If the organization											
		ala not oncor a		-, . o.o., u., o. 17 b	, 5/100K 1/10 DOX 11		(Farm 000) 2001					

Schedule A (Form 990) 2021

### 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	etion A. Public Support	now, picase comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, ,	,,	, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) 2011	(5) 2010	(0) 2010	(4) 2020	(6) 2.52 1	(i) rotar
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				
14	First 5 years. If the Form 990 is for the	· ·				. , . ,	. —
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public						
	Public support percentage for 2021 (lin		•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						7 is not
h	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the		-	•			
~	line 18 is not more than 33 1/3%, chec	•			•	•	. $\square$
20	<b>Private foundation.</b> If the organization		-	· ·		-	

# 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.)

	Yes	No
1		
2		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
0		
7		
8		
0-		
9a		
9b		
9с		
10a		
40.		
10b		L

132024 01-04-21

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
		ily member of a person described on line 11a above?	11b		
С	A 35%	6 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		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	super	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Soot	the su	pported organization(s).  D. All Type III Supporting Organizations	1		
Seci	IOII L	5. All Type III Supporting Organizations			·
_	D: -1 41-			Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
			2		
	,	ganization maintained a close and continuous working relationship with the supported organization(s).  ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	$\it \Pi$ the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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. 132025 01-04-22 Schedule A (Form 990) 2021

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions			
	All other Type III non-functionally integrated supporting organizations must of		·	
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c /		
	Total (add lines 1a, 1b, and 1c)	1d		
	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-functionally	integra	ted Type III supporting orga	anization (see
	inate vational	•		•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

2021

**Employer identification number** 

THE MENOKIN FOUNDATION 54-1735338 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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** 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 X 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)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# THE MENOKIN FOUNDATION

54-1735338

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and 211 7 7	\$ 20,041.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>85,000.</u>	Person X Payroll

Page 3

Name of organization Employer identification number

# THE MENOKIN FOUNDATION

54-1735338

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	
3453 11-11-		I *	Schedule B (Form 990) (202

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE MENOKIN FOUNDATION 54-1735338 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE MENOKIN FOUNDATION

**Employer identification number** 54-1735338

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	organization answered Tes Official 350, Factor, in	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	,				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds			
_	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
-	for charitable purposes and not for the benefit of the donor o					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a		I I			
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concervat	ion cocomente during the year			
7	S	illing of violations, and emorcing conservati	ion easements during the year			
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170/h	\//\/D\/i\			
Ü						
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expenses				
3	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.	iote to the organization's infancial stateme	The trial describes the			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement ar	nd balance sheet works			
	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	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					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
2	If the organization received or held works of art, historical treatments					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021			

132051 10-28-21

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

	rt III   Organizations Maintaining Co	Ollections of Art		reactives of	r Otha			33330		age <b>∠</b>
			-					(contin	<u>ued)</u>	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	X Public exhibition	d		kchange progra	am					
b	X Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co						e in Part	XIII.		
5	During the year, did the organization solicit or		•	•				٦.,	77	1
Dai	to be sold to raise funds rather than to be ma							Yes	<u> </u>	No
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizat	ion answered	'Yes" or	1 Form 990,	Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custodia	•	any for contribution	ne or other ass	otc not	included				
Ia	on Form 990, Part X?							Yes	X	No
h	If "Yes," explain the arrangement in Part XIII a							] 163		] 140
	ii 103, explain the arrangement iiii arr xiii a	and complete the for	owing table.					Amount		
•	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIII.							_		j
	rt V Endowment Funds. Complete if					10.				
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	1,150,149.	1,048,599	91	1,742.	1,07	5,072.		974,	319.
b	Contributions		10,000	0.			141.			
С	Net investment earnings, gains, and losses	144,062.	125,817	21:	2,977.	- 5	0,941.		160,	130.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	25,000.	25,000		,000.		0,000.			000.
f	Administrative expenses	11,006.	9,26		9,120.		9,530.			377.
g	End of year balance	1,258,205.	1,150,149	1,04	3,599.	91	4,742.	1,	075,	072.
2	Provide the estimated percentage of the curre		(line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment	99.0000	_%							
b		%								
С	· · · · · · · · · · · · · · · · · · ·	%								
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administer	ed for th	ne organizat	tion	Г	Yes	No.
	5).									
	(i) Unrelated organizations							3a(i)	$\rightarrow$	X
	(ii) Related organizations							3a(ii)	$\rightarrow$	
D 4	If "Yes" on line 3a(ii), are the related organizate Describe in Part XIII the intended uses of the			?				3b		
Par	rt VI Land, Buildings, and Equipme		vment iunas.							
	Complete if the organization answered		Part IV. line 11a	See Form 990	Part X	line 10.				
	Description of property	(a) Cost or ot	1	st or other		ccumulated	<del>,</del> T	(d) Book		<u> </u>
	Becomption of property	basis (investm		is (other)		preciation	1	( <b>a</b> ) <b>B</b> 001	value	•
1a	Land	<del>-   · · · · · · · · · · · · · · · · · · </del>	· ·	23,591.				323	3,59	<del>1</del> .
	Buildings			80,770.		259,46	9.		L,30	
	Leasehold improvements			.,		, - •			,	
	Equipment			57,874.		55,15	3.		2,72	21.
	Other			85,064.		121,68			3,37	
	I. Add lines 1a through 1e. (Column (d) must ed		•				▶		99	

