EIDE BAILLY LLP 18081 BURT ST STE 200 OMAHA, NE 68022-4722

JOSLYN CASTLE TRUST, INC. 3902 DAVENPORT ST OMAHA, NE 68131

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2022 calendar year, or tax year beginning and	ending					
	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre	JOSLYN CASTLE TRUST, INC.						
	Name chang	Doing business as		47-07684	16			
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 3902 DAVENPORT ST	Room/suite	E Telephone number 402-595-3				
	termin ated			G Gross receipts \$	928,553.			
	Ameno			H(a) Is this a group re				
	Applic tion			for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· = =			
Τ.	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions			
	Websit			H(c) Group exemptio	n number			
K	Form of	organization; X Corporation Trust Association Other	L Year	of formation: 1994 N	A State of legal domicile: NE			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: $ { t THE} $	JOSLYN	CASTLE PRES	SERVES THE			
Governance		LEGACY OF GEORGE AND SARAH JOSLYN THROUGH	THE S	STEWARDSHIP	OF THEIR			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	16			
		Number of independent voting members of the governing body (Part VI, line 1b)			16			
Se Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	21			
ξį	6	Total number of volunteers (estimate if necessary)		6	135			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		350,722.	616,573.			
Revenue	9	Program service revenue (Part VIII, line 2g)		111,649.	217,962.			
ě.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		312.	1,935.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		114,022.	55,842.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		576,705.	892,312.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		243,858.	251,292.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,000.	0.			
ă X	b	Total fundraising expenses (Part IX, column (D), line 25) 99,7		200 162	F06 00F			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		328,163.	526,225.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		578,021.	777,517.			
		Revenue less expenses. Subtract line 18 from line 12		-1,316.	114,795.			
Net Assets or			Ве	ginning of Current Year	End of Year			
SSE	20	Total assets (Part X, line 16)		848,933.	990,606.			
et A	21	Total liabilities (Part X, line 26)		188,631. 660,302.	239,079. 751,527.			
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		000,302.	131,321.			
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the hest of my	knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wl			Knowledge and belief, it is			
1140	, 001100	gana complete. Booka and of property (care than officer) to bacca on an information of the	mon proparor	That any knowneage.				
Sig	n	Signature of officer		Date				
Her		JOLEEN SMITH DAVID, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Paid	d	WENDY R. COOLEY, CPA WENDY R. COOLEY	, CPA 1	.1/13/23 if self-employ	P01523804			
	parer	Firm's name EIDE BAILLY LLP	I	Firm's EIN 45-0250958				
	Only	Firm's address 18081 BURT ST STE 200						
		OMAHA, NE 68022-4722		Phone no. 40	2-330-2660			
May	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

including grants of \$

445,292.

) (Revenue \$

Total program service expenses

Form 990 (2022) JOSLYN CASTLE TRUST, INC. 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_	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	··		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		13		X
14a		14a		X
14a b		 17 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		
		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		X
20a	complete Schedule G, Part III	20a		X
		20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domoctio government on traitive, column (-y, interit ii res. complete scriedule i. Parts I and II	41		

Form 990 (2022)

JOSLYN CASTLE TRUST, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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>			
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00		33	Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 21	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₩
~ =	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	I I		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2022)

JOSLYN CASTLE TRUST, INC.

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans The the amount of receives an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a				- 22
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes," complete Form 6069.			

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AMY RICHARDSON - 402-595-2199			
	3902 DAVENPORT STREET OMAHA NE 68131			

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

47-0768416

Page 7

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** 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.

(A)	(B)	l		((ioati	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition _{more}	than o		Reportable	Reportable	Estimated
	hours per week	box	, unles cer an	ss per id a di	son is	s both r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee		au	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	com e		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY RICHARDSON	50.00									
EXECUTIVE DIRECTOR AS OF 08/22				Х				35,654.	0.	0.
(2) SIDNEY GNANN	40.00									
EXECUTIVE DIRECTOR THRU 1/2022				Х				0.	0.	0.
(3) JOLEEN SMITH DAVID	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) LOUIS PACHMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) LENLI CORBETT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) KATHY GROSS	1.00									
GUILD REPRESENTATIVE		Х		Х				0.	0.	0.
(7) JOHN DECHANT	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) SHARON MCGILL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) DJ WISNIESKI	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) JORDAN GRAFF	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) FRANCIE PRIER	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) SUE WEIDNER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KATE TRIMBLE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LYN ZIEGENBEIN	1.00									
DIRECTOR	1	Х						0.	0.	0.
(15) KELLI BELLO	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(16) ANDY LIAKOS	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(17) CLARENCE NICHOLS	1.00									^
DIRECTOR	L	X						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C			\neg		(F)	
(A)	(B) Average			Posi	C) ition	1		(D)	(E)		Го	(F)	
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			timate ount	
	week	offi		nd a di				from	from related			other	
	(list any	director						the	organizations			oensa	
	hours for related	or dir	ee e			ated		organization	(W-2/1099-MISC)	′		om the	
	organizations	rustee	l trust		ee ee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati d relati	
	below	Individual trustee or	Institutional trustee	<u>ا</u>	Key employee	Highest compensated employee	. La	100011207				nizatio	
	line)	Indiv	Instit	Officer	Key e	High	윤						
(18) CURTIS WITZENBURG	1.00	l							_				
DIRECTOR	1 00	Х				_		0.	0	١.			0.
(19) MARY PARRISH	1.00	х						0.	0				Λ
DIRECTOR (THRU 3/2022) (19) POLO DAVIS	1.00	Λ				\vdash		0.		' 			0.
DIRECTOR (THRU 1/2022)	1.00	Х						0.	0				0.
PINDSTON (TIMO 1, 2022)		25				\vdash		1					<u> </u>
		1											
						_				_			
		1											
						\vdash				+			
		1											
1b Subtotal	1		_					35,654.	0	1.			0.
c Total from continuation sheets to Part V								0.		1.			
d Total (add lines 1b and 1c)								35,654.	0	١.			0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization												1	0
												Yes	No
3 Did the organization list any former officer			•	•	•		_		•				v
line 1a? If "Yes," complete Schedule J for s										.	3		_X_
4 For any individual listed on line 1a, is the si and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or										·			
rendered to the organization? If "Yes." con	•				•			ū		. Г	5		Х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											•	
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsatio	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
(A) Name and business	addroos	37/	~ ****	,				(B) Description of s	oniooo	Co	(C		•
	address	M	ONE	5				Description of si	ervices		mper	nsatio	1
2 Total number of independent contractors (i		ot lir	nited	d to t	thos ۲	_	ted	above) who received mo	ore than				

			Check if Schedule O contains	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tarrottorias	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns	. 1a					
ran M		b	Membership dues	. 1b	12,075. 154,574.				
Ω, Ħ		С	Fundraising events	1c	154,574.				
ar jit			Related organizations						
nië Bij			Government grants (contributions)						
Š			All other contributions, gifts, grants, an						
her E			similar amounts not included above		449,924.				
풀		g	Noncash contributions included in lines 1a-1f	1g \$	100,000.				
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f	-31+	· · · · · · · · · · · · · · · · · · ·	616,573.			
					Business Code				
o l	2	а	EVENT RENTAL		531120	72,775.	72,775.		
Program Service Revenue	_	b	TOUR INCOME		900099	72,775. 69,983.	72,775. 69,983.		
Ser		С	TICKET SALES		900099	38,555.	38,555.		
E S		d	CASTLE FRIENDS		900099	14,480.	14,480.		
Beg		e				,	,		
Pro			All other program service revenue		900099	22,169.	22,169.		
			Total. Add lines 2a-2f		20002	217,962.			
	3		Investment income (including divident	dends intere	st and				
	Ĭ					1,935.			1,935.
	4		Income from investment of tax-exe						
	5		Royalties		1000000				
	Ŭ		Tioyanios	(i) Real	(ii) Personal				
	6	а	Gross rents 6a 3	6,311.	()				
	·		Less: rental expenses 6b	0.					
				6,311.					
			Net rental income or (loss)			36,311.			36,311.
	7		` ' <u> </u>	Securities	(ii) Other	30,022			00,022
	•	u	assets other than inventory 7a		(-7				
		h	Less: cost or other basis						
ø		D	and sales expenses 7b						
Ľ		С	Gain or (loss) 7c						
ě			Net gain or (loss)						
ther Revenue			Gross income from fundraising events	(not					
Ĕ∣	0		including \$ 154,574						
0			contributions reported on line 1c).						
			•	I	19,768.				
		h	Part IV, line 18 Less: direct expenses						
			Net income or (loss) from fundrais		, , _ , _ •	-7,403.			-7,403.
	۵		Gross income from gaming activit			7, 100			7,2001
	9	а	Part IV, line 19	I					
		h	Less: direct expenses	I					
			Net income or (loss) from gaming						
	10		Gross sales of inventory, less retu						
	10	а		I	8,686.				
		L	and allowances	I					
			Less: cost of goods sold		J,070•	-384.	-384.		
		ن	Net income or (loss) from sales of	niveritory	Business Code	204.	704.		
ns	11	•	MISCELLANEOUS INC	OME	900099	27,318.	27,318.		
Jeo Tue	''				700075	21,310	27,310		
Miscellaneous Revenue		b							
Sce		c d	All other revenue						
Ξ			Total. Add lines 11a-11d			27,318.			
	12		-			892,312.	244,896.	0.	30,843.
	12		I DIAI I GYGIIUG. OCC IIISII UCIIOIIS			U	_ <u>_</u> ,	ı ∪•∣	JJ, JTJ•