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12.		FOUNDATION	54	-1735338 Page
(a) Description of security or category (reclared source) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Part VII Investments - Other Securities.	on Form 000 Ded N. Per-	11h Con Form 000 Dort V Fra 10	
1) Financial derivatives   2) Closely held equity interests   3) Other   (A)   (B)   (B)   (C)   (C)		_	-	l af
2  Closely held equity interests		(b) Book value	(c) Method of Valuation: Cost or end	1-ot-year market value
3) Other   (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
(A) (B) (C) (C) (D) (E) (F) (G) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(B) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	•			
(C) (D) (E) (F) (G) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(D) (E) (F) (G) (G) (H) otal. (Col. (b) must aqual Form 990, Part X, col. (B) line 12.) ▶ Part VIII   Investments - Program Related. Complete if the organization answered Yes* on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Coşit or end-of-year market value (d) (e) (g) (g) (g) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(E) (F) (G) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (G) (H)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment   (b) Book value   (c) Method of Valuation: Cogst or end-of-year market value   (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV. line 11d. See Form 990, Part X, line 15.  (a) Description   (b) Book value   (b) Book value   (c) Method of Valuation: Cogst or end-of-year market value   (d)   (e)   (f)   (f)				
(G) (H9				
(b) that, (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	• •			
Part VIII   Investments - Program Related.	· ,			
Description of investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				<del>-</del>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Vatal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8) (9)  otal. (Col. (b) must equal Form 990, Part X, col. (β) line 13.) ▶  Part X   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description   (b) Book value   (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (β) line 15.) ▶  Part X   Other Labilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability   (b) Book value   (1) Federal income taxes   (2) (3) (4) (5) (6) (7)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part XX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part XX Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17)	(1)			
(4) (5) (6) (7) (8) (9) 101a. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (6) (6) (7)	(2)			
(5) (6) (7) (8) (9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(3)			
(6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X	(4)			
(7) (8) (9) 101. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (b) Book value  (c) (a) Description of liability (b) Book value  (b) Book value  (c) (a) Description of liability (b) Book value  (d) Federal income taxes  (e) (f) Federal income taxes  (f) Federal income taxes  (g) (g) (g) (h) Book value  (h) Federal income taxes  (g) (g) (g) (h) Book value	(5)			
(8) (9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(6)			
19	(7)			
total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(8)			
Part IX	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)				
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)			· ·	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)			11d. See Form 990, Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(3)			
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(4)			
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(5)			
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(6)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	(8)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) (a) (a) (b) Book value  (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) (3) (4) (5) (6) (7)	otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
(a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (4)       (5)         (6)       (7)	Part X Other Liabilities.			
(1) Federal income taxes (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7)	· · · · · · · · · · · · · · · · · · ·			
(3) (4) (5) (6) (7)				
(4) (5) (6) (7)				
(5) (6) (7)	• •			
(6) (7)				
(7)				
• •				
	(8)			

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

Schedule D (Form 990) 2021

(9)

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

	dule D (Form 990) 2021 THE MENOKIN FOUNDATION	to With David on D	54-1735338 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	its with Revenue per Ri	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T . I
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-	
a	Net unrealized gains (losses) on investments	2a   2b	$\dashv$
b	Donated services and use of facilities		$\dashv$
۲ C	Recoveries of prior year grants  Other (Describe in Part XIII.)	2c   2d	-
d e			
3	Add lines 2a through 2d Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	-
	Add lines 4a and 4b		4c
5 <b>D</b> 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5
		/ lines the and Ohi Doubly lines	4. Dart V. line O. Dart VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		4; Part X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai information.	
PAF	T III, LINE 1A:		
IN	ACCORDANCE WITH ACCOUNTING STANDARDS, EXPE	NDITURES AND CO	NTRIBUTIONS
FOF	WORKS OF ART, HISTORICAL TREASURES, AND S	IMILAR ASSETS TH	HAT ARE HELD
AS	PART OF COLLECTIONS ARE NOT RECOGNIZED AS A	AN ASSET. COST	FOR RESTORING
ANI	IMPROVING THE MENOKIN RUIN AND GROUNDS AR	E EXPENSED WHEN	INCURRED.
PAI	T III, LINE 4:		
	. V-V-V-V-V		
THE	MENOKIN FOUNDATION IS A CHARITABLE, NON-P	ROFIT ORGANIZAT	ION CREATED IN
100	A THE MICETON IS HO PRESENTE AND INTERPRE	om Monoven mir	HOME OF
<u> 199</u>	4. ITS MISSION IS TO PRESERVE AND INTERPRE	ET MENOKIN, THE	HOME OF
<b>₽</b> ₽7	NCTS T.TCHMECOM T.EE & STONED OF MUE DECTAR	אים מטרואו סבי דארום מ	NDENCE ACA
r K	NCIS LIGHTFOOT LEE, A SIGNER OF THE DECLAR	WITON OF THREEF	NULINCE, AD A