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 (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 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, 35,654. 35,654. 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) Other salaries and wages 196,772. 130,451. 24,034. 42,287. 7 Pension plan accruals and contributions (include 600. 600. section 401(k) and 403(b) employer contributions) Other employee benefits 9 18,266. 7,224. 6,488. 4,554. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,657. 1,657. Legal 24,320. 13,206. 11,114. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 145,603. 98,575. column (A), amount, list line 11g expenses on Sch O.) 30,388. 16,640. <u>1,351.</u> 3,163. 31,331. 26,817. Advertising and promotion 12 53,903. 17,854. 23,974. 12,075. 13 Office expenses Information technology 14 Royalties 15 23,325. 138,634. 112,488. 2,821. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 44. 44. 20 Payments to affiliates 21 35,012.35,012. Depreciation, depletion, and amortization 22 37,719. 37,719. 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.) 34,260. 548. 33,712. **EVENT EXPENSE** 8,303. PROGRAM EXPENSE 8,308. 5. 7,704. 1,169.6,535. **GUILD EXPENSE** 3,450. 1,404. 2,046. SECURITY 2,129. 4,280. 2.151. All other expenses 777,517. 445,292. 232,488. 99,737. 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. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or r	ote to any li	ine in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			106,743.	1	10,080.	
	2	Savings and temporary cash investments			281,049.	2	331,053.	
	3	Pledges and grants receivable, net			0.	3	21,964.	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sub	ostantial cor	ntributor, or 35%				
		controlled entity or family member of any of the	nese persons	s		5		
	6	Loans and other receivables from other disqu	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describ		6				
Ś	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8				
ĕ	9	B			9,103.	9	9,609.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	794,834. 187,489.				
	b	Less: accumulated depreciation	10b	187,489.	441,488.	10c	607,345.	
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, lin		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	10,550.	15	10,555.			
	16	Total assets. Add lines 1 through 15 (must ed			848,933.	16	990,606.	
	17	Accounts payable and accrued expenses			7,789.	17	64,799.	
	18	Grants payable	20 402	18	22 200			
	19	Deferred revenue			28,493.	19	23,280.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complet				21		
es	22	Loans and other payables to any current or fo						
Liabilities		trustee, key employee, creator or founder, sub						
<u>ia</u> k		controlled entity or family member of any of the			1 //0	22	0.	
_	23	Secured mortgages and notes payable to unn			1,449.	23	150,000.	
	24	Unsecured notes and loans payable to unrela			143,300.	24	130,000.	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lir of Schedule D			1,000.	O.E.	1,000.	
	26	of Schedule D Total liabilities. Add lines 17 through 25			188,631.	25 26	239,079.	
	20	Organizations that follow FASB ASC 958, c	hack hara	X	100,031.	20	233,013.	
Se		and complete lines 27, 28, 32, and 33.	HECK HEIE					
ŭ	27				476,938.	27	591,042.	
3ale	28		183,364.	28	160,485.			
Ē		Organizations that do not follow FASB ASC	c here					
Ē		and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current fund	ds			29		
ets	30	Paid-in or capital surplus, or land, building, or				30		
Ass	31	Retained earnings, endowment, accumulated				31		
Net Assets or Fund Balances	32				660,302.	32	751,527.	
	33	Total liabilities and net assets/fund balances			848,933.	33	990,606.	
					•		200	

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			2,3				
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 17.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		114	1,7	95.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		660),3	02.			
5	Net unrealized gains (losses) on investments	5							
6									
7	Investment expenses	7							
8									
9									
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10		753	L,5	27.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (J.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

JOSLYN CASTLE TRUST, 47-0768416 INC. 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		•	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	<u>%</u>
Ioa							
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		~			or more, check thi	
b	and stop here. The organization qual						
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (
114	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE ORGANIZ	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		ala not oncon a	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	00000.0000010	

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

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

Sec	ction A. Public Support	elow, please comp	iete Part II.)							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Gifts, grants, contributions, and membership fees received. (Do not			• •	•	• •				
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	507,868.	386,261.	504,433.	350,722.	616,573.	2365857.			
	any activity that is related to the organization's tax-exempt purpose	304,904.	283,718.	213,347.	291,173.	253,786.	1346928.			
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	812,772.	669,979.	717,780.	641,895.	870,359.	3712785.			
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons				26,805.	204,532.	231,337.			
t	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						0.			
	Add lines 7a and 7b				26,805.	204,532.	231,337.			
	Public support. (Subtract line 7c from line 6.)				-	-	3481448.			
Sec	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	812,772.	669,979.	717,780.	641,895.	870,359.	3712785.			
	and income from similar sources	228.	277.	681.	312.	38,246.	39,744.			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b	228.	277.	681.	312.	38,246.	39,744.			
	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.)	813,000.	670,256.	718,461.	642,207.	908,605.	3752529.			
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,			
_	check this box and stop here									
	ction C. Computation of Publi					- I	00.70			
	Public support percentage for 2022 (li		•	.,,		15	$\frac{92.78}{99.17}$ %			
	Public support percentage from 2021 etion D. Computation of Inves					16	99.17 %			
	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 1.06 %									
	Investment income percentage from 2		•			18	.05 %			
	33 1/3% support tests - 2022. If the									
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	nd stop here. The	organization qualif	ïes as a publicly s	upported organiza	tion	X			
r.	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

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		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		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e 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 Part VI 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		
2		le organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		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			
		apported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	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			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	sagus	orted organizations played in this regard.	3		
Sec	tion 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).			
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	truction	<u>s).</u>	
2	Activit	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 ti	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 o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	11 the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509		nizations (continu	10d)	7 0700 1 Page 7
	ion D - Distributions	(u)(o) oupporting orga	COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Our chi Tour
_ <u>-</u>	Amounts paid to perform activity that directly furthers exemp		•		
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovido detano in		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
<u>_</u>	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ü	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

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

2022

Employer identification number

JOSLYN CASTLE TRUST 47-0768416 INC. 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

JOSLYN CASTLE TRUST, INC.

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		\$ 98,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 23,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JOSLYN CASTLE TRUST, INC.

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			
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No10	Name, address, and ZIP + 4	\$ 12,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11_		\$ <u>10,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$10,397.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

JOSLYN CASTLE TRUST, INC.

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
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$7,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	\$ 7,195.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,075.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll

JOSLYN CASTLE TRUST, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$100,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JOSLYN CASTLE TRUST, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
19	PIPE ORGAN					
		\$\$	10/01/22			
(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			
		\$				

Name of organization **Employer identification number** JOSLYN CASTLE TRUST, INC. 47-0768416 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