FOCUS FOR BETTER UNDERSTANDING THE FIELDS OF ARCHITECTURE, ARCHAEOLOGY,

CONSERVATION, HISTORY AND ECOLOGY. MENOKIN IS ONE OF THE BEST-DOCUMENTED

132054 10-28-21

Part XIII Supplemental Information (continued)

EIGHTEENTH CENTURY HOUSES IN VIRGINIA AND ONE OF ONLY A FEW FOR WHICH THE ORIGINAL ARCHITECTURAL DRAWINGS STILL EXIST. THOUGH THE HOUSE IS PARTIALLY COLLAPSED, SOME 80 PERCENT OF ITS ORIGINAL MATERIALS HAVE BEEN REMOVED AND PRESERVED, INCLUDING MOST OF THE INTERIOR WOODWORK. THE FOUNDATION'S COLLECTION CONSISTS OF OVER 1,000 PIECES OF INTERIOR JOINERY FROM THE HOUSE AND OVER 1,500 ARCHITECTURAL STRUCTURAL ELEMENTS EXTRACTED FROM THE REMAINS OF THE HOUSE. THIS EXTENSIVE COLLECTION OF THE ORIGINAL DECORATIVE AND STRUCTURAL PIECES OF MENOKIN PROVIDE AN EXTRAORDINARY METHOD OF TEACHING 18TH CENTURY BUILDING TECHNIQUES TO STUDENTS. EDUCATION AND TRAINING PROGRAM, CENTERED AROUND THE COLLECTION, HELPS TO FULFILL THE MENOKIN FOUNDATION'S VISION TO PROTECT THE RUIN FROM FURTHER DETERIORATION AND TO CONSERVE AND PRESENT THE HOUSE IN A MANNER THAT WILL INSPIRE THE PUBLIC TO LEARN MORE ABOUT FRANCIS LIGHTFOOT LEE'S CONTRIBUTION TO THE FOUNDING OF THE UNITED STATES, AND THE REMARKABLE THE FOUNDATION TALENTS OF THE CRAFTSMAN WHO CONSTRUCTED HIS HOME. BELIEVES THAT THE HANDS-ON PRESERVATION LEARNING PROCESS IS AS IMPORTANT AS THE FINAL COMPLETION OF CONSERVATION WORK AT THE MENOKIN RUINS. THE CURRENT STATE OF MENOKIN PROVIDES AN EXTRAORDINARY OPPORTUNITY FOR STUDENTS TO RECEIVE EDUCATION AND TRAINING ON A BROAD SPECTRUM OF ARCHITECTURAL CONSERVATION ISSUES, INCLUDING: MOISTURE PROBLEMS; MAKING AND USING HISTORIC REPAIR MORTARS; WOODWORK REPAIR AND CONSOLIDATION; TECHNIQUES FOR REMOVAL OF PORTLAND CEMENT POINTING, AND WINDOW RESTORATION. HERE WE HAVE A HISTORIC HOUSE OF WHICH ONE-OUARTER REMAINS STANDING WITH ORIGINAL PLASTER, FLOORBOARDS AND FRAMING, WHILE THE REMAINING PARTS OF THE HOUSE, INCLUDING ALL OF THE EXQUISITE INTERIOR WOODWORK, EXIST IN PIECES. THE RARE, ORIGINAL PRESENTATION DRAWINGS AND 1940 HISTORIC AMERICAN BUILDING SURVEY DOCUMENTATION PROVIDES A "ROAD MAP" TO UNDERSTANDING HOW THESE PIECES FIT TOGETHER.

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

THE MENOKIN FOUNDATION

Employer identification number 54-1735338

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE MENOKIN FOUNDATION IS TO USE THE HISTORIC RUIN AND

THE SURROUNDING BUILT AND NATURAL ENVIRONMENTS TO TRANSCEND THE

TRADITIONAL HOUSE MUSEUM EXPERIENCE. WE USE CONTEMPORARY METHODS TO

CREATE OPPORTUNITIES FOR THE PUBLIC TO CONTEMPLATE AND EXPLORE THE

BUILDING OF AMERICA.