JOSLYN CASTLE TRUST, INC. **Employer identification number** 47-0768416

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that goodhood the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Segment Segm	Par	t III	Organizations Maintaining Co	llections of Art	t, Histo	rical Tre	asures, o	r Othe	r Sim	ilar Asse	ts (conti	nued)	
a Public exhibition d	3	Using t	he organization's acquisition, accessior	n, and other records	s, check	any of the f	ollowing that	t make s	ignific	ant use of its	3	,	
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization is collection? Yes No		collection items (check all that apply):											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, rid the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21, for escription on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for escription or other assets not include on Form 990, Part X, line 11, for escription or other assets not include on Form 990, Part X, line 21, for escription or other assets not include on Form 990, Part X, line 21, for escription or other assets not include on Form 990, Part X, line 21, for escription or other assets not include on Form 990, Part X, line 21, for escription or other assets not include on Form 990, Part X, line 21, for escription or other assets not include an amount on Form 990, Part X, line 21, for escription or cher assets not include an amount on Form 990, Part X, line 21, for escription or cher assets not include an amount on Form 990, Part X, line 21, for escription or cher assets not include an amount on Form 990, Part X, line 21, for escription or cher assets not include an amount on Form 990, Part X, line 21, for escription or part XIII Part XIII. Check here if the organization has been provided on Part XIII. 1 Part XIII Check here if the organization answered Yes' or Form 990, Part X, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, col	а	a Public exhibition d Loan or exchange program											
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization's collection? Foreign and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1a Is the organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1e Distributions during the year 1e Distributions during the year 1e Distributions during the year 1g Distributions during the year and year arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII. 1g Distributions during the year during the part XIII. Check here if the explanation has been provided on Part XIII. 1g Distributions during the year during the part XIII. Check here if the explanation has been provided on Part XIII. 1g Distributions during the year during the part XIII. Check here if the explanation has been provided on Part XIII. 1g Distribution during the year dur	b		Scholarly research	е	. 🗌	Other							
Source Description Descr	С	F	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide	e a description of the organization's coll	ections and explain	n how the	y further th	e organizatio	on's exe	mpt pu	ırpose in Pa	rt XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xy, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part Xy	5	During	the year, did the organization solicit or	receive donations o	of art, hist	torical treas	ures, or othe	er simila	r asset	S			
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Seginning balance		to be s	old to raise funds rather than to be mair	ntained as part of th	ne organi	zation's col	lection?			[Yes		No
Teleported an amount on Form 990, Part X, line 21. Teleported Part A, line 32. Teleported	Par	t IV	Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio					, line 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance													
Board Seginating balance Seginating		Is the c	organization an agent, trustee, custodiar	n or other intermedi	iary for co	ontributions	or other as	sets not	includ	ed			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Forr	n 990, Part X?								Yes		No
C Beginning balance 1c 1d	b												
Additions during the year Electrical plane El				·	•						Amoun	t	
Additions during the year Electrical plane El	С	Beginn	ing balance							1c			
E Distributions during the year 1 E 1	d	-	-							1d			
## Ending balance ## Ending balance ## In the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f								- 1	1f			
Describe in Part XII Check here if the explanation has been provided on Part XII Check here if the explanation has been provided on Part XII Intention Part XII Part XII Part XII Check here if the organization answered "Yes" on Form 1990, Part IX, Iline 10. Calculation Part XII Part XII Part XIII Part YII Part XIII Part XIII Part YIII Part XIII Part XIII Part YIII Part XIII Part YIII Part XIII Part XI	2a										Yes		No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			-						-]
a Beginning of year balance													
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 5 b If "Yes" on line 3a(iii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (d) Equipment (e) Chaccumulated (d) Book value depreciation (d) Book value depreciation (d) Equipment (e) Leasehold improvements (f) Equipment (f) Long 164, 450. (h) Long 164, 450. (h		•								ree years bac	k (e) Fou	years	back
b Contributions	1a	Beginn	ing of year balance	650.		650.		650.		650			650.
C Net investment earnings, gains, and losses	b												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 650. 650. 650. 650. 650. 650. 650. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment 1.00 0 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 101,824. 101,824. 101,824. b Buildings 484,951. 134,751. 350,200. c Leasehold improvements d Equipment 16,450. 16,450. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	С												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 650. 650. 650. 650. 650. 650. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 101,824. b Buildings 1484,951. 134,751. 350,200. c Leasehold improvements d Equipment. 16,450. 16,450. 16,450. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	d												
and programs f	е												
Find of year balance			·										
Second S	f												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	q			650.		650.		650.		650			650.
a Board designated or quasi-endowment	_		-	nt vear end balance	e (line 1a.	column (a)) held as:						
b Permanent endowment 100 % c Term endowment					, ,,	().	,						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Investment in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 101,824. b Buildings 134,751. 350,200. c Leasehold improvements d Equipment 4 Equipment 16,450. 16,450. 0. 6 Other	_		100										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) In	С												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiiii) Related organizations (iiiiii) Related organizations (iiiiiii) Related organizations (iiiiiii) Related organizations (iiiiiiiii) Related organizations (iiiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiii) Related organizations (iiiiiiiiiiiiiii) Related organizations (iiiiiiiiiiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				d equal 100%.									
Vest No (i) Unrelated organizations 3a(i)	За	•	, ,	•	tion that	are held an	d administer	red for th	ne				
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land 1 101,824. 1 101,824. b Buildings 484,951. 1 134,751. 3 50,200. c Leasehold improvements d Equipment d Equipment 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450. 1 101,450.			•									Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 101,824. 101,824. b Buildings 484,951. 134,751. 350,200. c Leasehold improvements d Equipment e Other 191,609. 36,288. 155,321.		•	•								3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 101,824. 101,824. 101,824. b Buildings 484,951. 134,751. 350,200. c Leasehold improvements d Equipment e Other 191,609. 36,288. 155,321.													
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B	b	If "Yes'	on line 3a(ii), are the related organization	ons listed as require	ed on Sc	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land													
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation			Complete if the organization answered	"Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X	line 1	0.			
basis (investment) basis (other) depreciation 1a Land 101,824. 101,824. b Buildings 484,951. 134,751. 350,200. c Leasehold improvements 16,450. 16,450. 0. e Other 191,609. 36,288. 155,321.				1							(d) Boo	k value	,
b Buildings 484,951. 134,751. 350,200. c Leasehold improvements 16,450. 16,450. 0. e Other 191,609. 36,288. 155,321.			досоприон стргороту	1 ',							(4, 200		
b Buildings 484,951. 134,751. 350,200. c Leasehold improvements 16,450. 16,450. 0. e Other 191,609. 36,288. 155,321.		Land		,	,	10	1.824.				10	1.82	24.
c Leasehold improvements 16,450. 16,450. 0. d Equipment 191,609. 36,288. 155,321.									134	,751.			
d Equipment 16,450. 16,450. 0. e Other 191,609. 36,288. 155,321.							,					, = \	
e Other 191,609. 36,288. 155,321.						1	6,450.		16	,450.			0.
											15	5,32	
					X. colum							_	

	LE TRUST, INC	• 47	-U/00410 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 900 Part IV line	11b Soc Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(b) Method of Valuation. Cost of one	or year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSIT			1,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4 000

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2022 JUSLYN CASTLE TRUST, INC.				00410 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen		venue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			 	000 553
1				1	928,553.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
_	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С.	Recoveries of prior year grants		36,241.		
d	Other (Describe in Part XIII.)			0-	36,241.
	Add lines 2a through 2d			2e 3	892,312.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	0,2,312.
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	892,312.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ents With E	xpenses per F		032,312
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total expenses and losses per audited financial statements			1	813,758.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_ a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)		36,241.		
е	Add lines 2a through 2d		•	2e	36,241.
3	Subtract line 2e from line 1			3	777,517.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	777,517.
Pa	t XIII Supplemental Information.				
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part X, I	ine 2; Part XI,
PAI THI	RT V, LINE 4: E ENDOWMENT IS TO PROVIDE SUPPORT FOR THE J	JOSLYN C	ASTLE.		
PAI	RT X, LINE 2:				
THI	ORGANIZATION FILES FORM 990, RETURN OF OR	RGANIZAT	ION EXEMP	T FRO	M INCOME
TA	X, IN THE U.S. FEDERAL AND STATE JURISDICTI	ONS. AS	OF DECEM	BER 3	1, 2022,
THE	ORGANIZATION HAS NO UNCERTAIN TAX POSITIO	ONS THAT	QUALIFY	FOR E	ITHER
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	TATEMENT	S, AND TH	ERE A	ARE NO
MA'	PERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS	S. TAX Y	EARS SUBS	EQUEN	т то
201	9 REMAIN SUBJECT TO EXAMINATION BY MAJOR T	TAX JURI	SDICTIONS	•	

Schedule D (Form 990) 2022 Part XIII Supplemental Info	JOSLYN CASTLE	E TRUST,	INC.	47-0768416 Page 5
Part XIII Supplemental Info	rmation _(continued)			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
JOSLYN	CASTLE TRUST, INC.					47-0768	416
Part I Fundraising Activities. required to complete this par	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat	tion of	non-g gover	overnment grants			
2 a Did the organization have a written of	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