FORM 990 PART I, LINE 1.

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OPPORTUNITIES FOR THE PUBLIC TO CONTEMPLATE AND EXPLORE THE BUILDING OF

AMERICA.

NEARLY 250 YEARS REMOVED FROM THE REVOLUTIONARY IDEAS OF AMERICA'S

FOREFATHERS, WE ARE RECLAIMING THE SPIRIT OF VISIONARY THINKING THAT

MARKED THE BIRTH OF OUR NATION. THE MENOKIN FOUNDATION'S PLANS ARE NOT

TO RECONSTRUCT MENOKIN AS A VESTIGE OF COLONIAL HISTORY - NOT TO FOLLOW

THE CONVENTIONAL ROUTE AND CREATE YET ANOTHER "HOUSE MUSEUM."

INSTEAD, WE'RE PURSUING SOMETHING NEVER BEFORE ATTEMPTED IN HISTORIC

PRESERVATION CIRCLES. IN PARTICULAR, WE ARE USING STRUCTURAL GLASS TO

RECREATE AN ABSTRACT MEMORY OF AN 18TH-CENTURY HOUSE AS IT ONCE STOOD

WHILE PROTECTING WHAT REMAINS OF IT TODAY.

THIS CONCEPT IS REVOLUTIONARY. BY SHOWCASING THE INTRICATE DETAILS OF

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

Schedule O (Form 990) 2021

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Name of the organization

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THE HOUSE, OUR AIM IS TO CONNECT THE PAST TO THE FUTURE IN RELEVANT,

DARING WAYS. WITH THE GLASS HOUSE AS THE CENTERPIECE, THE SURROUNDING

GROUNDS ALSO WILL BE TRANSFORMED IN FUTURE PHASES OF THE PLAN FOR

MENOKIN.

ACROSS ALL PHASES, INNOVATIVE PROGRAMMING AND EDUCATIONAL OPPORTUNITIES

WILL BE INCLUDED TO ENSURE MENOKIN HAS SOMETHING VALUABLE TO OFFER

PEOPLE OF ALL AGES AND FROM ALL WALKS OF LIFE - NOT JUST DURING

ONE-TIME VISITS, BUT OVER AND OVER AGAIN.

PRESERVATION AND INNOVATION, HISTORY AND CURRENT EVENTS AND ISSUES, THE

BUILDING ARTS AND THE NATURAL SCIENCES - ALL WILL BE PART OF THE

MENOKIN EXPERIENCE.

FORM 990, PART VI, SECTION B, LINE 11B:

FOUNDATION MANAGEMENT REVIEW AND APPROVAL ARE REQUIRED PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL TRUSTEES AND REVIEWED WITH THE FULL BOARD EACH YEAR AT THE JANUARY BOARD MEETING. THE EXECUTIVE DIRECTOR REVIEWS THE CONFLICT OF INTEREST POLICY WITH EACH INCOMING TRUSTEE UPON ELECTION TO THE BOARD AS PART THE ORIENTATION PROCESS. THE EXECUTIVE COMMITTEE MONITORS AND ENFORCES THE POLICY BY HOLDING ALL BUSINESS AND GOVERNANCE TRANSACTIONS UP FOR SCRUTINY AGAINST THE CONFLICT OF INTEREST POLICY.

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 54-1735338 THE MENOKIN FOUNDATION FORM 990, PART VI, SECTION B, LINE 15A: THE CURRENT SALARY OF THE EXECUTIVE DIRECTOR HAS BEEN SET AND REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD. THE EXECUTIVE DIRECTOR'S SALARY IS COMPARABLE TO EXECUTIVE DIRECTOR SALARIES OF SIMILAR SIZE NONPROFITS IN THE AREA. THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR EVERY JANUARY. BASED UPON THE PERFORMANCE EVALUATION AND THE BUDGETARY NEEDS OF THE FOUNDATION, THE EXECUTIVE COMMITTEE WILL RECOMMEND THE YEARLY SALARY TO THE FULL BOARD FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION'S FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC AT THE FOUNDATION'S ADMINISTRATIVE OFFICES AND CAN BE MAILED OUT UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE FOUNDATION'S ADMINISTRATIVE OFFICES AND CAN BE MAILED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PRESERVATION: PROGRAM SERVICE EXPENSES 45,620. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 45,620. PROGRAM DEVELOPMENT/OUTREACH: PROGRAM SERVICE EXPENSES 51,388.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** THE MENOKIN FOUNDATION 54-1735338 MANAGEMENT AND GENERAL EXPENSES 11,420. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 62,808. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 108,428. FORM 990 PART XII, LINE 2C THE FOUNDATION'S BOARD OF TRUSTEES HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR SELECTION AND RETENTION OF INDEPENDENT AUDITORS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.