		of fundraising event contributions and gro				s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			GALA -	GUILD	NONE	(add col. (a) through		
			SUMMER FETE	BOUTIQUE		col. (c))		
4			(event type)	(event type)	(total number)	COI. (C))		
nue								
Revenue	1	Gross receipts	150,755.	23,587.		174,342.		
æ								
	2	Less: Contributions	141,979.	12,595.		154,574.		
	3	Gross income (line 1 minus line 2)	8,776.	10,992.		19,768.		
	4	Cash prizes						
			1.00			100		
	5	Noncash prizes	100.			100.		
Direct Expenses			6 400	1 200		F 500		
ben	6	Rent/facility costs	6,400.	1,300.		7,700.		
Ä			0.606	2 200		11 006		
rect	7	Food and beverages	8,686.	3,200.		11,886.		
⊡	_		1 205	250		1 525		
		Entertainment	1,285. 3,575.	250. 2,375.		1,535. 5,950.		
	9	Other direct expenses				27,171.		
	10	,				-7,403.		
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization		000 Part IV line 10 or r		-7,403.		
		\$15,000 on Form 990-EZ, line 6a.	answered res offrom	1990, 1 art IV, line 19, 01 1	eported more triair			
		ψ10,000 0111 01111 000 EE, 11110 0α.	I	(b) Pull tabs/instant		(d) Total gaming (add		
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue						() ()		
R	1	Gross revenue						
	2	Cash prizes						
ses								
Direct Expenses	3	Noncash prizes						
Ě								
irec	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	L No	No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	_							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>		
•	C	tor the state(a) in which the average time	ioto gamina aatii iitissi					
		ter the state(s) in which the organization condu				Yes No		
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:								
D	II "	ino, expiairi.						
	_							
100	\\/c	ere any of the organization's gaming licenses re	avoked suspended or to	erminated during the tay w	rear?	Yes No		
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·		our :	103140		
	_							

Sch	edule G (Form 990) 2022 JOSLYN CASTLE TRUST, INC. 47-	-0768416	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	. —	
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	NameAddress		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			

Schedule G	(Form 990)	JOSLYN	CASTLE	TRUST,	INC.	47-0768416	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(cont}	tinued)				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

JOSLYN CASTLE TRUST INC. Employer identification number 47-0768416

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	s
	-		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PIPE ORGAN)	X	1	100,000.	FAIR MARKET	VAL	'UE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of							
	contributions?		_			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked.			
	describe in Part II	(5) 101	, p. 0, p. opolty	(a) 10 01100	,			

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

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JOSLYN CASTLE TRUST, INC.

Employer identification number 47-0768416

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

HISTORIC HOME AND BY OFFERING DIVERSE CULTURAL PROGRAMMING THAT INFORMS

AND INSPIRES THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION BETWEEN BOARD MEETINGS OR IN NOTWITHSTANDING THE FOREGOING, THE EXECUTIVE COMMITTEE SHALL AN EMERGENCY. NOT HAVE THE AUTHORITY OF THE BOARD IN REFERENCE TO: (I) AMENDING THE BYLAWS; (II) ELECTING, APPOINTING, OR REMOVING ANY DIRECTOR OR OFFICER OF THE CORPORATION; (III) AMENDING THE ARTICLES OF INCORPORATION; ADOPTING A PLAN OF MERGER OR CONSOLIDATION; (V) AUTHORIZING THE SALE, LEASE, EXCHANGE OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; (VI) AUTHORIZING A VOLUNTARY DISSOLUTION OF THE CORPORATION, OR (VII) ADOPTING OR REPEALING ANY RESOLUTION OF THE BOARD WHICH SPECIFICALLY PROVIDES THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED BY SUCH COMMITTEE. THE EXECUTIVE COMMITTEE SHALL SUBMIT ALL OF ITS ACTIONS TO THE FULL BOARD OF DIRECTORS FOR RATIFICATION AT THE NEXT MEETING OF

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

AFTER COMPLETION AND BEFORE FILING OF THE FORM 990, A COPY IS PROVIDED TO

ALL MEMBERS OF THE BOARD OF DIRECTORS AND IS REVIEWED BY THE ORGANIZATION'S

EXECUTIVE DIRECTOR, PRESIDENT, AND TREASURER.

THE BOARD.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 47-0768416

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

JOSLYN CASTLE TRUST, INC.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND MAY BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS WILL CONTAIN ALL PROCEEDINGS WHEN CONFLICTS OF INTEREST ARISE. EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THEY HAVE RECEIVED A COPY OF THE POLICY, THEY HAVE READ AND UNDERSTAND THE POLICY, AND THEY AGREE TO COMPLY WITH THE POLICY.

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

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS AFTER REVIEWING NONPROFIT ASSOCIATION OF THE MIDLANDS SURVEY OF COMPENSATION OF LIKE ORGANIZATIONS. THE SAME IS SAID FOR ANY KEY PERSONNEL. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE NAM SURVEY AND THE EXECUTIVE DIRECTOR MAKE A RECOMMENDATION AND THE SALARY IS SET. THE EXECUTIVE COMMITTEE SETS THE SALARY AND THE FULL BOARD REVIEWS AT THE ANNUAL ASSESSMENT OR PRIOR TO HIRING AND PRESENTING AN OFFER FOR THE EXECUTIVE DIRECTOR POSITION. ALL POSITIONS ARE EMPLOYED AND THERE IS AN

EMPLOYMENT AGREEMENT.

Name of the organization JOSLYN CASTLE TRUST, INC.	Employer identification number $47-0768416$
OODDIN CADIDE INODI, INC.	1 41.0100410
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE	TO THE PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	_
PROGRAM SERVICE EXPENSES	4,471.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	8,390.
TOTAL EXPENSES	12,861.
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	95,595.
FUNDRAISING EXPENSES	8,250.
TOTAL EXPENSES	103,845.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	5,087.
MANAGEMENT AND GENERAL EXPENSES	2,980.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,067.
RECRUITING:	
PROGRAM SERVICE EXPENSES	20,830.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,830.
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization JOSLYN CASTLE TRUST, INC.	Employer identification number 47-0768416
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	145,603.
FORM 990, PART XII, LINE 2C:	
THE AUDIT IS OVERSEEN BY THE FINANCE COMMITTEE AND THE FINANCE	NAL DRAFT
REPORT IS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR ACC	CEPTANCE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 47-0768416 JOSLYN CASTLE TRUST, INC.

	(b)	(c)	(d)		(e)			(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o		me	End-of-year		l	ontrolling	a
of disregarded entity		foreign country)						ntity	,
		,,							
LYNHURST PROPERTY INC									
3902 DAVENPORT STREET							JOSLYN CASTI	LE TRUS	Т,
OMAHA, NE 68131	REAL ESTATE HOLDING	NEBRASKA		0.	10	1,824.	INC.		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	inizations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	oecaus	e it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)		(e)		(f)	(6	a)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Pub	olic charity	Dired	ct controlling	Section	g) 512(b)(13) rolled
of related organization		foreign country)	section	statu	s (if section			controlled entity?	
				5	01(c)(3))			Yes	No
	1	1	1	1				1	1

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

organization and the department of the carry											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir	Percentage ownership
3		foreign	,	excluded from tax under		assets		ILIUIIS?	20 of Schedule	partner	<u>'</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
							ļ				
										\vdash	<u> </u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contro enti	tion b)(13) olled ty?
		country)		or tracty		400010		Yes	No

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b				
c Gift, grant, or capital contribution from related organization(s)				1c				
d Loans or loan guarantees to or for related organization(s)				1d				
e Loans or loan guarantees by related organization(s)				1e				
f Dividends from related organization(s)				1f				
g Sale of assets to related organization(s)				1g				
h Purchase of assets from related organization(s)				1h				
i Exchange of assets with related organization(s)				1i				
j Lease of facilities, equipment, or other assets to related organization(s)				1j				
k Lease of facilities, equipment, or other assets from related organization(s)				1k				
I Performance of services or membership or fundraising solicitations for related	•							
m Performance of services or membership or fundraising solicitations by related								
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	nization(s)			1n				
Sharing of paid employees with related organization(s)				10				
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses				1q				
				1r				
s Other transfer of cash or property from related organization(s)				1s				
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered relati	onships and transaction thresholds.					
(a) Name of related organization	(b)	(c)	(d)					
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	nvolved				
	type (a s)							
(1)								
(0)								
(2)								
(0)								
(3)								
(4)								
(4)								
(E)								
(5)								
(6)								
232163 09-14-22			Schodul	e R (Form 9	990) 2022			
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 47-0768416 JOSLYN CASTLE TRUST, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3902 DAVENPORT ST return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. OMAHA, NE 68131 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) AMY RICHARDSON The books are in the care of ► 3902 DAVENPORT STREET - OMAHA, NE 68131 Telephone No. ► 402-595-2199 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions