# EXTENDED TO MAY 16, 2022

Form **990** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

▶ 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. ax year beginning JUL 1, 2020 and ending JUN 30, and ending JUN 30, 2021 Open to Public

| В                              | Check if upplicable           | C Name of organization   | D Employer identific                  | cation number                 |  |  |  |  |  |  |
|--------------------------------|-------------------------------|--|---------------------------------------|-------------------------------|--|--|--|--|--|--|
| Ū                              | Addres<br>change              |  |                                       |                               |  |  |  |  |  |  |
|                                | □Name                         |  | 38-21705                              | 6.4                           |  |  |  |  |  |  |
| F                              | change<br>□Initial            | Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Room/si                                       |                                       |                               |  |  |  |  |  |  |
| H                              | return<br>□Fiṇal <sub>,</sub> | 13170 S. WEST BAY SHORE DR.  | (231)941                              |                               |  |  |  |  |  |  |
|                                | ireturn/ termin- ated         | City or town, state or province, country, and ZIP or foreign postal code   | G Gross receipts \$                   | 8,311,769.                    |  |  |  |  |  |  |
| Г                              | Amend<br>return               |  | <u> </u>                              | H(a) Is this a group return   |  |  |  |  |  |  |
| Ē                              | Applica tion                  |  | for subordinates                      |                               |  |  |  |  |  |  |
|                                | pendin                        | SAME AS C ABOVE  | <b>H(b)</b> Are all subordinates in   | —                             |  |  |  |  |  |  |
| $\overline{\Gamma}$            | Гах-ехе                       | mpt status: X 501(c)(3)  |                                       | list. See instructions        |  |  |  |  |  |  |
| J١                             | Nebsite                       | e: ► WWW.ROTARYCHARITIES.ORG   | H(c) Group exemptio                   |                               |  |  |  |  |  |  |
| K                              | orm of                        | organization: X Corporation Trust Association Other ► L Y  | ear of formation: $1976$ N            | State of legal domicile: MI   |  |  |  |  |  |  |
| Pa                             |                               | Summary  |                                       |                               |  |  |  |  |  |  |
| ø                              | 1 8                           | Briefly describe the organization's mission or most significant activities: USING RE   | SOURCES AND C                         | ONNECTIONS                    |  |  |  |  |  |  |
| Governance                     | -                             | TO HELP CREATE A FAIR AND THRIVING REGION.   |                                       |                               |  |  |  |  |  |  |
| ērn                            | 1                             | Check this box  if the organization discontinued its operations or disposed of n   | 1 1                                   |                               |  |  |  |  |  |  |
| 9                              | 1                             | Number of voting members of the governing body (Part VI, line 1a)  |                                       | 10                            |  |  |  |  |  |  |
|                                |                               | Number of independent voting members of the governing body (Part VI, line 1b)  |                                       | 10                            |  |  |  |  |  |  |
| ties                           | 1                             | Total number of individuals employed in calendar year 2020 (Part V, line 2a)   |                                       | 55                            |  |  |  |  |  |  |
| Activities &                   |                               | Total number of volunteers (estimate if necessary)   |                                       | 0.                            |  |  |  |  |  |  |
| A                              |                               | Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11 |                                       | 0.                            |  |  |  |  |  |  |
|                                | , D 1                         | Net unitelated business taxable income nonni onni 990-1, Farti, ilie 11  | Prior Year                            | Current Year                  |  |  |  |  |  |  |
| 4                              | 8 (                           | Contributions and grants (Part VIII, line 1h)  | 8,634.                                | 55,740.                       |  |  |  |  |  |  |
| Revenue                        |                               | Program service revenue (Part VIII, line 2g)   | 28,386.                               | 44,551.                       |  |  |  |  |  |  |
| eve                            |                               | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,332,115.                            | 5,789,728.                    |  |  |  |  |  |  |
| Œ                              |                               | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 111,034.                              | 126,962.                      |  |  |  |  |  |  |
|                                |                               | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,480,169.                            | 6,016,981.                    |  |  |  |  |  |  |
|                                | 13 (                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 2,026,883.                            | 1,859,898.                    |  |  |  |  |  |  |
|                                | 14 E                          | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                                    | 0.                            |  |  |  |  |  |  |
| es                             |                               | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 534,926.                              | 558,368.                      |  |  |  |  |  |  |
| Expenses                       | <b>16</b> a F                 | Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                                    | 0.                            |  |  |  |  |  |  |
| ă                              | 1                             | Total fundraising expenses (Part IX, column (D), line 25)  | F.F.2. F.O.2                          | FF4 204                       |  |  |  |  |  |  |
| ш                              | 1                             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 573,583.<br>3,135,392.                | 551,391.                      |  |  |  |  |  |  |
|                                | 1                             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | -1,655,223 <b>.</b>                   | 2,969,657.<br>3,047,324.      |  |  |  |  |  |  |
| _ S                            | 19 F                          | Revenue less expenses. Subtract line 18 from line 12   |                                       |                               |  |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 00 -                          | Total accets (Dort V. line 16)   | Beginning of Current Year 45,839,892. | End of Year 55,017,197.       |  |  |  |  |  |  |
| Asse<br>Bala                   | 20 7                          | Total assets (Part X, line 16)   | 873,050.                              | 859,284.                      |  |  |  |  |  |  |
| Vet /                          | 21 7                          | otal liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20   | 44,966,842.                           | 54,157,913.                   |  |  |  |  |  |  |
| Pa                             | art II                        | Signature Block  | 11/300/0120                           | 31/13//3130                   |  |  |  |  |  |  |
|                                |                               | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta  | tements, and to the best of m         | y knowledge and belief, it is |  |  |  |  |  |  |
| true                           | , correct                     | , and complete. Declaration of preparer (other than officer) is based on all information of which prep                                       | arer has any knowledge.               |                               |  |  |  |  |  |  |
|                                |                               | <b>\</b>   |                                       |                               |  |  |  |  |  |  |
| Sig                            | n                             | Signature of officer   | Date                                  |                               |  |  |  |  |  |  |
| Her                            | e                             | SAKURA TAKANO, CEO   |                                       |                               |  |  |  |  |  |  |
|                                |                               | Type or print name and title   | 10-1-                                 | DTIN                          |  |  |  |  |  |  |
|                                |                               | Print/Type preparer's name Preparer's signature  | Date Check                            | PTIN                          |  |  |  |  |  |  |
| Paid                           |                               | HEIDI WENDEL, CPA  | 11/03/21 if self-employs              | P00721554                     |  |  |  |  |  |  |
|                                |                               | Firm's name DGN, LLC   | Firm's EIN                            | 20-2349670                    |  |  |  |  |  |  |
| use                            | Only                          | Firm's address P.O. BOX 947 TRAVERSE CITY, MI 49685-0947   | Di                                    | 1-946-1722                    |  |  |  |  |  |  |
| N 4 -                          | . 46 - 17                     |  | Phone no. 43                          |                               |  |  |  |  |  |  |
| ivia                           | / tne IR                      | S discuss this return with the preparer shown above? See instructions  |                                       | 💹 Yes 📖 No                    |  |  |  |  |  |  |

|    | Check if Schedule O contains a response or note to any line in this Part III   |                       |
|----|--|-----------------------|
| 1  | Briefly describe the organization's mission: USING RESOURCES AND CONNECTIONS TO HELP CREATE A FAIR AND THRIVING                                    |                       |
|    | REGION.  |                       |
|    |  |                       |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                       |                       |
|    |  | Yes X No              |
|    | If "Yes," describe these new services on Schedule O.   | <b>v</b>              |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                                       | Yes X No              |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe                    | enses.                |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen               |                       |
|    | revenue, if any, for each program service reported.  | . FE1                 |
| 4a | (Code: ) (Expenses \$ 2,653,100. including grants of \$ 1,859,898.) (Revenue \$ 4 GRANTS PROVIDED TO 41 GOVERNMENTAL & NON-PROFIT ORGANIZATIONS IN | 14,551.               |
|    | CONNECTION WITH THE MISSION OF ROTARY TO PROVIDE CHARITABLE ASSIS  | TANCE                 |
|    | TO THE PEOPLE OF GRAND TRAVERSE, ANTRIM, BENZIE, KALKASKA AND LEE  | LANAU                 |
|    | COUNTIES.  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
| 4b | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   | )                     |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
| 4c | (Code:) (Expenses \$   | )                     |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
|    |  |                       |
| 4d | Other program services (Describe on Schedule O.)   |                       |
| чu | Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |                       |
| 4e | Total program service expenses ▶ 2,653,100.  |                       |
|    | Fo   | orm <b>990</b> (2020) |

# Part IV Checklist of Required Schedules

|     |   |     | Yes | No       |
|-----|---|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                 |     |     |          |
|     | If "Yes," complete Schedule A   | 1   | X   | <u> </u> |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | X   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for     |     |     | 3,7      |
|     | 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        | _   |     | - T      |
| _   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                      | 5   |     | X        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to           |     |     | - V      |
| _   | 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,                           | _   |     | x        |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.                               | 7   |     |          |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete        | _   |     | x        |
| •   | Schedule D, Part III  | 8   |     |          |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for       |     |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?           | _   |     | x        |
| 40  | If "Yes," complete Schedule D, Part IV  | 9   |     |          |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                        | 40  | Х   |          |
| 44  | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  | 22  |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X    |     |     |          |
| _   | as applicable.  |     |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Х   |          |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total        | па  | 21  |          |
| ь   | 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        |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in       |     |     |          |
| _   | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | х        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X               | 11e |     | Х        |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses             |     |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X              | 11f | X   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                 |     |     |          |
|     | Schedule D, Parts XI and XII  | 12a | X   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                           |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional               | 12b |     | Х        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                   | 13  |     | Х        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,             |     |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000          |     |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any           |     |     |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to            |     |     |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,             |     |     |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17  |     | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines        |     |     | ,.       |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"              |     |     | ٦,       |
|     | complete Schedule G, Part III   | 19  |     | X        |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | X        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                        | 20b |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                         |     | v   |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                   | 21  | Х   |          |

# Form 990 (2020) ROTARY CHARITIES OF TRAVERSE CITY 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   |           |     | х  |
| 24.5        | Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 23        |     | 122  |
| <b>24</b> a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |           |     |  |
|             | Schedule K. If "No," go to line 25a  | 24a       |     | Х  |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |     |  |
|             | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |           |     |  |
|             | any tax-exempt bonds?  | 24c       |     |  |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |     |  |
| 25 a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |     |  |
|             | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |     | X  |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |           |     |  |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  | 051       |     | X  |
| 06          | Schedule L, Part I   | 25b       |     | Λ  |
| 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        |     | Х  |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |           |     |  |
|             | instructions, for applicable filing thresholds, conditions, and exceptions):   |           |     |  |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |           |     |  |
|             | "Yes," complete Schedule L, Part IV  | 28a       |     | X  |
|             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b       |     | X  |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?   |           |     | X  |
| 20          | "Yes," complete Schedule L, Part IV  | 28c<br>29 |     | X  |
| 29<br>30    | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29        |     | 21   |
| 30          | contributions? If "Yes," complete Schedule M   | 30        |     | х  |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31        |     | Х  |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |     |  |
|             | Schedule N, Part II  | 32        |     | Х  |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |           |     |  |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |     | X  |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 24        | x   |  |
| 25.2        | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34<br>35a |     | Х  |
|             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 334       |     | <del>                                     </del> |
|             | 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        |     | Х  |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |     |  |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37        |     | X  |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |           | .,  |  |
| Da          | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance   | 38        | Х   |  |
| Pal         |  |           |     |  |
| -           | Check if Schedule O contains a response or note to any line in this Part V   |           | Yes | No   |
| 10          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |           | res | INO  |
| b           |  | _         |     |  |
|             | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |           |     |  |
|             | (gambling) winnings to prize winners?  | 1c        | Х   |  |

032004 12-23-20

# Form 990 (2020) ROTARY CHARITIES OF TRAVERSE CITY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| 2a fet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer anding with or within they ware covered by this return  b If a least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note: If the sum of files 1 and 2a is greater than 250, you may be required to effect eight entructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "has it filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O  4c If Yes, "has the filed a Form 990-T for this year? If Yo? to fire 3b, provide an explanation on Schedule O  5c If Yes, "and the the name of the foreign country by  5a If Yes, "and the the name of the foreign country by  5a Was the organization aparty to a prohibited tax shelter transaction." 5c If Yes 10 and 10 an  |     |   |     | Yes | No     |  |  |  |  |  |  |  |
|--|-----|---|-----|-----|--------|--|--|--|--|--|--|--|
| b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a ID if the organization have unrelated business goes income of \$1,000 or more during the year?  3b ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3b If Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas It filed a form 950°T for this year?  4c ID if Yes, Thas It filed a form 950°T for this year? If Yo'r to line 3b, provide an explanation on Schedule 0  3c ID if Yes, Thas It filed a form 950°T for this year?  5c ID if Yes, Than 950°T for this year?  5c ID if Yes, Than 950°T for the year of the Yes, Than 950°T for years of the year of the year of years o  | 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                               |     |     |        |  |  |  |  |  |  |  |
| Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did If Yea, "has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0  3 Did If Yea," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation or Schedule 0  3 Did If Yea," shall the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If year the same of the foreign country [such as a bank account; securities account, or other financial accounts?  4 Did If Yea, "enter the name of the foreign country [such as a bank account; securities account, or other financial accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any exponization a party to a prohibited stax shelter transaction at any time during the tax year?  5 Did any exponization 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?  6 Did the variable party norify the organization that the very solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did If Yea, "did the organization noticity the donor of the value of the goods or services provided?  7 Did the organization stead as payment in access of \$75 made party as a contribution and party for goods and services provided to the payer?  5 Did If Yea, "indicate the number of Forms 8282 filed during the year  6 Did the organization stead as payment in access of \$75 made party as a contribution of year year year year year year year year   |     | filed for the calendar year ending with or within the year covered by this return 2a 6                                    |     |     |        |  |  |  |  |  |  |  |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If 1'Yes', has it filed a Form 9807 for this year of 1'Wo' to file 3b, growing an explanation on Schedule O.  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, provide an explanation on Schedule O.  5c If 1'Yes' to the free growing organization of the foreign country.  5c If 1'Yes' to line Sar of Sh, did the foreign country (such as a bank account, or other financial account); 9c If 1'Yes' to the son sh, did the organization the foreign country.  5c If 1'Yes' to line Sar of Sh, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 c.  6c If 1'Yes' to line Sar of Sh, did the organization the Form 88867 c.  6c If 1'Yes' to line Sar of Sh, did the organization the organization the row shellow the organization should be a charitable contributions?  6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If 1'Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If 1'Yes, indicate the number of forms 8882 filed during the year organization sell, exchange, or otherwise dispose of tangitive personal property for which it was required to the Form 8880?  7c If If Yes, indicate the number of forms 8882 filed during the year organization received a contribution of qualified intellectual property, did the organization relief and the property of the sponsoring organization relief and the property of the sponsoring organization relief and the p  | b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?            | 2b  | X   |        |  |  |  |  |  |  |  |
| b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  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 [securities account, or other financial accounts (FBAR).  b If "Yes," enter the name of the foreign country   Sea instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for this requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for this requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the requirements for the requirements for FincEN Foreign Bank and Financial Accounts (FBAR).  See in See the organization relevate a power of the value of the property of the seed of the organization seed to the payor?  To Varianization foreign and payorent in excess of Sin dae party as contribution on a party for goods and services provided to the payor?  To Vary and the organization relevate a power premium seed of the goods or services provided to the payor.  To Vary and the organization relevate a power premium seed for the year and the foreign Bank and the payor premium seed to the year and    |     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                 |     |     |        |  |  |  |  |  |  |  |
| 4a A any time during the calendary year, dot 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 accounts?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax whether transaction?  5b Was the organization that it was or is a party to a prohibited tax whether transaction?  5c If "Yes" to lie So or 5b, did the organization the ferm 88867?  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 schariable contributions?  6b Were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a bid the organization stell, and the every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization stell, where years the state of the property of the organization stell any contributions under section 170(c).  a bid the organization stell, and the every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If the organization stell, and the every solicitation and express statement that such contributions or gifts were not tax deductible of the value of the goods or services provided?  7c If If "Yes," inclinate the number of Forms 8222 filed during the year to the Form 8222 filed during the year.  6c Did the organization stell, and notify the donor of the value of the goods or services provided?  7c If If If Yes, "Inclinate the number of Forms 8222 filed during the year.  9c Did the organization received a contribution of causified intellectual property, did the organization file Form 8293 as required?  1d If the organization and the pro   | За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                             | За  |     | Х      |  |  |  |  |  |  |  |
| the interval of the contributions of the financial account, or other financial account)?  b if 1'Yes, 'return the name of the foreign country  | 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  |     |        |  |  |  |  |  |  |  |
| b If "Yes," enter the name of the foreign country ▶  Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of Sb, did the organization file Form 8868-7?  5c Dese 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?  6c Jif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization norify the donor of the value of the goods or services provided?  9 If "Yes," did the organization norify the donor of the value of the goods or services provided?  7b If "Yes," inclinate the number of Forms 8282 filed during the year  9 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  10 If the organization received and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  10 If the organization received and part the funding the year  11 In the organization fellows any    | 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a |     |     |        |  |  |  |  |  |  |  |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Sb X  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Sc I "Yes" to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions?  6 A X  5 B I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 B I "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive a payment in excess of \$75 made parity as a contribution of any party for which it was required to file Form 8282? filed during the year and it is a file form 8282?  9 Did the organization received acontribution of party for payment for which it was required?  10 Did the organization received an contribution of qualified intellectual property, did the organization file Form 899 as required?  11 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  12 Sponsoring organization have excess business holdings at any time during the year?  13 Sponsoring organization make any taxable distributions under section 4966?  14 Section 501(E/17) organizations. Enter:  15 In the organization serviced a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 890.  15 Section 501(E/12) qualified the letter of the degration of the payment of the pa  |     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?          | 4a  |     | Х      |  |  |  |  |  |  |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soleid any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te X  7 Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?  7 Te X  7 Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?  7 Te X  7 Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?  7 Te X  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make all stabilitudin to a donor, donor advisor, or related person?  9 Sponsoring from organizat | b   | If "Yes," enter the name of the foreign country ▶   |     |     |        |  |  |  |  |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5 C   |     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       |     |     |        |  |  |  |  |  |  |  |
| till Yes' to line 5a or 5b, did the organization file Form 8886-17.  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?  6   | 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                     | 5a  |     |        |  |  |  |  |  |  |  |
| 6a   X    b   fr Yes," did 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?  b   fr Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  a   Did the organization scelave a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282?  If o Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Expression of the expression of  | b   |   |     |     |        |  |  |  |  |  |  |  |
| any contributions that were not tax deductible as charitable contributions?  b   f ^Yes," (if when organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a   Did the organization repairs appament in excess of \$57 made party as a contribution and party for goods and services provided to the payor?  b   f ^Yes," (id the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   f ^Yes," indicate the number of Forms 8282 filed during the year  e   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f  Did the organization received a contribution of cars, boats, ariplanes, or other whicked, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b   f ^Yes, enter the amount of tax-exempt interest received or accrued during the year  110 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b   f ^Yes, enter the amount of reserves the organization is required to maintain by the states in which the organization is idensed to losse qualified health plans in more than one state?  Note: See the instructions for additional information the  |     |   | 5c  |     |        |  |  |  |  |  |  |  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c 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?  b If "Yes," include the number of Forms 8282 filed during the year of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  b Gross income from on other sources (Do not net amounts due or peak to other sources against amounts due or received from them.)  12a Section 501(c)(2) qualified health plans in more than one state?  | 6a  |   |     |     |        |  |  |  |  |  |  |  |
| were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  Tax X  Diff "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To X  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 and If the organization received a contribution of cars, boats, airplanes, or other whicles, did the organization file a Form 1098-C7 and If the organization make and a contribution of cars, boats, airplanes, or other whicles, did the organization file a Form 1098-C7 and If the organization make and a contribution of cars, boats, airplanes, or other whicles, did the organization file a Form 1098-C7 and If the organization make and subsets holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make and stributions included on Part VIII, line 12  Did the organization and capital contributions included on Part VIII, line 12  Did the organization and capital contributions included on Part VIII, line 12  Did the organization incereived from them.  Did by the organization incereived from them.  Did by the  |     |   | 6a  |     | X      |  |  |  |  |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization receive any funds, directly or indirectly, to na personal benefit contract? 7 To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th If the organization nation and pond and vised funds. Did a donor advised fund maintained by the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and istributions under section 4966? 9 a Did the sponsoring organization make and istributions under section 4966? 9 a Did the sponsoring organization make and istributions under section 4966? 9 a Did the sponsoring organization is required to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization in line of Form 1041? 12a   Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. 1 Enter the amount of reserv  | b   |   |     |     |        |  |  |  |  |  |  |  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c   |     | were not tax deductible?  | 6b  |     |        |  |  |  |  |  |  |  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  | 7   | •   |     |     |        |  |  |  |  |  |  |  |
| to file Form 8282?  To I'd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If I'res, "Indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To I'd the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  To I'd the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To I'd I'the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  Soponsoring organization maintaining donor advised funds.  By Sponsoring organization have excess business holdings at any time during the year?  By Sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization make any taxable distributions under section 4966?  By I'd the sponsoring organization section 4960 and the sponsoring organization file a Form 1041?  By I'res, "early the sponsoring organization section 4720, Schedule N.  By I'd the sponsoring organization and educational institution subject to the section 4968 excise tax on net investmen   | а   |   |     |     | X      |  |  |  |  |  |  |  |
| to file Form 8282?  d If "Yes," inclicate the number of Forms 8282 filed during the year  d If "Yes," inclicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76  | b   |   | 7b  |     |        |  |  |  |  |  |  |  |
| d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7  | С   |   |     |     | .,     |  |  |  |  |  |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  71 X  72 If the organization cevieved a contribution of qualified intellectual property, did the organization file Form 8899 as required?  73 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  75 Sponsoring organizations maintaining donor advised funds.  76 Sponsoring organizations maintaining donor advised funds.  8 Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations. Enter:  a 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  10b Gross income from members or shareholders  b Gross income from their 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?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  15 Is the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 If "Yes," see instructions    |     |   | 7c  |     | X      |  |  |  |  |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  b 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 filling Form 990 in lieu of Form 1041?  b 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.  a Is the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  b It the organizat   | d   |   |     |     | 77     |  |  |  |  |  |  |  |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  a linitiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Enter the amount of reserves on hand  Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  If "Yes,   | _   |   |     |     |        |  |  |  |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12   |     |   |     |     |        |  |  |  |  |  |  |  |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any datable distributions under section 4966?  Did the sponsoring organizations make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Cross income from members or shareholders  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  Creater the amount of reserves on hand  Is the organization receive any payments for indoor tanning services during the tax year?  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 excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  |     |   |     |     |        |  |  |  |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b   | _   |   | 711 |     |        |  |  |  |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12   | 0   |   | Q   |     |        |  |  |  |  |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a 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  10b  11 Section 501(c)(12) organizations. Enter: a 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? b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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 c Enter the amount of reserves on hand  13b c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   | 9   |   |     |     |        |  |  |  |  |  |  |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  10b  Section 501(c)(12) organizations. Enter:  a 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?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  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 excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  |     |   | 9a  |     |        |  |  |  |  |  |  |  |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b  | _   |   |     |     |        |  |  |  |  |  |  |  |
| a 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  110 Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.  |     |   |     |     |        |  |  |  |  |  |  |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14b 15 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 15c 15d 15c 15d  |     |   |     |     |        |  |  |  |  |  |  |  |
| 11 Section 501(c)(12) organizations. Enter: a 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.  | _   |   |     |     |        |  |  |  |  |  |  |  |
| 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?  13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 12c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.   | 11  |   |     |     |        |  |  |  |  |  |  |  |
| 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?  13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 12c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.   | а   | , , , , ,   |     |     |        |  |  |  |  |  |  |  |
| 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.   |     |   |     |     |        |  |  |  |  |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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 13c 13c 14a 15c   |     |   |     |     |        |  |  |  |  |  |  |  |
| Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Italia Did the organization receive any payments for indoor tanning services during the tax year?  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 excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.   | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                | 12a |     |        |  |  |  |  |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   |     |   |     |     |        |  |  |  |  |  |  |  |
| 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.   | 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |        |  |  |  |  |  |  |  |
| 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  | а   | Is the organization licensed to issue qualified health plans in more than one state?                                      | 13a |     |        |  |  |  |  |  |  |  |
| organization is licensed to issue qualified health plans   |     | Note: See the instructions for additional information the organization must report on Schedule O.                         |     |     |        |  |  |  |  |  |  |  |
| c Enter the amount of reserves on hand 13c   | b   |   |     |     |        |  |  |  |  |  |  |  |
| Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.  |     | organization is licensed to issue qualified health plans 13b  |     |     |        |  |  |  |  |  |  |  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  | С   |   |     |     |        |  |  |  |  |  |  |  |
| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.   |     |   | 14a |     | X      |  |  |  |  |  |  |  |
| excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  | b   |   | 14b |     |        |  |  |  |  |  |  |  |
| If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  | 15  |   |     |     |        |  |  |  |  |  |  |  |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  |     |   | 15  |     | X      |  |  |  |  |  |  |  |
| If "Yes," complete Form 4720, Schedule O.  |     |   |     |     | 37     |  |  |  |  |  |  |  |
|  | 16  |   | 16  |     | X      |  |  |  |  |  |  |  |
|  |     | If "Yes," complete Form 4720, Schedule O.   | _   | 000 | (0000) |  |  |  |  |  |  |  |

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                                   | <sub>1a</sub>   1           | 0         |          |      |  |  |  |  |  |  |
|     | 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                                    | 1 1b 1                      | 0         |          |      |  |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi              | p with any other            |           |          |      |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?  |                             | 2         | Х        |      |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the                    |                             |           |          |      |  |  |  |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?                           |                             | 3         |          | Х    |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 9                   |                             |           |          | Х    |  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's as                 |                             |           |          | Х    |  |  |  |  |  |  |
| 6   |   |                             |           |          |      |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a                     |                             |           |          |      |  |  |  |  |  |  |
|     | more members of the governing body?   |                             | 7a        | Х        |      |  |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                   |                             |           |          |      |  |  |  |  |  |  |
|     | persons other than the governing body?  |                             | 7b        | Х        |      |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |                             |           |          |      |  |  |  |  |  |  |
| а   | The governing body?   |                             | 8a        | Х        |      |  |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?   |                             |           | Х        |      |  |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea             |                             |           |          |      |  |  |  |  |  |  |
|     | 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 R                   |                             |           |          |      |  |  |  |  |  |  |
|     |   | ,                           |           | Yes      | No   |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  |                             | 10a       |          | Х    |  |  |  |  |  |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such c                |                             |           |          |      |  |  |  |  |  |  |
|     | 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 boo                    |                             | 11a       | Х        |      |  |  |  |  |  |  |
| b   | Describe in 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       | Х        |      |  |  |  |  |  |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 |                             |           |          |      |  |  |  |  |  |  |
|     | in Schedule O how this was done   |                             | 12c       | X        |      |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   |                             | 13        | Х        |      |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  |                             |           | Х        |      |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approve                    |                             |           |          |      |  |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     | •                           |           |          |      |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  |                             | 15a       | Х        |      |  |  |  |  |  |  |
|     | Other officers or key employees of the organization   |                             | 15b       |          | Х    |  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                   |                             |           |          |      |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange            | ment 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            | te its participation        |           |          |      |  |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga                  | nization'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 ▶MI  |                             |           |          |      |  |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a                  | nd 990-T (Section 501(c     | (3)s only | y) avail | able |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                   |                             |           |          |      |  |  |  |  |  |  |
|     | X Own website X 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, co                     | onflict of interest policy, | and fina  | ncial    |      |  |  |  |  |  |  |
|     | 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 bo                       | oks and records 🕨           |           |          |      |  |  |  |  |  |  |
|     | STACEY FOSTER - (231)-941-4010  |                             |           |          |      |  |  |  |  |  |  |
|     | 13170 S. WEST BAY SHORE DR. SUITE 108, TRAVERSE CI  | TY, MI 4968                 | 4         |          |      |  |  |  |  |  |  |

032006 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)                     | (B)               | (C)                            |  |         |              |                              |              | (D)             | (E)                           | (F)                |
|-------------------------|-------------------|--------------------------------|--|---------|--------------|------------------------------|--------------|-----------------|-------------------------------|--------------------|
| Name and title          | Average           | (do                            | Position<br>(do not check more than one                      |         | Reportable   | Reportable                   | Estimated    |                 |                               |                    |
|                         | hours per         | box                            | ox, unless person is both an officer and a director/trustee) |         | h an         | compensation                 | compensation | amount of       |                               |                    |
|                         | week<br>(list any |                                |  |         |              |                              | <u> </u>     | from<br>the     | from related<br>organizations | other compensation |
|                         | hours for         | r direc                        |  |         |              | pa                           |              | organization    | (W-2/1099-MISC)               | from the           |
|                         | related           | stee or                        | rustee   |         |              | ensat                        |              | (W-2/1099-MISC) |                               | organization       |
|                         | organizations     | al tru                         | onal t   |         | oloyee       | comb                         |              |                 |                               | and related        |
|                         | below<br>line)    | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former       |                 |                               | organizations      |
| (1) REBECCA EWING       | 36.00             |                                |  |         |              |                              |              |                 |                               |                    |
| EXECUTIVE DIRECTOR      | 4.00              |                                |  | Х       |              |                              |              | 123,994.        | 0.                            | 13,539.            |
| (2) JEFF HICKMAN        | 1.00              |                                |  |         |              |                              |              |                 |                               | _                  |
| CHAIR                   |                   | Х                              |  | Х       |              |                              |              | 0.              | 0.                            | 0.                 |
| (3) MARLENE BEVAN       | 1.00              |                                |  |         |              |                              |              |                 |                               |                    |
| VICE CHAIR              |                   | Х                              |  | Х       |              |                              |              | 0.              | 0.                            | 0.                 |
| (4) GREG LUYT           | 1.00              |                                |  |         |              |                              |              | _               | _                             | _                  |
| TRUSTEE                 |                   | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| (5) JOHN HALL           | 1.00              |                                |  |         |              |                              |              |                 |                               |                    |
| TRUSTEE                 | 1 00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| (6) ALLISON BEERS       | 1.00              |                                |  |         |              |                              |              |                 |                               |                    |
| TRUSTEE                 | 1 00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| (7) TREVOR TKACH        | 1.00              |                                |  |         |              |                              |              |                 |                               |                    |
| TRUSTEE                 | 1 00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| (8) LORRAINE BEERS      | 1.00              | ٠,,                            |  |         |              |                              |              |                 | 0                             | 0                  |
| TRUSTEE                 | 1 00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| (9) BENJAMIN MARENTETTE | 1.00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0                  |
| TRUSTEE                 | 1.00              | ^                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| (10) JENNIFER CASEY     | 1.00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| TRUSTEE (11) HOMER NYE  | 1.00              | ^                              |  |         |              |                              |              | 0.              | 0.                            | <u> </u>           |
| TRUSTEE                 | 1.00              | Х                              |  |         |              |                              |              | 0.              | 0.                            | 0.                 |
| IROSIEE                 |                   | ^                              |  |         |              |                              |              | 0.              | · ·                           | <u> </u>           |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   | 1                              |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               |                    |
|                         |                   | 1                              |  |         |              |                              |              |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               | _                  |
|                         |                   | L                              | L  |         | L            | L                            | L            |                 |                               |                    |
|                         |                   |                                |  |         |              |                              |              |                 |                               | - 000              |

| Pai | T VII Section A. Officers, Directors, Trus  |                   | ploy                           | /ees  |         |              | ighe                         | st C       |                                 |                         |       | 1     |                     |                |
|-----|---|-------------------|--------------------------------|---|---------|--------------|------------------------------|------------|---------------------------------|-------------------------|-------|-------|---------------------|----------------|
|     | (A)   | (B)               | (C)<br>Position                |   |         | ,            |                              | (D)        | (E)                             | _                       | (F)   |       |                     |                |
|     | Name and title  | Average hours per |                                | (do not check more than one box, unless person is both ar |         |              |                              |            | Reportable compensation         | Reportable compensation |       |       | stimate<br>nount (  |                |
|     |   | week              |                                |   |         |              | or/trus                      |            | from                            | from related            |       | اما   | other               | JI             |
|     |   | (list any         | ector                          |   |         |              |                              |            | the                             | organization            |       | com   | pensa               | tion           |
|     |   | hours for related | or dir                         | 8   |         |              | sated                        |            | organization<br>(W-2/1099-MISC) | (W-2/1099-MI            | SC)   |       | om the              |                |
|     |   | organizations     | truste                         | al trus   |         | yee          | mpen                         |            | (***-2/1099-101130)             |                         | ļ     | _     | anizati<br>d relate |                |
|     |   | below             | Individual trustee or director | Institutional trustee                                     | Je.     | Key employee | Highest compensated employee | ner        |                                 |                         | ļ     | orga  | anizatio            | ons            |
|     |   | line)             | Indi                           | lust  | Officer | Key          | High                         | - F        |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
| -   |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     | Subtotal  |                   |                                |   |         |              |                              |            | 123,994.                        |                         | 0.    | 1     | 3,5                 |                |
|     | Total from continuation sheets to Part V  |                   |                                |   |         |              |                              |            | 123,994.                        |                         | 0.    | 1     | 3,5                 | 0.<br>39       |
|     | Total (add lines 1b and 1c)  Total number of individuals (including but n                 |                   |                                |   |         |              |                              |            | <u> </u>                        | .000 of reportab        |       | _ =   | <i>5</i> , <i>5</i> | <del>55•</del> |
|     | compensation from the organization  |                   |                                |   |         |              |                              |            |                                 | , ,                     |       |       | <b>V</b> I          | 1              |
| 3   | Did the organization list any <b>former</b> officer,                                      | director, trust   | ee. I                          | kev e   | emp     | love         | e. o                         | r hio      | nhest compensated emp           | lovee on                | 1     |       | Yes                 | No             |
|     | line 1a? If "Yes," complete Schedule J for s  |                   |                                | •   |         | •            |                              | _          |                                 | •                       |       | 3     |                     | Х              |
| 4   | For any individual listed on line 1a, is the su   | ım of reportab    | le co                          | omp   | ensa    | atior        | n and                        | d otl      | her compensation from           |                         |       |       |                     |                |
| _   | and related organizations greater than \$15   |                   |                                |   |         |              |                              |            |                                 |                         |       | 4     |                     | X              |
| 5   | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | •                 |                                |   |         | -            |                              |            | •                               |                         | 3     | 5     |                     | Х              |
| Sec | etion B. Independent Contractors  | piete Scriedui    | <del>e</del>                   | 01 30   | исп     | pers         | SOII .                       |            |                                 |                         |       | _ 5_  |                     |                |
| 1   | Complete this table for your five highest co  |                   |                                |   |         |              |                              |            |                                 |                         | npens | ation | from                |                |
|     | the organization. Report compensation for (A)   | tne calendar y    | ear                            | enai  | ing v   | vith         | or w                         | rithir<br> | n the organization's tax y      | /ear.                   |       | ((    | <u>.,</u>           |                |
|     | Name and business   | address           | N                              | INC   | E       |              |                              |            | Description of s                | ervices                 | С     |       | nsatio              | n              |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
| -   |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
|     |   |                   |                                |   |         |              |                              |            |                                 |                         |       |       |                     |                |
| 2   | Total number of independent contractors (i \$100,000 of compensation from the organi      |                   | ot li                          | mite  | d to    |              | se li:                       | stec       | d above) who received m         | ore than                |       |       |                     |                |
|     | \$100,000 of compensation from the organi   | 2411011           |                                |   |         |              |                              |            |                                 |                         |       | Form  | 990 (               | 2020)          |

| Pa   | rt V | Ш |  |         |              |          |                    | a in this Dort VIII |                   |                  |                                      |
|--|------|---|--|---------|--------------|----------|--------------------|---------------------|-------------------|------------------|--------------------------------------|
|  |      |   | Check if Schedule O                      | contai  | ıns a respo  | onse o   | or note to any iir | e in this Part VIII | (B)               | (C)              |                                      |
|  |      |   |  |         |              |          |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded                     |
|  |      |   |  |         |              |          |                    |                     | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
| ts t   | 1    | a | Federated campaigns                      |         | 1a           |          |                    |                     |                   |                  |                                      |
| Contributions, Gifts, Grants and Other Similar Amounts |      |   | Membership dues                          |         |              |          |                    |                     |                   |                  |                                      |
| Amc  |      |   | Fundraising events                       |         |              |          |                    |                     |                   |                  |                                      |
| ar /   |      |   | Related organizations                    |         |              |          |                    |                     |                   |                  |                                      |
| s, G   |      |   | Government grants (contr                 |         |              |          |                    |                     |                   |                  |                                      |
| ion  |      |   | All other contributions, gifts,          |         | · —          |          |                    |                     |                   |                  |                                      |
| the  |      |   | similar amounts not included             | -       |              |          | 55,740.            |                     |                   |                  |                                      |
| n diri   |      | g | Noncash contributions included in        |         | ···          | <u> </u> | ·                  |                     |                   |                  |                                      |
| au   |      |   | Total. Add lines 1a-1f                   |         |              |          |                    | 55,740.             |                   |                  |                                      |
|  |      |   |  |         |              |          | Business Code      |                     |                   |                  |                                      |
| e,   | 2    | а | CONSULTING FEES                          |         |              | 1        | 541610             | 44,551.             | 44,551.           |                  |                                      |
| e Ž  |      | b |  |         |              | _        |                    |                     |                   |                  |                                      |
| Se   |      | С |  |         |              |          |                    |                     |                   |                  |                                      |
| eve  |      | d |  |         |              |          |                    |                     |                   |                  |                                      |
| Program Service<br>Revenue                             |      | е |  |         |              | _        |                    |                     |                   |                  |                                      |
| <u>P</u>   |      | f | All other program service                | reven   | ue           |          |                    |                     |                   |                  |                                      |
|  |      | g | Total. Add lines 2a-2f                   |         |              |          |                    | 44,551.             |                   |                  |                                      |
|  | 3    |   | Investment income (include               | ding d  | lividends, i | ntere    | st, and            |                     |                   |                  |                                      |
|  |      |   | other similar amounts)                   |         |              |          | <b>&gt;</b>        | 883,541.            |                   |                  | 883,541.                             |
|  | 4    |   | Income from investment of                | of tax- | exempt bo    | nd p     | roceeds            |                     |                   |                  |                                      |
|  | 5    |   | Royalties                                | ·       |              |          |                    | 126,962.            |                   |                  | 126,962.                             |
|  |      |   |  | L       | (i) Rea      |          | (ii) Personal      |                     |                   |                  |                                      |
|  | 6    | а | Gross rents                              | 6a      |              |          |                    |                     |                   |                  |                                      |
|  |      | b | Less: rental expenses                    | 6b      |              |          |                    |                     |                   |                  |                                      |
|  |      | С | Rental income or (loss)                  | 6с      |              |          |                    |                     |                   |                  |                                      |
|  |      |   | Net rental income or (loss)              | )       |              |          |                    |                     |                   |                  |                                      |
|  | 7    | а | Gross amount from sales of               |         | (i) Securit  |          | (ii) Other         |                     |                   |                  |                                      |
|  |      |   | assets other than inventory              | 7a      | 7,200,       | 975.     |                    |                     |                   |                  |                                      |
|  |      | b | Less: cost or other basis                |         |              |          |                    |                     |                   |                  |                                      |
| ğ  |      |   | and sales expenses                       |         | 2,294,       | -        |                    |                     |                   |                  |                                      |
| Revenue  |      | С | Gain or (loss)                           | 7с      | 4,906,       |          |                    |                     |                   |                  |                                      |
| er<br>R  |      |   | Net gain or (loss)                       |         |              |          | <b></b>            | 4,906,187.          |                   |                  | 4,906,187.                           |
| Othe   | 8    | а | Gross income from fundraising            | •       | •            |          |                    |                     |                   |                  |                                      |
| 0  |      |   | including \$                             |         |              |          |                    |                     |                   |                  |                                      |
|  |      |   | contributions reported on                |         | -            |          |                    |                     |                   |                  |                                      |
|  |      |   | Part IV, line 18                         |         |              | 8a<br>8b |                    |                     |                   |                  |                                      |
|  |      |   | Less: direct expenses                    |         |              | -        |                    |                     |                   |                  |                                      |
|  |      |   | Net income or (loss) from                |         |              |          | <b>_</b>           |                     |                   |                  |                                      |
|  | 9    | a | Gross income from gamin Part IV, line 19 |         |              |          |                    |                     |                   |                  |                                      |
|  |      | h | Less: direct expenses                    |         |              | 9b       |                    |                     |                   |                  |                                      |
|  |      |   | Net income or (loss) from                |         |              | -        | <b>&gt;</b>        |                     |                   |                  |                                      |
|  |      |   | Gross sales of inventory, I              | •       | •            | Ĭ        |                    |                     |                   |                  |                                      |
|  |      | ŭ | and allowances                           |         |              | 10a      |                    |                     |                   |                  |                                      |
|  |      | h | Less: cost of goods sold                 |         |              |          |                    |                     |                   |                  |                                      |
|  |      |   | Net income or (loss) from                |         |              |          | <b>•</b>           |                     |                   |                  |                                      |
|  |      |   | 5. (1000) 110111                         |         |              | ,<br>    | Business Code      |                     |                   |                  |                                      |
| ñ e  | 11   | а |  |         |              | Ì        |                    |                     |                   |                  |                                      |
| ane  |      | b |  |         |              | _        |                    |                     |                   |                  |                                      |
| Miscellaneous<br>Revenue                               |      | С |  |         |              | _        |                    |                     |                   |                  |                                      |
| Alisc  |      |   | All other revenue                        |         |              |          |                    |                     |                   |                  |                                      |
| ~  |      |   | Total. Add lines 11a-11d                 |         |              | •        | <b>&gt;</b>        |                     |                   |                  |                                      |
|  | 12   |   | Total revenue. See instruction           | ns .    |              |          | <b></b>            | 6,016,981.          | 44,551.           | 0.               | 5,916,690.                           |

032009 12-23-20

# 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 respon   | <del></del>                             |   |  |                                       |
|----------|---|---|---|--|---------------------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                      | (A)<br>Total expenses                   | <b>(B)</b> Program service expenses     | <b>(C)</b> Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations   |   |   |  |                                       |
|          | and domestic governments. See Part IV, line 21  | 1,859,898.                              | 1,859,898.                              |  |                                       |
| 2        | Grants and other assistance to domestic   |   |   |  |                                       |
|          | individuals. See Part IV, line 22   |   |   |  |                                       |
| 3        | Grants and other assistance to foreign  |   |   |  |                                       |
|          | organizations, foreign governments, and foreign   |   |   |  |                                       |
|          | individuals. See Part IV, lines 15 and 16   |   |   |  |                                       |
| 4        | Benefits paid to or for members   |   |   |  |                                       |
| 5        | Compensation of current officers, directors,  | 121,767.                                | 101 067                                 | 20,700.                                    |                                       |
| _        | trustees, and key employees   | 121,707.                                | 101,067.                                | 20,700.                                    |                                       |
| 6        | Compensation not included above to disqualified   |   |   |  |                                       |
|          | persons (as defined under section 4958(f)(1)) and   |   |   |  |                                       |
| -        | persons described in section 4958(c)(3)(B)  | 332,362.                                | 275,860.                                | 56,502.                                    |                                       |
| 7        | Other salaries and wages  | 334,304.                                | 213,000•                                | 30,304.                                    |                                       |
| 8        | Pension plan accruals and contributions (include  | 24,770.                                 | 20,559.                                 | 4 211                                      |                                       |
| 0        | section 401(k) and 403(b) employer contributions)   | 45,523.                                 | 37,784.                                 | 4,211.<br>7,739.                           |                                       |
| 9        | Other employee benefits   | 33,946.                                 | 28,175.                                 | 5,771.                                     |                                       |
| 10<br>11 | Payroll taxes  Fees for services (nonemployees):  | 33,740.                                 | 20,175.                                 | 3,111.                                     |                                       |
|          |   |   |   |  |                                       |
| a        | Management  | 3,712.                                  | 3,081.                                  | 631.                                       |                                       |
| b        | Legal   | 17,813.                                 | 14,785.                                 | 3,028.                                     |                                       |
| c<br>C   | Accounting  | 17,013.                                 | 14,703.                                 | 3,020.                                     |                                       |
| d<br>e   | Lobbying  |   |   |  |                                       |
| f        | Investment management fees  | 188,579.                                |   | 188,579.                                   |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25,  | 200,0750                                |   | 20070750                                   |                                       |
| 9        | column (A) amount, list line 11g expenses on Sch 0.)  | 159,956.                                | 159,956.                                |  |                                       |
| 12       | Advertising and promotion   | 26,749.                                 | 26,749.                                 |  |                                       |
| 13       | Office expenses   | 10,638.                                 | 8,829.                                  | 1,809.                                     |                                       |
| 14       | Information technology  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |                                       |
| 15       | Royalties   |   |   |  |                                       |
| 16       | Occupancy   | 37,384.                                 | 31,029.                                 | 6,355.                                     |                                       |
| 17       | Travel  | ·                                       | ·                                       |  |                                       |
| 18       | Payments of travel or entertainment expenses  |   |   |  |                                       |
| -        | for any federal, state, or local public officials   |   |   |  |                                       |
| 19       | Conferences, conventions, and meetings  | 9,071.                                  | 7,529.                                  | 1,542.                                     |                                       |
| 20       | Interest  | 8,248.                                  | 8,248.                                  | -  |                                       |
| 21       | Payments to affiliates  |   |   |  |                                       |
| 22       | Depreciation, depletion, and amortization   | 6,578.                                  | 5,460.                                  | 1,118.                                     |                                       |
| 23       | Insurance   | 14,545.                                 | 12,072.                                 | 2,473.                                     |                                       |
| 24       | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If |   |   |  |                                       |
|          | line 24e amount exceeds 10% of line 25, column (A)  |   |   |  |                                       |
| _        | amount, list line 24e expenses on Schedule 0.)  TRAINING  | 25,642.                                 | 21,283.                                 | 4,359.                                     |                                       |
| a<br>b   | PRINTING AND PUBLICATIO   | 16,849.                                 | 13,985.                                 | 2,864.                                     |                                       |
| C        | MEMBERSHIPS   | 12,957.                                 | 10,754.                                 | 2,203.                                     |                                       |
| d        | SEVERANCE TAX   | 5,445.                                  | 20,7010                                 | 5,445.                                     |                                       |
| -        | All other expenses  | 7,225.                                  | 5,997.                                  | 1,228.                                     |                                       |
| 25       | Total functional expenses. Add lines 1 through 24e  | 2,969,657.                              | 2,653,100.                              | 316,557.                                   | 0                                     |
| 26       | Joint costs. Complete this line only if the organization  | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _, ,                                    | ,  |                                       |
| 20       | reported in column (B) joint costs from a combined  |   |   |  |                                       |
|          | educational campaign and fundraising solicitation.  |   |   |  |                                       |
|          | Check here if following SOP 98-2 (ASC 958-720)  |   |   |  |                                       |
| 00001    | Theck nere if tollowing SOP 98-2 (ASC 958-720)  |   |   |  | Form <b>990</b> (20                   |

| ı aı                        | LA    | Balance Sheet  |            |                     |                                 |           |                           |
|-----------------------------|-------|--|------------|---------------------|---------------------------------|-----------|---------------------------|
|                             |       | Check if Schedule O contains a response or r   | ote to ar  | line in this Part X |                                 |           |                           |
|                             |       |  |            |                     | <b>(A)</b><br>Beginning of year |           | <b>(B)</b><br>End of year |
|                             | 1     | Cash - non-interest-bearing  |            |                     | 434,378.                        | 1         | 405,213                   |
|                             | 2     | Savings and temporary cash investments   |            |                     |                                 | 2         |                           |
|                             | 3     | Pledges and grants receivable, net   |            |                     |                                 | 3         |                           |
|                             | 4     | Accounts receivable, net   |            | 105,141.            | 4                               | 102,674   |                           |
|                             | 5     | Loans and other receivables from any current   |            |                     |                                 |           |                           |
|                             |       | trustee, key employee, creator or founder, sub                                       |            |                     |                                 |           |                           |
|                             |       | controlled entity or family member of any of the                                     | nese pers  | ns                  |                                 | 5         |                           |
|                             | 6     | Loans and other receivables from other disqu   | alified pe | ons (as defined     |                                 |           |                           |
|                             |       | under section 4958(f)(1)), and persons describ                                       | oed in se  | on 4958(c)(3)(B)    |                                 | 6         |                           |
| £                           | 7     | Notes and loans receivable, net  |            |                     | 865,901.                        | 7         | 622,901                   |
| Assets                      | 8     | Inventories for sale or use  |            |                     |                                 | 8         |                           |
| ⋖                           | 9     |  |            |                     |                                 | 9         |                           |
|                             | 10a   | Land, buildings, and equipment: cost or other  |            |                     |                                 |           |                           |
|                             |       | basis. Complete Part VI of Schedule D  | 10a        | 91,022.             |                                 |           |                           |
|                             | b     | Less: accumulated depreciation   | 10b        | 80,555.             | 18,381.                         | 10c       | 10,467                    |
|                             | 11    | Investments - publicly traded securities   |            |                     | 42,916,091.                     | 11        | 52,375,942                |
|                             | 12    | Investments - other securities. See Part IV, line                                    |            | 1,500,000.          | 12                              | 1,500,000 |                           |
|                             | 13    | Investments - program-related. See Part IV, lin                                      |            | 13                  |                                 |           |                           |
|                             | 14    | Intangible assets  |            |                     | 14                              |           |                           |
|                             | 15    | Other assets. See Part IV, line 11   |            |                     | 4                               | 15        |                           |
|                             | 16    | Total assets. Add lines 1 through 15 (must ed  |            |                     | 45,839,892.                     | 16        | 55,017,197                |
|                             | 17    | Accounts payable and accrued expenses  |            |                     | 15,998.                         | 17        | 41,780                    |
|                             | 18    | Grants payable   | 170,700.   | 18                  | 444,603                         |           |                           |
|                             | 19    | Deferred revenue   |            | 70,451.             | 19                              |           |                           |
|                             | 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  |            |                     |                                 |           |                           |
| <u> </u>                    |       | trustee, key employee, creator or founder, sub                                       |            |                     |                                 |           |                           |
| Liabilities                 |       | controlled entity or family member of any of the                                     | ·=         |                     | <i>C</i> 1E 001                 | 22        | 272 001                   |
| _                           | 23    | Secured mortgages and notes payable to unr   |            |                     | 615,901.                        | 23        | 372,901                   |
|                             | 24    | Unsecured notes and loans payable to unrela  |            |                     |                                 | 24        |                           |
|                             | 25    | Other liabilities (including federal income tax,                                     |            |                     |                                 |           |                           |
|                             |       | parties, and other liabilities not included on lin                                   | ies 17-24  | Complete Part X     |                                 |           |                           |
|                             |       | of Schedule D  |            |                     | 873,050.                        | 25        | 859,284                   |
|                             | 26    | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c |            |                     | 073,030.                        | 26        | 039,204                   |
| es                          |       | and complete lines 27, 28, 32, and 33.   | neck ner   |                     |                                 |           |                           |
| auc                         | 27    | Net assets without donor restrictions  |            |                     | 44,966,842.                     | 27        | 54,157,913                |
| Sal                         | 28    | Net assets with donor restrictions  Net assets with donor restrictions               |            |                     | 11,000,012.                     | 28        | 34,137,313                |
| <u> </u>                    | 20    | Organizations that do not follow FASB ASC  |            |                     |                                 | 20        |                           |
| ፤                           |       | and complete lines 29 through 33.  | , 936, CH  | Killere 🕨 🗀         |                                 |           |                           |
| ة                           | 29    | Capital stock or trust principal, or current fund                                    | 1e         |                     |                                 | 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    | Total net assets or fund balances  |            |                     | 44,966,842.                     | 32        | 54,157,913                |
|                             | ا تحا | יסימו זוטנ מסטטנס טו זעווע שמומווטסס   |            |                     | 45,839,892.                     | 33        | 55,017,197                |

| 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       |      | ,01 |     |     |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |      | ,96 |     |     |  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       | 3    | ,04 | 7,3 | 24. |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4                           |         |      |     |     |     |  |  |  |
| 5  | Net unrealized gains (losses) on investments  | 5       | 6    | ,14 | 3,7 | 47. |  |  |  |
| 6  | Donated services and use of facilities  | 6       |      |     |     |     |  |  |  |
| 7  | Investment expenses   | 7       |      |     |     |     |  |  |  |
| 8  | Prior period adjustments  | 8       |      |     |     |     |  |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |      |     |     | 0.  |  |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |      |     |     |     |  |  |  |
|    | column (B))   | 10      | 54   | ,15 | 7,9 | 13. |  |  |  |
| Pa | rt XII Financial Statements and Reporting   |         |      |     |     |     |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |         |      |     |     |     |  |  |  |
|    |   |         |      |     | Yes | No  |  |  |  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |      |     |     |     |  |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.     |         |      |     |     |     |  |  |  |
| 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       | d 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 separat       |         |      |     |     |     |  |  |  |
|    | 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 th     | e audi  | t,   |     |     |     |  |  |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         |      | 2c  | Х   |     |  |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     | nedule  | Ο.   |     |     |     |  |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Au | udit |     |     |     |  |  |  |
|    | Act and OMB Circular A-133?   |         |      | За  |     | X   |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired au | ıdit |     |     |     |  |  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              | <u></u> |      | 3b  |     |     |  |  |  |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ROTARY CHARITIES OF TRAVERSE CITY **Employer identification number** 38-2170564

| Pa   | rt I     | Reason for Public  | Charity Status.                       | All organizations must o                            | omplete th                          | nis part.) S                    | See instructions.           |                            |  |
|------|----------|--|---------------------------------------|---|-------------------------------------|---------------------------------|-----------------------------|----------------------------|--|
| Γhe  | organ    | ization is not a private found   | dation because it is: (               | For lines 1 through 12, o                           | check only                          | one box.)                       |                             |                            |  |
| 1    |          | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |                                       |   |                                     |                                 |                             |                            |  |
| 2    |          | A school described in sect   | ion 170(b)(1)(A)(ii). (/              | Attach Schedule E (Forn                             | n 990 or 99                         | 90-EZ).)                        |                             |                            |  |
| 3    |          | A hospital or a cooperative  |                                       | •   |                                     |                                 | ii).                        |                            |  |
| 4    |          | A medical research organiz   |                                       |   |                                     |                                 | •                           | the hospital's name        |  |
| •    |          | city, and state:   | ation operated in col                 | njanotion with a noopita                            | 1 40001100                          | 3 111 000110                    |                             | the noopital o name,       |  |
| 5    |          | An organization operated for   | or the benefit of a co                | llogo or university owner                           | d or opera                          | tod by a a                      | overnmental unit describ    | ood in                     |  |
| 3    |          |  |                                       | nege of utiliversity owner                          | u or opera                          | led by a g                      | overninental unit descrit   | Ded III                    |  |
| _    |          | section 170(b)(1)(A)(iv). (0   | •                                     |   |                                     | <b>.</b>                        |                             |                            |  |
| 6    | $\vdash$ | A federal, state, or local go  | -                                     |   |                                     |                                 |                             |                            |  |
| 7    | Ш        | An organization that norma   |                                       | ntial part of its support i                         | from a gov                          | ernmental                       | unit or from the general    | public described in        |  |
|      |          | section 170(b)(1)(A)(vi). (C   |                                       |   |                                     |                                 |                             |                            |  |
| 8    | Ш        | A community trust describe   | ed in <b>section 170(b)(</b>          | 1)(A)(vi). (Complete Par                            | t II.)                              |                                 |                             |                            |  |
| 9    |          | An agricultural research org   | ganization described                  | in section 170(b)(1)(A)(                            | (ix) operate                        | ed in conju                     | ınction with a land-grant   | college                    |  |
|      |          | or university or a non-land-   | grant college of agric                | ulture (see instructions).                          | . Enter the                         | name, city                      | y, and state of the colleg  | je or                      |  |
|      |          | university:  |                                       |   |                                     |                                 |                             |                            |  |
| 10   |          | An organization that norma   | ally receives (1) more                | than 33 1/3% of its sup                             | port from                           | contributio                     | ons, membership fees, a     | nd gross receipts from     |  |
|      |          | activities related to its exer   | npt functions, subjec                 | t to certain exceptions;                            | and (2) no                          | more than                       | n 33 1/3% of its support    | from gross investment      |  |
|      |          | income and unrelated busi  | ness taxable income                   | (less section 511 tax) fr                           | om busine                           | sses acqu                       | ired by the organization    | after June 30, 1975.       |  |
|      |          | See section 509(a)(2). (Co   | mplete Part III.)                     |   |                                     |                                 |                             |                            |  |
| 11   |          | An organization organized  | •                                     | ively to test for public sa                         | afety. See                          | section 50                      | 09(a)(4).                   |                            |  |
| 12   | X        | An organization organized  | ·                                     | •   | •                                   |                                 |                             | e purposes of one or       |  |
|      |          | more publicly supported or   | •                                     | •   | •                                   |                                 |                             | • •                        |  |
|      |          | lines 12a through 12d that   | •                                     |   |                                     |                                 |                             |                            |  |
| а    | X        | 7  |                                       |   |                                     | •                               | •                           | , aivina                   |  |
| u    |          | the supported organization   | · · · · · · · · · · · · · · · · · · · |   | •                                   |                                 |                             |                            |  |
|      |          | organization. <b>You must o</b>  |                                       |   | a majority                          | or tric dire                    | otors or tradices or the c  | supporting                 |  |
| h    |          | 7 ~  | -                                     |   | tion with it                        | o cupport                       | od organization(s) by be    | wing                       |  |
| b    |          | ☐ <b>Type II.</b> A supporting org   | ·                                     |   |                                     |                                 |                             | -                          |  |
|      |          | control or management of   |                                       |   | same perso                          | ons that co                     | ontroi or manage the sup    | pported                    |  |
|      |          | organization(s). You mus   | =                                     |   |                                     |                                 |                             |                            |  |
| С    |          |  |                                       |   |                                     |                                 | •                           | ed with,                   |  |
|      |          | its supported organizatio  |                                       | •   |                                     |                                 |                             |                            |  |
| d    |          |  | <b>y integrated.</b> A supp           | orting organization oper                            | rated in co                         | nnection v                      | vith its supported organ    | ization(s)                 |  |
|      |          | that is not functionally inf   | tegrated. The organiz                 | cation generally must sa                            | tisfy a dist                        | ribution re                     | quirement and an attent     | iveness                    |  |
|      |          | requirement (see instruct  | tions). <b>You must con</b>           | nplete Part IV, Sections                            | s A and D,                          | and Part                        | V.                          |                            |  |
| е    |          | ☐ Check this box if the orga   | anization received a                  | written determination fro                           | om the IRS                          | that it is a                    | a Type I, Type II, Type III |                            |  |
|      |          | functionally integrated, o   | r Type III non-functio                | nally integrated support                            | ing organi:                         | zation.                         |                             |                            |  |
| f    | Ente     | er the number of supported   | organizations                         |   |                                     |                                 |                             | 1                          |  |
| g    |          | vide the following information   |                                       | <u> </u>  |                                     |                                 |                             |                            |  |
|      | (        | i) Name of supported   | (ii) EIN                              | (iii) Type of organization (described on lines 1-10 | (IV) IS the orga<br>in your governi | nization listed<br>ng document? | (v) Amount of monetary      | (vi) Amount of other       |  |
|      |          | organization   |                                       | above (see instructions))                           | Yes                                 | No                              | support (see instructions)  | support (see instructions) |  |
|      |          | Y CLUB OF  |                                       |   |                                     |                                 |                             |                            |  |
| ΓR.  | AVE      | RSE CITY - PER   | 38-1429335                            | 7   | X                                   |                                 | 0.                          |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |
| Fota |          |  |                                       |   |                                     |                                 | 0.                          | 0.                         |  |
|      |          |  |                                       |   |                                     |                                 |                             |                            |  |

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

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

| Sec  | ction A. Public Support   |                             |                     |                           |                             |                     |                   |
|------|---|-----------------------------|---------------------|---------------------------|-----------------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                           | (a) 2016                    | <b>(b)</b> 2017     | (c) 2018                  | (d) 2019                    | (e) 2020            | (f) Total         |
| 1    | Gifts, grants, contributions, and                                   |                             |                     |                           |                             |                     |                   |
|      | membership fees received. (Do not                                   |                             |                     |                           |                             |                     |                   |
|      | include any "unusual grants.")                                      |                             |                     |                           |                             |                     |                   |
| 2    | Tax revenues levied for the organ-                                  |                             |                     |                           |                             |                     |                   |
|      | ization's benefit and either paid to                                |                             |                     |                           |                             |                     |                   |
|      | or expended on its behalf   |                             |                     |                           |                             |                     |                   |
| 3    | The value of services or facilities                                 |                             |                     |                           |                             |                     |                   |
|      | furnished by a governmental unit to                                 |                             |                     |                           |                             |                     |                   |
|      | the organization without charge                                     |                             |                     |                           |                             |                     |                   |
|      | Total. Add lines 1 through 3  |                             |                     |                           |                             |                     |                   |
| 5    | The portion of total contributions                                  |                             |                     |                           |                             |                     |                   |
|      | by each person (other than a  |                             |                     |                           |                             |                     |                   |
|      | governmental unit or publicly                                       |                             |                     |                           |                             |                     |                   |
|      | supported organization) included                                    |                             |                     |                           |                             |                     |                   |
|      | on line 1 that exceeds 2% of the                                    |                             |                     |                           |                             |                     |                   |
|      | amount shown on line 11,  |                             |                     |                           |                             |                     |                   |
| _    | column (f)  |                             |                     |                           |                             |                     |                   |
|      | Public support. Subtract line 5 from line 4.                        |                             |                     |                           |                             |                     |                   |
|      | <u>' '</u>  | (-) 0040                    | (1-) 0047           | (-) 0040                  | (-1) 0040                   | (-) 0000            | (6) T-+-1         |
|      | ndar year (or fiscal year beginning in)                             | <b>(a)</b> 2016             | <b>(b)</b> 2017     | (c) 2018                  | (d) 2019                    | (e) 2020            | (f) Total         |
|      | Amounts from line 4   |                             |                     |                           |                             |                     |                   |
| 8    | Gross income from interest,   |                             |                     |                           |                             |                     |                   |
|      | dividends, payments received on                                     |                             |                     |                           |                             |                     |                   |
|      | securities loans, rents, royalties,                                 |                             |                     |                           |                             |                     |                   |
| ۵    | and income from similar sources  Net income from unrelated business |                             |                     |                           |                             |                     |                   |
| 9    | activities, whether or not the                                      |                             |                     |                           |                             |                     |                   |
|      | business is regularly carried on                                    |                             |                     |                           |                             |                     |                   |
| 10   | Other income. Do not include gain                                   |                             |                     |                           |                             |                     |                   |
| 10   | or loss from the sale of capital                                    |                             |                     |                           |                             |                     |                   |
|      | assets (Explain in Part VI.)  |                             |                     |                           |                             |                     |                   |
| 11   | Total support. Add lines 7 through 10                               |                             |                     |                           |                             |                     |                   |
|      | Gross receipts from related activities,                             | etc. (see instructi         | ions)               |                           |                             | 12                  |                   |
|      | First 5 years. If the Form 990 is for the                           | •                           |                     |                           |                             |                     |                   |
|      | organization, check this box and stor                               | •                           |                     | •                         | •                           | . , . ,             | <b>▶</b> □        |
| Sec  | ction C. Computation of Publ  | ic Support Pe               | rcentage            |                           |                             |                     | ,                 |
|      | Public support percentage for 2020 (                                |                             |                     | column (f))               |                             | 14                  | %                 |
|      | Public support percentage from 2019                                 |                             |                     |                           |                             | 15                  | %                 |
|      | 33 1/3% support test - 2020. If the o                               |                             |                     |                           |                             |                     | ox and            |
|      | stop here. The organization qualifies                               | as a publicly supp          | oorted organizatio  | n                         |                             |                     |                   |
| b    | 33 1/3% support test - 2019. If the o                               |                             |                     |                           |                             |                     |                   |
|      | and stop here. The organization qual                                | ifies as a publicly         | supported organia   | zation                    |                             |                     | ▶□                |
| 17a  | 10% -facts-and-circumstances tes                                    | <b>t - 2020.</b> If the org | ganization did not  | check a box on lin        | ne 13, 16a, or 16b,         | and line 14 is 10%  | or more,          |
|      | and if the organization meets the fact                              | :s-and-circumstand          | ces test, check th  | is box and <b>stop he</b> | <b>ere.</b> Explain in Part | VI how the organi   | zation            |
|      | meets the facts-and-circumstances to                                | est. The organizati         | on qualifies as a p | oublicly supported        | organization                |                     | ▶□                |
| b    | 10% -facts-and-circumstances tes                                    | <b>t - 2019.</b> If the org | ganization did not  | check a box on lin        | ne 13, 16a, 16b, or         | 17a, and line 15 is | 10% or            |
|      | more, and if the organization meets the                             | ne facts-and-circur         | mstances test, ch   | eck this box and <b>s</b> | <b>stop here.</b> Explain i | in Part VI how the  |                   |
|      | organization meets the facts-and-circ                               | umstances test. T           | he organization q   | ualifies as a public      | ly supported organ          | nization            | ▶∐                |
| 18   | Private foundation. If the organization                             | n did not check a           | box on line 13, 16  | 6a, 16b, 17a, or 17       | b, check this box           | and see instruction | ns ▶              |
|      |   |                             |                     |                           | Sch                         | edule A (Form 99    | 0 or 990-EZ) 2020 |

# 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.)

| qualify under the tests listed be<br>Section A. Public Support                           | low, please com    | iplete Part II.)      |                      |                    |                    |  |
|--|--------------------|-----------------------|----------------------|--------------------|--------------------|--|
| Calendar year (or fiscal year beginning in)  | (a) 2016           | <b>(b)</b> 2017       | (6) 2019             | (d) 2010           | (e) 2020           | (f) Total  |
| 1 Gifts, grants, contributions, and  | (a) 2010           | (0) 2017              | (c) 2018             | (d) 2019           | (8) 2020           | (f) Total  |
| membership fees received. (Do not  |                    |                       |                      |                    |                    |  |
| include any "unusual grants.")   |                    |                       |                      |                    |                    |  |
| <b>2</b> Gross receipts from admissions,   |                    |                       |                      |                    |                    | <del> </del>                                     |
| merchandise sold or services per-  |                    |                       |                      |                    |                    |  |
| formed, or facilities furnished in   |                    |                       |                      |                    |                    |  |
| any activity that is related to the  |                    |                       |                      |                    |                    |  |
| organization's tax-exempt purpose  3 Gross receipts from activities that                 |                    |                       |                      |                    |                    | <del> </del>                                     |
| are not an unrelated trade or bus-   |                    |                       |                      |                    |                    |  |
| iness under section 513  |                    |                       |                      |                    |                    |  |
| 4 Tax revenues levied for the organ-   |                    |                       |                      |                    |                    | <del> </del>                                     |
| ization's benefit and either paid to   |                    |                       |                      |                    |                    |  |
| or expended on its behalf  |                    |                       |                      |                    |                    |  |
|  |                    |                       |                      |                    |                    | <del>                                     </del> |
| 5 The value of services or facilities  |                    |                       |                      |                    |                    |  |
| furnished by a governmental unit to the organization without charge                      |                    |                       |                      |                    |                    |  |
| - · · · · •  |                    |                       |                      |                    |                    | <del> </del>                                     |
| 6 Total. Add lines 1 through 5   |                    |                       |                      |                    |                    | <del>                                     </del> |
| 7a Amounts included on lines 1, 2, and   |                    |                       |                      |                    |                    |  |
| 3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received |                    |                       |                      |                    |                    | <del> </del>                                     |
| from other than disqualified persons that  |                    |                       |                      |                    |                    |  |
| exceed the greater of \$5,000 or 1% of the   |                    |                       |                      |                    |                    |  |
| amount on line 13 for the year   |                    |                       |                      |                    |                    | <del> </del>                                     |
| c Add lines 7a and 7b  |                    |                       |                      |                    |                    | _  |
| 8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support              |                    |                       |                      |                    |                    |  |
| Calendar year (or fiscal year beginning in)  | (a) 2016           | (h) 2017              | (a) 2019             | (4) 2010           | (a) 2020           | (6) Total  |
| · · · · · · · · · · · · · · · · · · ·  | (a) 2016           | <b>(b)</b> 2017       | (c) 2018             | (d) 2019           | (e) 2020           | (f) Total  |
| 9 Amounts from line 6<br>10a Gross income from interest,                                 |                    |                       |                      |                    |                    | +  |
| dividends, payments received on  |                    |                       |                      |                    |                    |  |
| securities loans, rents, rovalties.  |                    |                       |                      |                    |                    |  |
| and income from similar sources  |                    |                       |                      |                    |                    | <u> </u>   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses      |                    |                       |                      |                    |                    |  |
| annihad often lune 00 1075   |                    |                       |                      |                    |                    |  |
| acquired after June 30, 1975   |                    |                       |                      |                    |                    | <del> </del>                                     |
| c Add lines 10a and 10b  |                    |                       |                      |                    |                    | <u> </u>   |
| activities not included in line 10b,   |                    |                       |                      |                    |                    |  |
| whether or not the business is   |                    |                       |                      |                    |                    |  |
| regularly carried on   |                    |                       |                      |                    |                    | <u> </u>   |
| 12 Other income. Do not include gain or loss from the sale of capital                    |                    |                       |                      |                    |                    |  |
| assets (Explain in Part VI.)   |                    |                       |                      |                    |                    |  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                 |                    |                       |                      | I                  |                    |  |
| 14 First 5 years. If the Form 990 is for the   | e organization's f | first, second, third, | fourth, or fifth tax | year as a section  | 501(c)(3) organiza | ition,   |
|  |                    |                       |                      |                    |                    | <u></u>  |
| Section C. Computation of Publi  | • • •              |                       | , ,,,,,              |                    | 11                 |  |
| 15 Public support percentage for 2020 (li  |                    |                       |                      |                    | 15                 | <u>%</u>   |
| 16 Public support percentage from 2019   |                    |                       |                      |                    | 16                 | <u>%</u>   |
| Section D. Computation of Inves  |                    |                       |                      |                    | 11                 |  |
| 17 Investment income percentage for 202  |                    |                       |                      |                    | 17                 | %  |
| 18 Investment income percentage from 2   |                    |                       |                      |                    |                    | %  |
| 19a 33 1/3% support tests - 2020. If the   |                    |                       |                      |                    |                    |  |
| more than 33 1/3%, check this box an   |                    |                       |                      |                    |                    |  |
| <b>b 33 1/3% support tests - 2019.</b> If the  | · ·                |                       |                      | •                  |                    |  |
| line 18 is not more than 33 1/3%, chec   |                    |                       |                      |                    |                    |  |
| 20 Private foundation. If the organization   | n did not check a  | a box on line 14, 19  | a, or 19b, check t   | his box and see in | structions         | <u></u>  |

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

|     | Yes | No   |
|-----|-----|------|
|     |     |      |
| 1   | X   |      |
| 1   | 23  |      |
|     |     | 37   |
| 2   |     | Х    |
| За  |     | Х    |
|     |     |      |
| 3b  |     |      |
| 30  |     |      |
| 3с  |     |      |
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| 4a  |     | Λ    |
|     |     |      |
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| 5a  |     | Х    |
| 5b  |     |      |
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|     |     |      |
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| 8   |     | X    |
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| 9a  |     | Х    |
| 9b  |     | Х    |
| 90  |     |      |
| 9с  |     | Х    |
|     |     |      |
| 10a |     | Х    |
|     |     |      |
| 10b | \   | 0000 |

| Pa         | rt IV Supporting Organizations (continued)   |            |     |     |
|------------|--|------------|-----|-----|
|            |  |            | Yes | No  |
| 11         | Has the organization accepted a gift or contribution from any of the following persons?  |            |     |     |
| а          | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and   |            |     |     |
|            | 11c below, the governing body of a supported organization?   | 11a        |     | X   |
| b          | A family member of a person described in line 11a above?   | 11b        |     | X   |
| С          | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |            |     |     |
|            | detail in Part VI.   | 11c        |     | X   |
| Sec        | tion B. Type I Supporting Organizations  |            |     |     |
|            |  |            | Yes | No  |
| 1          | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |            |     |     |
|            | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |            |     |     |
|            | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |            |     |     |
|            | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |            |     |     |
|            | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1          | Х   |     |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported  |            |     |     |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |            |     |     |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |            |     |     |
|            | supervised, or controlled the supporting organization.   | 2          |     | X   |
| Sec        | tion C. Type II Supporting Organizations   |            |     |     |
|            |  |            | Yes | No  |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |            |     |     |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |            |     |     |
|            | or management of the supporting organization was vested in the same persons that controlled or managed   |            |     |     |
| 0          | the supported organization(s).   | 1          |     |     |
| Sec        | tion D. All Type III Supporting Organizations  |            |     |     |
|            |  |            | Yes | No  |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |            |     |     |
|            | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |            |     |     |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |            |     |     |
| _          | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1          |     |     |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |            |     |     |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |            |     |     |
| _          | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2          |     |     |
| 3          | By reason of the relationship described in line 2, above, did the organization's supported organizations have a  |            |     |     |
|            | significant voice in the organization's investment policies and in directing the use of the organization's   |            |     |     |
|            | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |            |     |     |
| <u>Sac</u> | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations   | 3          |     |     |
|            |  |            |     |     |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  The organization satisfied the Activities Test. Complete line 2 below.  | ! <b>=</b> |     |     |
| a<br>b     | The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |            |     |     |
| C          | The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | etructio   | ne) |     |
| 2          | Activities Test. Answer lines 2a and 2b below.   | Struction  | Yes | No  |
| a          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |            | 103 | 140 |
| ŭ          | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |            |     |     |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,   |            |     |     |
|            | how the organization was responsive to those supported organizations, and how the organization determined  |            |     |     |
|            | that these activities constituted substantially all of its activities.   | 2a         |     |     |
| b          | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,  |            |     |     |
| -          | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |            |     |     |
|            | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |            |     |     |
|            | these activities but for the organization's involvement.   | 2b         |     |     |
| 3          | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |            |     |     |
|            | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |            |     |     |
|            | trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>   | 3a         |     |     |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |            |     |     |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting   | ng Orga        | nizations                      |                                |  |  |  |
|------|--|----------------|--------------------------------|--------------------------------|--|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. |                |                                |                                |  |  |  |
|      | All other Type III non-functionally integrated supporting organizations must complete Sections A through E.                                    |                |                                |                                |  |  |  |
| Sect | ion A - Adjusted Net Income  | (A) Prior Year | (B) Current Year<br>(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<br>(optional) |  |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see  |                |                                |                                |  |  |  |
|      | instructions for short tax year or assets held for part of year):  |                |                                |                                |  |  |  |
| а    | Average monthly value of securities  | 1a             |                                |                                |  |  |  |
| b    | Average monthly cash balances  | 1b             |                                |                                |  |  |  |
| С    | Fair market value of other non-exempt-use assets   | 1c             |                                |                                |  |  |  |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                                |                                |  |  |  |
| е    | Discount claimed for blockage or other factors   |                |                                |                                |  |  |  |
|      | (explain in detail in <b>Part VI</b> ):  |                |                                |                                |  |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                                |                                |  |  |  |
| 3    | Subtract line 2 from line 1d.  | 3              |                                |                                |  |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                |                                |                                |  |  |  |
|      | see instructions).   | 4              |                                |                                |  |  |  |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                |                                |  |  |  |
| _6   | Multiply line 5 by 0.035.  | 6              |                                |                                |  |  |  |
| 7    | Recoveries of prior-year distributions   | 7              |                                |                                |  |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8              |                                |                                |  |  |  |
| Sect | ion C - Distributable Amount   |                |                                | Current Year                   |  |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                                |                                |  |  |  |
| 2    | Enter 0.85 of line 1.  | 2              |                                |                                |  |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                                |                                |  |  |  |
| 4    | Enter greater of line 2 or line 3.   | 4              |                                |                                |  |  |  |
| 5    | Income tax imposed in prior year   | 5              |                                |                                |  |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to   |                |                                |                                |  |  |  |
|      | emergency temporary reduction (see instructions).  | 6              |                                |                                |  |  |  |
| 7    | Check here if the current year is the organization's first as a non-functional   | ılly integra   | ated Type III supporting org   | anization (see                 |  |  |  |
|      | instructions).   |                |                                |                                |  |  |  |

Schedule A (Form 990 or 990-EZ) 2020

|                  | edule A (Form 990 or 990-EZ) 2020 ROTARY CHARTT  |                               |                                       |              | 8-21/0564 Page 7                          |
|------------------|--|-------------------------------|---------------------------------------|--------------|---|
|                  | rt V Type III Non-Functionally Integrated 509  | (a)(3) Supporting Orga        | anizations <sub>(continu</sub>        | <u>.ied)</u> |   |
|                  | ion D - Distributions  |                               |                                       |              | Current Year                              |
| _1_              | Amounts paid to supported organizations to accomplish exe  |                               |                                       | 1            |   |
| 2                | Amounts paid to perform activity that directly furthers exemp  | ot purposes of supported      |                                       |              |   |
|                  | organizations, in excess of income from activity   |                               |                                       | 2            |   |
| _3_              | Administrative expenses paid to accomplish exempt purpose  | es of supported organization  | 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.   |                               |                                       | 6            |   |
| _ 7              | Total annual distributions. Add lines 1 through 6.   |                               |                                       | 7            |   |
| 8                | Distributions to attentive supported organizations to which the  | he organization is responsive | )                                     |              |   |
|                  | (provide details in Part VI). See instructions.  |                               |                                       | 8            |   |
| 9                | Distributable amount for 2020 from Section C, line 6   |                               |                                       | 9            |   |
| 10               | Line 8 amount divided by line 9 amount   |                               |                                       | 10           |   |
| Sect             | tion E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2020 | ns           | (iii)<br>Distributable<br>Amount for 2020 |
| 1                | Distributable amount for 2020 from Section C, line 6   |                               |                                       |              |   |
| 2                | Underdistributions, if any, for years prior to 2020 (reason-   |                               |                                       |              |   |
|                  | able cause required - explain in Part VI). See instructions.   |                               |                                       |              |   |
| 3                | Excess distributions carryover, if any, to 2020  |                               |                                       |              |   |
| a                | From 2015  |                               |                                       |              |   |
| b                | From 2016  |                               |                                       |              |   |
|                  | From 2017  |                               |                                       |              |   |
| d                | From 2018  |                               |                                       |              |   |
| е                | From 2019  |                               |                                       |              |   |
|                  | Total of lines 3a through 3e   |                               |                                       |              |   |
|                  | 9  |                               |                                       |              |   |
|                  |  |                               |                                       |              |   |
|                  |  |                               |                                       |              |   |
| _ <u>-</u> -     | •  |                               |                                       |              |   |
| 4                | <u> </u>   |                               |                                       |              |   |
| •                | . *  |                               |                                       |              |   |
|                  | ·  |                               |                                       |              |   |
|                  | · ·  |                               |                                       |              |   |
|                  | •  |                               |                                       |              |   |
|                  |  |                               |                                       |              |   |
| J                |  |                               |                                       |              |   |
|                  |  |                               |                                       |              |   |
| h<br>i<br>j<br>4 | Applied to underdistributions of prior years  Applied to 2020 distributable amount  Carryover from 2015 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2020 from Section D, line 7:  Applied to underdistributions of prior years  Applied to 2020 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                               |                                       |              |   |

Schedule A (Form 990 or 990-EZ) 2020

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

0000

**2020** 

OMB No. 1545-0047

ROTARY CHARITIES OF TRAVERSE CITY

Employer identification number

38-2170564

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

# ROTARY CHARITIES OF TRAVERSE CITY

38-2170564

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed.        |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          | FREY FOUNDATION 616 PETOSKEY STREET SUITY 203 PETOSKEY, MI 49770              | \$50,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

# ROTARY CHARITIES OF TRAVERSE CITY

38-2170564

| Part II                      | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed.     |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| _                            |  | <br><br>\$                                |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |

Name of organization **Employer identification number** 38-2170564 ROTARY CHARITIES OF TRAVERSE CITY 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. `fŕom 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 Open to Public Inspection

Name of the organization

ROTARY CHARITIES OF TRAVERSE CITY

**Employer identification number** 38-2170564

| Pai    | rt I Organizations Maintaining Donor Advise   | ed Funds or Other Similar Funds or                 | Accounts. Complete if the       |  |  |  |  |  |
|--------|---|--|---------------------------------|--|--|--|--|--|
|        | organization answered "Yes" on Form 990, Part IV, lir   | ne 6.  |                                 |  |  |  |  |  |
|        |   | (a) Donor advised funds                            | (b) Funds and other accounts    |  |  |  |  |  |
| 1      | Total number at end of year   |  |                                 |  |  |  |  |  |
| 2      | Aggregate value of contributions to (during year)   |  |                                 |  |  |  |  |  |
| 3      | Aggregate value of grants from (during year)  |  |                                 |  |  |  |  |  |
| 4      | Aggregate value at end of year  |  |                                 |  |  |  |  |  |
| 5      | Did the organization inform all donors and donor advisors in  | writing that the assets held in donor advised f    | unds                            |  |  |  |  |  |
|        | are the organization's property, subject to the organization's  | exclusive legal control?                           | Yes No                          |  |  |  |  |  |
| 6      | Did the organization inform all grantees, donors, and donor a   | advisors in writing that grant funds can be use    | d only                          |  |  |  |  |  |
|        | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for any other purpose con     | ferring                         |  |  |  |  |  |
|        |   |  |                                 |  |  |  |  |  |
| Pai    | rt II Conservation Easements. Complete if the org   | ganization answered "Yes" on Form 990, Part        | IV, line 7.                     |  |  |  |  |  |
| 1      | Purpose(s) of conservation easements held by the organizat  |  |                                 |  |  |  |  |  |
|        | Preservation of land for public use (for example, recrea  |  | storically important land area  |  |  |  |  |  |
|        | Protection of natural habitat   | Preservation of a ce                               | ertified historic structure     |  |  |  |  |  |
|        | Preservation of open space  |  |                                 |  |  |  |  |  |
| 2      | Complete lines 2a through 2d if the organization held a quali   | fied conservation contribution in the form of a    |                                 |  |  |  |  |  |
|        | day of the tax year.  |  | Held at the End of the Tax Year |  |  |  |  |  |
|        | Total number of conservation easements  |  |                                 |  |  |  |  |  |
|        | Total acreage restricted by conservation easements  |  | •                               |  |  |  |  |  |
|        | Number of conservation easements on a certified historic str  |  | . 2c                            |  |  |  |  |  |
| a      | Number of conservation easements included in (c) acquired   |  |                                 |  |  |  |  |  |
| •      | listed in the National Register   |  | 2d                              |  |  |  |  |  |
| 3      | Number of conservation easements modified, transferred, re  | leased, extinguished, or terminated by the org     | ganization during the tax       |  |  |  |  |  |
| 4      | year  | agment is legated                                  |                                 |  |  |  |  |  |
| 4<br>5 | Number of states where property subject to conservation ea  | <u> </u>   |                                 |  |  |  |  |  |
| 3      | Does the organization have a written policy regarding the pe<br>violations, and enforcement of the conservation easements i |  | Yes No                          |  |  |  |  |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,  |  |                                 |  |  |  |  |  |
| Ū      | • Starr and volunteer flours devoted to morntoning, inspecting,   | Thanding of violations, and emorning conserve      | ation casements during the year |  |  |  |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conservation    | easements during the year       |  |  |  |  |  |
| -      | <b>▶</b> \$   |  | caseee adming and year          |  |  |  |  |  |
| 8      | Does each conservation easement reported on line 2(d) above   | ve satisfy the requirements of section 170(h)(4    | 4)(B)(i)                        |  |  |  |  |  |
|        | and section 170(h)(4)(B)(ii)?   |  |                                 |  |  |  |  |  |
| 9      | In Part XIII, describe how the organization reports conservat   |  |                                 |  |  |  |  |  |
|        | balance sheet, and include, if applicable, the text of the foot   | note to the organization's financial statements    | that describes the              |  |  |  |  |  |
|        | organization's accounting for conservation easements.   | <u>-</u>   |                                 |  |  |  |  |  |
| Pai    | rt III Organizations Maintaining Collections o  | f Art, Historical Treasures, or Othe               | r Similar Assets.               |  |  |  |  |  |
|        | Complete if the organization answered "Yes" on Form   | n 990, Part IV, line 8.                            |                                 |  |  |  |  |  |
| 1a     | If the organization elected, as permitted under FASB ASC 95   | 58, not to report in its revenue statement and I   | balance sheet works             |  |  |  |  |  |
|        | of art, historical treasures, or other similar assets held for pul  | blic exhibition, education, or research in furthe  | erance of public                |  |  |  |  |  |
|        | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.              |  |                                 |  |  |  |  |  |
| b      | If the organization elected, as permitted under FASB ASC 95   | 58, to report in its revenue statement and bala    | nce sheet works of              |  |  |  |  |  |
|        | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furthera     | nce of public service,          |  |  |  |  |  |
|        | provide the following amounts relating to these items:  |  |                                 |  |  |  |  |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1   |  | ·                               |  |  |  |  |  |
|        | (ii) Assets included in Form 990, Part X  |  |                                 |  |  |  |  |  |
| 2      | If the organization received or held works of art, historical tre   | easures, or other similar assets for financial gai | in, provide                     |  |  |  |  |  |
|        | the following amounts required to be reported under FASB A  |  |                                 |  |  |  |  |  |
|        | Revenue included on Form 990, Part VIII, line 1   |  | ·                               |  |  |  |  |  |
|        | Assets included in Form 990, Part X   |  |                                 |  |  |  |  |  |
| LHA    | For Paperwork Reduction Act Notice, see the Instruction   | s for Form 990.                                    | Schedule D (Form 990) 2020      |  |  |  |  |  |

032051 12-01-20

| Sche  | dule D (Form 990) 2020 ROTARY                     | CHARITIES (              | OF TRAVERS               | E CITY              |               | 38-21       | 70564              | Page 2      |
|-------|---|--------------------------|--------------------------|---------------------|---------------|-------------|--------------------|-------------|
| Par   | t III   Organizations Maintaining C               | collections of Ar        | t, Historical Tr         | easures, or Ot      | her Simil     | ar Asse     | <b>ts</b> (continu | ıed)        |
| 3     | Using the organization's acquisition, accessi     | on, and other record     | s, check any of the      | following that make | e significant | use of its  |                    |             |
|       | collection items (check all that apply):          |                          |                          |                     |               |             |                    |             |
| а     | Public exhibition                                 | d                        | Loan or exc              | hange program       |               |             |                    |             |
| b     | Scholarly research                                | е                        | Other                    |                     |               |             |                    |             |
| С     | Preservation for future generations               |                          |                          |                     |               |             |                    |             |
| 4     | Provide a description of the organization's co    | ollections and explair   | n how they further the   | ne organization's e | xempt purpo   | ose in Par  | t XIII.            |             |
| 5     | During the year, did the organization solicit of  | r receive donations o    | of art, historical trea  | sures, or other sim | ilar assets   |             | _                  |             |
|       | to be sold to raise funds rather than to be ma    |                          |                          |                     |               |             | Yes                | └── No      |
| Par   | t IV Escrow and Custodial Arran                   |                          | te if the organizatio    | n answered "Yes"    | on Form 990   | ), Part IV, | line 9, or         |             |
|       | reported an amount on Form 990, Pa                |                          |                          |                     |               |             |                    |             |
| 1a    | Is the organization an agent, trustee, custod     | ian or other intermed    | iary for contribution    | s or other assets n | ot included   |             | 7                  |             |
|       | on Form 990, Part X?                              |                          |                          |                     |               | L           | Yes                | └── No      |
| b     | If "Yes," explain the arrangement in Part XIII    | and complete the fol     | lowing table:            |                     |               |             |                    |             |
|       |   |                          |                          |                     |               |             | Amount             |             |
| С     | Beginning balance                                 |                          |                          |                     | 1c            |             |                    |             |
|       | Additions during the year                         |                          |                          |                     |               |             |                    |             |
| е     | Distributions during the year                     |                          |                          |                     | 1e            |             |                    |             |
| f     | Ending balance                                    |                          |                          |                     |               |             |                    |             |
|       | Did the organization include an amount on F       |                          |                          |                     | •             | L           | Yes                | ∐ No        |
|       | If "Yes," explain the arrangement in Part XIII.   |                          |                          |                     |               |             |                    |             |
| Par   | t V Endowment Funds. Complete i                   |                          |                          |                     |               |             | _                  |             |
|       |   | (a) Current year         | (b) Prior year           | (c) Two years back  | (d) Three y   | ears back   | <b>(e)</b> Four y  | ears back   |
| 1a    | Beginning of year balance                         | 1,018,613.               | 1,019,082.               |                     |               |             |                    |             |
| b     | Contributions                                     |                          |                          | 1,000,000           |               |             |                    |             |
| С     | Net investment earnings, gains, and losses        | 221,344.                 | 3,051.                   | 21,147              | +             |             |                    |             |
|       | Grants or scholarships                            |                          |                          |                     |               |             |                    |             |
| е     | Other expenditures for facilities                 |                          |                          |                     |               |             |                    |             |
|       | and programs                                      | 2 400                    | 2 500                    | 0.055               |               |             |                    |             |
| f     | Administrative expenses                           | 3,498.                   | 3,520.                   | 2,065               |               |             |                    |             |
| g     | End of year balance                               | 1,236,459.               | 1,018,613.               | 1,019,082           | •             |             |                    |             |
| 2     | Provide the estimated percentage of the curr      | •                        |                          | a)) held as:        |               |             |                    |             |
| а     | Board designated or quasi-endowment               | 100.0000                 | _%                       |                     |               |             |                    |             |
| b     | Permanent endowment                               | %                        |                          |                     |               |             |                    |             |
| С     | · ———   | %                        |                          |                     |               |             |                    |             |
| _     | The percentages on lines 2a, 2b, and 2c sho       |                          |                          |                     |               |             |                    |             |
| За    | Are there endowment funds not in the posse        | ession of the organiza   | ation that are held a    | nd administered fo  | r the organiz | zation      | Γ.                 |             |
|       | by:   |                          |                          |                     |               |             |                    | res No<br>X |
|       | (i) Unrelated organizations                       |                          |                          |                     |               |             |                    | X           |
|       | (ii) Related organizations                        |                          |                          |                     |               |             |                    | ^A          |
|       | If "Yes" on line 3a(ii), are the related organiza |                          |                          |                     |               |             | 3b                 |             |
| Do:   | Describe in Part XIII the intended uses of the    |                          | wment funds.             |                     |               |             |                    |             |
| Fai   |   |                          | David IV/ Bina dda C     | Farm 000 Dark       | V line 10     |             |                    |             |
|       | Complete if the organization answere              |                          | ·                        |                     |               |             | / N D . I          |             |
|       | Description of property                           | (a) Cost or of           | ' '                      | , ,                 | Accumulate    | ea          | (d) Book           | value       |
|       |   | basis (investm           | Dasis                    | (other) c           | depreciation  |             |                    |             |
|       | Land  |                          |                          |                     |               |             |                    |             |
|       | Buildings   |                          |                          |                     |               |             |                    |             |
|       | Leasehold improvements                            |                          |                          | 1,792.              | 53,7          | 61          | 0                  | ,028.       |
|       | Equipment   |                          |                          | 9,230.              | 26,7          |             |                    | ,439.       |
|       | Other   |                          |                          |                     | 40,7          | <del></del> |                    | ,467.       |
| าบเสเ | . Aud iiiles Ta tiliough Te. (Columin (d) Must e  | quai i Oiiii 330, Fail . | n, colullii (D), liile T | <i>uu.)</i>         |               |             | ± 0                | , = 0 / •   |

Schedule D (Form 990) 2020

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

| Part VII Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  | Schedule D (Form 990) 2020 ROTARY CHARI        | TIES OF TRAV               | JERSE CITY                             | 38-2170564 <sub>Page</sub>  |
|--|--|----------------------------|--|-----------------------------|
| (a) Description of security or category including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) Closely hold equity interests  (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g  |  |                            |  |                             |
| (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (5) Other (A) (B) (B) (B) (C) (C) (D) (D) (C) (D) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D   |  |                            |  |                             |
| (2) Closely held equity interests (3) Other (4) (5) (6) (7) (6) (7) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1   |  | (b) Book value             | (c) Method of valuation: Cost          | or end-of-year market value |
| (3) Other (A) (B) (C) (C) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C   | (1) Financial derivatives                      |                            |  |                             |
| (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Colum to) must equal form 990, Part X, col. (B) line 12.) ▶  Total. (Col. (b) must equal form 990, Part X, col. (B) line 15.) ▶  Total. (Col. (b) must equal form 990, Part X, col. (B) line 15.) ▶  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (d)  (d) Method of valuation. Cost or end-of-year market value (e)  (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g   | (2) Closely held equity interests              |                            |  |                             |
| (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F   | (3) Other                                      |                            |  |                             |
| (C) (D) (E) (F) (C) (D) (D) must equal form 990, Part X, col. (B) line 12,) ▶ (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F   | (A)  |                            |  |                             |
| (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F   | (B)  |                            |  |                             |
| (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.   | (C)  |                            |  |                             |
| (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   | (D)  |                            |  |                             |
| (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) (77 (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  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) (3)  | (E)  |                            |  |                             |
| (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) |  |                            |  |                             |
| 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)  |  |                            |  |                             |
| 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   | ( )  |                            |  |                             |
| 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) (77) (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (77) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)   | Part VIII Investments Program Poleted          |                            |  |                             |
| (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)   |  | F 000 D+ IV/ II            | 44 - 0 - Farm 000 Deat V Res 40        |                             |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X   Other Assets.   |  |                            |  |                             |
| (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.  |  | (b) Book value             | (c) Welfied of Valuation. Cost         | or cha or year market value |
| (3)     (4)     (5)     (6)     (77)     (8)     (9)     (9)     Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.     (a) Description  |  |                            |  |                             |
| (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶    Part IX   Other Assets.   |  |                            |  |                             |
| (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  |  |                            |  |                             |
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| (7) (8) (9)    Part IX   Other Assets.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description   (b) Book value   |  |                            |  |                             |
| (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (2) (3)   | _ ` '  |                            |  |                             |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (2)  (3)   | _ ` '  |                            |  |                             |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)   |  |                            |  |                             |
| Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)   | . ,  |                            |  |                             |
| (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 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  |  |                            |  |                             |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)   | Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15.  |                             |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)   | (a) D  | Description                |  | (b) Book value              |
| (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)   | (1)  |                            |  |                             |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  | (2)  |                            |  |                             |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  | (3)  |                            |  |                             |
| (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  | (4)  |                            |  |                             |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  | (5)  |                            |  |                             |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  | (6)  |                            |  |                             |
| (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3)  | (7)  |                            |  |                             |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)   | (8)  |                            |  |                             |
| 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)  (3)   |  |                            |  |                             |
| 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) (3)   |  | 15.)                       |  | ▶                           |
| 1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)   |  |                            |  |                             |
| (1) Federal income taxes (2) (3)   | (a) Description of lightity                    | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, li |                             |
| (2)<br>(3)   |  |                            |  | (b) BOOK value              |
| (3)  |  |                            |  |                             |
|  |  |                            |  |                             |
|  |  |                            |  |                             |

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... X

Schedule D (Form 990) 2020

(5) (6) (7) (8)

| Sche | edule D | (Form 990) 2020                       | ROTARY                 | CHARITI            | ES OF          | TRAVERS          | E CI  | TY               | 38-  | 2170564 | Page 4 |
|------|---------|---------------------------------------|------------------------|--------------------|----------------|------------------|-------|------------------|------|---------|--------|
| Pai  | rt XI   | Reconciliation of                     | of Revenue             | per Audited        | Financia       | al Statemen      | ts Wi | th Revenue per R | etur | n.      |        |
|      |         | Complete if the organ                 | nization answer        | ed "Yes" on Fo     | rm 990, Pai    | rt IV, line 12a. |       |                  |      |         |        |
| 1    | Total r | revenue, gains, and ot                | her support pe         | r audited financ   | ial stateme    | nts              |       |                  | 1    | 11,972  | ,149   |
| 2    | Amou    | nts included on line 1                | but not on Forr        | n 990, Part VIII,  | line 12:       |                  |       |                  |      |         |        |
| а    | Net ur  | nrealized gains (losses               | ) on investment        | ts                 |                |                  | 2a    | 6,143,747.       |      |         |        |
| b    | Donat   | ed services and use o                 | f facilities           |                    |                |                  | 2b    |                  |      |         |        |
| С    |         | veries of prior year grai             |                        |                    |                |                  | 2c    |                  |      |         |        |
| d    |         | (Describe in Part XIII.)              |                        |                    |                |                  | 2d    |                  |      |         |        |
| е    |         | nes 2a through 2d                     |                        |                    |                | -                |       |                  | 2e   | 6,143   |        |
| 3    |         | act line <b>2e</b> from line <b>1</b> |                        |                    |                |                  |       |                  | 3    | 5,828   | ,402   |
| 4    |         | nts included on Form                  |                        |                    |                |                  |       |                  |      |         |        |
| а    | Invest  | ment expenses not in                  | cluded on Form         | n 990, Part VIII,  | line 7b        |                  | 4a    | 188,579.         |      |         |        |
| b    |         | (Describe in Part XIII.)              |                        |                    |                |                  | 4b    |                  |      |         |        |
| С    |         | 4 1.41                                |                        |                    |                | ·                |       |                  | 4c   |         | ,579   |
| 5    | Total r | revenue. Add lines <b>3</b> a         | nd <b>4c.</b> (This mu | st equal Form 9    | 990, Part I, I | line 12.)        |       |                  | 5    | 6,016   | ,981   |
| Pa   | rt XII  | Reconciliation of                     | of Expenses            | per Audite         | d Financ       | ial Stateme      | nts W | ith Expenses per | Retu | ırn.    |        |
|      |         | Complete if the organ                 | nization answer        | ed "Yes" on Fo     | rm 990, Pai    | rt IV, line 12a. |       |                  |      |         |        |
| 1    | Total 6 | expenses and losses p                 | per audited fina       | ncial statement    | :s             |                  |       |                  | 1    | 2,781   | ,078   |
| 2    | Amou    | nts included on line 1                | but not on Forr        | n 990, Part IX, li | ine 25:        |                  |       |                  |      |         |        |
| а    | Donat   | ed services and use o                 | f facilities           |                    |                |                  | 2a    |                  |      |         |        |
| b    | Prior y | ear adjustments                       |                        |                    |                |                  | 2b    |                  |      |         |        |
| С    | Other   | losses                                |                        |                    |                |                  | 2c    |                  |      |         |        |
| d    |         | (Describe in Part XIII.)              |                        |                    |                |                  | 2d    |                  |      |         |        |
| е    |         | nes 2a through 2d                     |                        |                    |                | -                |       |                  | 2e   |         | 0      |
| 3    |         | act line <b>2e</b> from line <b>1</b> |                        |                    |                |                  |       |                  | 3    | 2,781   | ,078   |
| 4    |         | nts included on Form                  |                        |                    |                |                  |       |                  |      |         |        |

#### 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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

#### PART X, LINE 2:

THE CHARITY IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CHARITY IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. THE CHARITY FILES AN INFORMATION RETURN IN THE US FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE CHARITY IS NO LONGER SUBJECT TO US FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2018.

Schedule D (Form 990) 2020

188,579.

2,969,657.

188,579

4c

4a

#### SCHEDULE I (Form 990)

Part I

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

#### 38-2170564 ROTARY CHARITIES OF TRAVERSE CITY **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

| criteria used to award the grants or assis  Describe in Part IV the organization's pro         | ocedures for moni | toring the use of gran             | t funds in the Unite     | d States.                               |  |                                       | X Yes                              |
|--|-------------------|------------------------------------|--------------------------|---|--|---------------------------------------|------------------------------------|
| Part II Grants and Other Assistance to   |                   |                                    |                          |   | anization answered "   | Yes" on Form 990, Part                | t IV, line 21, for any             |
| recipient that received more than  | <del>-</del>      |                                    |                          |   |  | ,                                     | . , ,                              |
| 1 (a) Name and address of organization or government   | (b) EIN           | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| BELLAIRE DDA   |                   |                                    |                          |   |  |                                       |                                    |
| PO BOX 557   |                   |                                    |                          |   |  |                                       |                                    |
| BELLAIRE, MI 49615   | 81-2509894        | GOVERNMENT                         | 10,000.                  | 0.                                      |  |                                       | SEED                               |
| CIVIL AIR PATROL 2218 BIRCHWOOD COURT  |                   |                                    |                          |   |  |                                       |                                    |
| TRAVERSE CITY, MI 49686  | 75-6037853        | 501(C )3                           | 50,000.                  | 0.                                      |  |                                       | ATC                                |
| COGNITION  |                   |                                    |                          |   |  |                                       |                                    |
| 232 N. MI AVE,   |                   |                                    |                          |   |  |                                       |                                    |
| BEULAH, MI 49617   | 81-0906870        | 501(C )3                           | 50,000.                  | 0.                                      |  |                                       | ATC                                |
| CONSERVATION RESOURCE ALLIANCE<br>10850 E. TRAVERSE HWY, SUITE 1180<br>TRAVERSE CITY, MI 49684 | 38-2181915        | 501(C )3                           | 10,000.                  | 0.                                      |  |                                       | SEED                               |
| CROSSHATCH CENTER<br>PO BOX 929  |                   |                                    |                          |   |  |                                       |                                    |
| BELLAIRE, MI 49615   | 37-1517759        | 501(C )3                           | 10,000.                  | 0.                                      |  |                                       | SEED                               |
| DENNOS MUSEUM  |                   |                                    |                          |   |  |                                       |                                    |
| L701 E. FRONT STREET   |                   |                                    |                          |   |  |                                       |                                    |
| TRAVERSE CITY, MI 49686  | 38-2376475        | 501(C )3                           | 10,000.                  | 0.                                      |  |                                       | SEED                               |

30

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

(f) Method of

(e) Amount of

(d) Amount of

(b) EIN

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

(a) Name and address of

38-2170564 Page 1 (g) Description of (h) Purpose of grant non-cash assistance or assistance

| (a) Name and address of organization or government | (b) EIN    | if applicable | cash grant | non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance | or assistance           |
|--|------------|---------------|------------|------------------------|---|---------------------|-------------------------|
| RIENDS OF THE GARDEN THEATER                       |            |               |            |                        |   |                     |                         |
| PO BOX 341   |            |               |            |                        |   |                     |                         |
| FRANKFROT, MI 49635                                | 83-2531689 | 501(C)3       | 50,000.    | 0.                     |   |                     | ATC                     |
| GLEN LAKE ASSOCIATION                              |            |               |            |                        |   |                     |                         |
| PO BOX 245   |            |               |            |                        |   |                     |                         |
| GLEN ARBOR, MI 49636                               | 38-1658580 | 501(C )3      | 10,000.    | 0.                     |   |                     | SEED                    |
| GOODWILL INDUSTIES                                 |            |               |            |                        |   |                     |                         |
| 2279 SOUTH AIRPORT ROAD                            |            |               |            |                        |   |                     |                         |
| TRAVERSE CITY, MI 49684                            | 38-1976268 | 501(C)3       | 125,000.   | 0.                     |   |                     | SYSTEMS                 |
| ,  |            |               | ,          |                        |   |                     |                         |
| GT COUNTY PARKS & REC                              |            |               |            |                        |   |                     |                         |
| 1213 W. CIVIC CENTER DRIVE                         |            |               |            |                        |   |                     |                         |
| TRAVERSE CITY, MI 49685                            | 38-6004852 | GOVERNMENT    | 10,000.    | 0.                     |   |                     | SEED                    |
| GT REGIONAL LAND CONSERVANCY                       |            |               |            |                        |   |                     |                         |
| (CERULEAN FUNDS) - 3860 N. LONG                    |            |               |            |                        |   |                     |                         |
| LAKE ROAD, #D - TRAVERSE CITY, MI                  |            |               |            |                        |   |                     |                         |
| 49684  | 38-2994229 | 501(C)3       | 80,642.    | 0.                     |   |                     | SCA                     |
| GTRCF - NW MI COMMUNITY                            |            |               |            |                        |   |                     |                         |
| DEVELOPMENT - 223 LAKE AVENUE,                     |            |               |            |                        |   |                     |                         |
| SUITE B - TRAVERSE CITY, MI 49684                  | 38-3056434 | 501(C)3       | 10,000.    | 0.                     |   |                     | SEED                    |
|  |            |               |            |                        |   |                     |                         |
| HABITAT FOR HUMANITY                               |            |               |            |                        |   |                     |                         |
| PO BOX 5412  |            |               |            |                        |   |                     |                         |
| TRAVERSE CITY, MI 49686                            | 38-2753833 | 501(C )3      | 50,000.    | 0.                     |   |                     | ATC                     |
| HOSPICE OF MICHIGAN                                |            |               |            |                        |   |                     |                         |
| 10850 E. TRAVERSE HWY, SUITE 1155                  |            |               |            |                        |   |                     |                         |
| TRAVERSE CITY, MI 49684                            | 38-2255529 | 501(C)3       | 40,000.    | 0.                     |   |                     | ASSETS                  |
|  |            |               |            |                        |   |                     |                         |
| HOUSING NORTH                                      |            |               |            |                        |   |                     |                         |
| PO BOX 1434  |            |               |            |                        |   |                     |                         |
| TRAVERSE CITY, MI 49686                            | 83-3499967 | 501(C )3      | 125,500.   | 0.                     |   |                     | SYSTEMS / LEARNING FUNI |

| Part II Continuation of Grants and Other                       | Assistance to Do | omestic Organization          | s and Domestic G         | overnments (Sch                         | edule I (Form 990), Pa   | art II.)                               |                                       |
|--|------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government             | (b) EIN          | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| HUMAN NATURE SCHOOL  |                  |                               |                          |   |  |  |                                       |
| 1200 W 11TH STREET, SUITE 115                                  |                  |                               |                          |   |  |  |                                       |
| TRAVERSE CITY, MI 49684  | 46-2216105       | 501(C)3                       | 44,000.                  | 0.                                      |  |  | ASSETS                                |
|  |                  |                               |                          |   |  |  |                                       |
| INLAND SEAS  |                  |                               |                          |   |  |  |                                       |
| PO BOX 218   |                  |                               |                          |   |  |  |                                       |
| SUTTONS BAY, MI 49682  | 38-2866234       | 501(C )3                      | 10,000.                  | 0.                                      |  |  | SEED                                  |
| MINION HEAT MUCADE CHADE HONODMU                               |                  |                               |                          |   |  |  |                                       |
| MUNSON HEALTHCARE - SHAPE UPNORTH<br>1150 MEDICAL CAMPUS DRIVE |                  |                               |                          |   |  |  |                                       |
| TRAVERSE CITY, MI 49684  | 38-2642724       | 501/C \3                      | 20,000.                  | 0.                                      |  |  | SEED                                  |
| TRAVERSE CITT, MI 45004  | 30 2042724       | 501(0 /5                      | 20,000.                  | · ·                                     |  |  | DEED .                                |
| NAMASTE DIRECT   |                  |                               |                          |   |  |  |                                       |
| 229 BRANNAN STREET, #3A  |                  |                               |                          |   |  |  |                                       |
| SAN FRANCISCO, CA 94107  | 68-0159559       | 501(C)3                       | 5,000.                   | 0.                                      |  |  | wcs                                   |
| ·  |                  |                               | ·                        |   |  |  |                                       |
| NEWTON'S ROAD  |                  |                               |                          |   |  |  |                                       |
| 10850 E. TRAVERSE HWY, SUITE 4400                              |                  |                               |                          |   |  |  |                                       |
| TRAVERSE CITY, MI 49684  | 84-3024496       | 501(C)3                       | 20,750.                  | 0.                                      |  |  | ATC                                   |
|  |                  |                               |                          |   |  |  |                                       |
| NORTHPORT ARTS ASSOCIATION                                     |                  |                               |                          |   |  |  |                                       |
| PO BOX 262   | 46 2225060       | E01/G \2                      | 25 000                   | 0                                       |  |  | а ша                                  |
| NORTHPORT, MI 49670  | 46-3335969       | 501(C)3                       | 25,000.                  | 0.                                      |  |  | ATC                                   |
| NORTHSKY COMPASS (COMMONPLACE)                                 |                  |                               |                          |   |  |  |                                       |
| 425 BOARDMAN AVENUE, SUITE C                                   |                  |                               |                          |   |  |  |                                       |
| TRAVERSE CITY, MI 49686  | 81-3805677       | 501(C)3                       | 20,000.                  | 0.                                      |  |  | EMERGING NEEDS                        |
| ,  |                  |                               | , ,                      | <u> </u>                                |  |  |                                       |
| NW MI ARTS & CULTURE   |                  |                               |                          |   |  |  |                                       |
| PO BOX 1859  |                  |                               |                          |   |  |  |                                       |
| TRAVERSE CITY, MI 49685  | 83-1282144       | 501(C )3                      | 10,000.                  | 0.                                      |  |  | SEED                                  |
|  |                  |                               |                          |   |  |  |                                       |
| PARALLEL 45  |                  |                               |                          |   |  |  |                                       |
| PO BOX 1829  |                  |                               |                          |   |  |  |                                       |
| TRAVERSE CITY, MI 49685  | 26-2125174       | 501(C )3                      | 10,000.                  | 0.                                      |  |  | SEED                                  |

38-2170564 ROTARY CHARITIES OF TRAVERSE CITY Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) PLANTING SEEDS INTERNATIONAL 2860 WELLER LANE NORTHBROOK, IL 60062 82-0627430 501(C)3 5,000 0 WCS PURE WATER FOR THE WORLD PO BOX 55 RUTLAND, VT 05702 03-0362954 501(C)3 5,000 0 wcs SEEDS PO BOX 2454 425 BOARDMAN AVENUE TRAVERSE CITY, MI 49686 38-3482266 501(C)3 76,974 0 SYSTEMS / LEARNING FUND SLEEPING BEAR GATEWAYS COUNCIL PO BOX 161 GLEN ARBOR, MI 49636 38-1674000 501(C)3 10,000 0 SEED THE BOTANIC GARDENS 1490 RED DRIVE SEED 38-3523429 0 TRAVERSE CITY, MI 49684 501(C)3 10,000 THE ROCK OF KINGSLEY PO BOX 207 KINGSLEY, MI 49649 26-1548274 501(C)3 ATC 50,000 0 TITLE TRACK 6332 M-72 NW WILLIAMSBURG, MI 49690 38-2742032 501(C)3 20 000 0 EMERGING NEEDS TRAVERSE AREA DISTRICT LIBRARY 610 WOODMERE AVE TRAVERSE CITY, MI 49686 38-2491130 GOVERNMENT 50,000 0 ATC TRAVERSE AREA HISTORICAL SOCIETY

SEED

PO BOX 7051

TRAVERSE CITY, MI 49696

38-2547978

501(C)3

10,000

0

Page 1

| Part II Continuation of Grants and Other   | Assistance to Do | mestic Organizations          | s and Domestic G         | overnments (Sch                   | edule I (Form 990), Pa   | rt II.)                                |                                       |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government   | <b>(b)</b> EIN   | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| TRAVERSE CITY DANCE PROJECT  |                  |                               |                          |                                   |  |  |                                       |
| 4178 BARNES ROAD TRAVERSE CITY, MI 49684   | 82-2391695       | 501(C )3                      | 30,000.                  | 0.                                |  |  | ATC                                   |
| TRAVERSE SYMPHONY ORCHESTRA 300 E. FRONT STREET SUITE 230                                    |                  |                               |                          |                                   |  |  |                                       |
| TRAVERSE CITY, MI 49684  | 38-2680276       | 501(C )3                      | 25,000.                  | 0.                                |  |  | ASSETS                                |
| UNITED WAY - ALLIANCE FOR LITERACY<br>202 E. GRANDVIEW PARKWAY                               |                  |                               |                          |                                   |  |  |                                       |
| TRAVERSE CITY, MI 49684  | 38-1679060       | 501(C )3                      | 10,000.                  | 0.                                |  |  | SEED                                  |
| UNITED WAY - EARLY CHILDHOOD<br>202 E. GRANDVIEW PARKWAY                                     |                  |                               |                          |                                   |  |  |                                       |
| TRAVERSE CITY, MI 49684  | 38-1679060       | 501(C )3                      | 50,000.                  | 0.                                |  |  | EMERGING NEEDS                        |
| UNITED WAY - WILDFLOWER EARLY<br>CHILDHOOD - 202 E. GRANDVIEW                                |                  |                               |                          |                                   |  |  |                                       |
| PARKWAY - TRAVERSE CITY, MI 49684  | 38-1679060       | 501(C )3                      | 10,000.                  | 0.                                |  |  | SEED                                  |
| VILLAGE OF CENTRAL LAKE<br>1622 N M88  |                  |                               |                          |                                   |  |  |                                       |
| CENTRAL LAKE, MI 49622   | 38-6021200       | GOVERNMENT                    | 10,000.                  | 0.                                |  |  | SEED                                  |
| FRIENDS OF BETSIE VALLEY LIBRARY PO BOX 12   |                  |                               |                          |                                   |  |  |                                       |
| THOMPSONVILLE, MI 49683  | 34-2356450       | 501(C )3                      | 10,000.                  | 0.                                |  |  | SEED                                  |
| GROW BENZIE 5885 FRANKFORT HWY   |                  |                               |                          |                                   |  |  |                                       |
| BENZONIA, MI 49616   | 26-3343680       | 501(C )3                      | 50,000.                  | 0.                                |  |  | ATC                                   |
| ROTARY CAMPS & DISCOVERY CENTER GREAT LAKES - 202 E. GRANDVIEW PARKWAY, SUITE 200 - TRAVERSE |                  |                               | ·                        |                                   |  |  |                                       |
| CITY, MI 49684   | 38-2009127       | 501(C)3                       | 104,900.                 | 0.                                |  |  | OIL AND GAS ROYALTIES                 |
|  |                  |                               |                          |                                   |  |  | Schedule I (Form 990)                 |

| Part III | Grants and Other Assistance to Domestic Individuals<br>Part III can be duplicated if additional space is needed. | <b>s.</b> Complete if the | organization answ        | ered "Yes" on Form 9                  | 990, Part IV, line 22.                                |                                       |
|----------|--|---------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
|          | (a) Type of grant or assistance  | (b) Number of recipients  | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|          |  |                           |                          |                                       |   |                                       |
|          |  |                           |                          |                                       |   |                                       |
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|          |  |                           |                          |                                       |   |                                       |
|          |  |                           |                          |                                       |   |                                       |
| Part IV  | Supplemental Information. Provide the information rec  | quired in Part I, lin     | e 2; Part III, columr    | n (b); and any other a                | dditional information.                                |                                       |
|          |  |                           |                          |                                       |   |                                       |
|          |  |                           |                          |                                       |   |                                       |
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|          |  |                           |                          |                                       |   |                                       |
|          |  |                           |                          |                                       |   |                                       |

### SCHEDULE O

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ROTARY CHARITIES OF TRAVERSE CITY

**Employer identification number** 38-2170564

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS, MACK AND LORRAINE BEERS ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6:

TRAVERSE CITY ROTARY CLUB MEMBERS MAKE UP THE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

TRAVERSE CITY ROTARY CLUB MEMBERS ELECT ROTARY CHARITIES OF TRAVERSE CITY BOARD MEMBERS AT THEIR ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS,

STOCKHOLDERS, OR OTHER PERSONS ARE ANY CHANGES TO THE ARTICLES OF

INCORPORATION AND/OR BY LAWS.

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

COPY OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD ON WHETHER THE FORM 990 SHOULD BE ACCEPTED AND FILED.

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

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT EACH MEETING.

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

COMPARATIVE DATA IS OBTAINED FROM THE ASSOCIATION OF SMALL FOUNDATIONS AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

| Name of the organization ROTARY CHARITIES OF T | RAVERSE CITY |           | Employer identification number 38-2170564 |
|--|--------------|-----------|---|
| THEN ALL COMPENSATION IS REVIEWED B            | Y GOVERNANCE | COMMITTEE | •   |
| FORM 990, PART VI, SECTION C, LINE             | 19:          |           |   |
| THE ORGANIZATION MAKES ITS FINANCIA            | L STATEMENTS | AND FORM  | 990 AVAILABLE TO                          |
| THE PUBLIC VIA THEIR WEBSITE.                  |              |           |   |
|  |              |           |   |
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#### 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.

Department of the Treasury Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

| Name of the organization |        |           |    |          |      | Employer ide | entification number |
|--------------------------|--------|-----------|----|----------|------|--------------|---------------------|
| -                        | ROTARY | CHARITIES | OF | TRAVERSE | CITY | 38-217       | 70564               |
|                          |        |           |    |          |      | ,            | •                   |

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controllin<br>entity |
|--|----------------------|---|---------------------|---------------------------|---|
|  | _                    |   |                     |                           |   |
|  |                      |   |                     |                           |   |
|  |                      |   |                     |                           |   |
|  | -                    |   |                     |                           |   |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | <b>(b)</b> Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | contr | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|--|-----------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|--|
|  |                             |   |                               | 501(c)(3))                            |                               | Yes   | No   |
| ROTARY CLUB OF TRAVERSE CITY - 38-1429335          | COMMUNITY SERVICE AND       |   |                               |                                       |                               |       |  |
| 13170 S. WEST BAY SHORE DR. SUITE 108              | ADVANCEMENT OF              |   |                               |                                       |                               |       |  |
| TRAVERSE CITY, MI 49684                            | INTERNATIONAL               | MICHIGAN                                      | 501(C)(4)                     |                                       |                               |       | X  |
| ROTARY CAMPS AND SERVICES OF TRAVERSE CITY -       | OWN LEASE, AND OPERATE      |   |                               |                                       |                               |       |  |
| 38-2009127, 13170 S. WEST BAY SHORE DR.            | REAL ESTATE PROPERTY FOR    |   |                               |                                       |                               |       |  |
| SUITE 108, TRAVERSE CITY, MI 49684                 | EXEMPT PURPOSES             | MICHIGAN                                      | 501(C)(3)                     | 509(A)3                               |                               |       | X  |
| TRAVERSE CITY ROTARY CLUB WHEELCHAIRS FOR          | PROVIDE ASSISTANCE,         |   |                               |                                       |                               |       |  |
| POLIO SURVIVORS - 45-3176285, 13170 S. WEST        | INCLUDING WHEELCHAIRS, FOR  |   |                               |                                       |                               |       |  |
| BAY SHORE DR. SUITE 108, TRAVERSE CITY, MI         | POLIO SURVIVORS             | MICHIGAN                                      | 501(C)(3)                     | 509(A)3                               |                               |       | X  |
| DISCOVERY CENTER GREAT LAKES - 77-0660051          | A SUSTAINABLE PLACE THAT    |   |                               |                                       |                               |       |  |
| 13170 S. WEST BAY SHORE DR. SUITE 108              | CONNECTS PEOPLE OF ALL      |   |                               |                                       |                               |       |  |
| TRAVERSE CITY, MI 49684                            | AGES, ABILITIES AND NEEDS   | MICHIGAN                                      | 501(C)(3)                     | 509(A)3                               |                               |       | X  |

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part III 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.

|  | , ,              |                   | T                         | 1  |                | 1           |         |           | 1  | 1             |               |
|--|------------------|-------------------|---------------------------|--|----------------|-------------|---------|-----------|--|---------------|---------------|
| (a)  | (b)              | (c)               | (d)                       | (e)  | (f)            | (g)         | (1      | h)        | (i)  | (j)           | (k)           |
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile | Direct controlling entity | Predominant income   | Share of total | Share of    | Disprop | ortionate | Code V-UBI   | Genera        | or Percentage |
| of related organization                        |                  | (state or         | entity                    | (related, unrelated,   | income         | end-of-year | alloca  | itions?   | amount in box                                      | partne        | ownership     |
|  |                  | foreign country)  |                           | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |                | assets      | Yes     | No        | amount in box<br>20 of Schedule<br>K-1 (Form 1065) | Yes           | 0             |
|  |                  |                   |                           |  |                |             |         |           |  |               |               |
|  |                  |                   |                           |  |                |             |         |           |  |               |               |
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Part IV 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)  | (b)              | (c)                                    | (d)                       | (e)   | (f)                   | (g)                               | (h)                     | (i   | )  |
|--|------------------|--|---------------------------|---|-----------------------|-----------------------------------|-------------------------|------|----|
| Name, address, and EIN of related organization | Primary activity | Legal domicile<br>(state or<br>foreign | Direct controlling entity | Type of entity<br>(C corp, S corp,<br>or trust) | Share of total income | Share of<br>end-of-year<br>assets | Percentage<br>ownership | CITA |    |
|  |                  | country)                               |                           | ,   |                       |                                   |                         | Yes  | No |
|  |                  |  |                           |   |                       |                                   |                         |      |    |
|  |                  |  |                           |   |                       |                                   |                         |      |    |
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|  | 1                | 30                                     | I.                        | I.  | l .                   |                                   |                         |      |    |

Page 3

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

| Not  | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |   |                      |                                       |       |   | No |
|--|--|---|----------------------|---------------------------------------|-------|---|----|
| 1  | ring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  |   |                      |                                       |       |   | X  |
| а  | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |                      |                                       |       |   |    |
| b  | ift, grant, or capital contribution to related organization(s)   |   |                      |                                       |       |   |    |
|  | Gift, grant, or capital contribution from related organization(s)  |   |                      |                                       |       |   |    |
| d  | Loans or loan guarantees to or for related organization(s)   | Loans or loan guarantees to or for related organization(s)                                    |                      |                                       |       |   |    |
|  | Loans or loan guarantees by related organization(s)  |   |                      |                                       |       |   |    |
|  |  |   |                      |                                       |       |   |    |
| f  | Dividends from related organization(s)   |   |                      |                                       |       |   |    |
|  | Sale of assets to related organization(s)  |   |                      |                                       |       |   | X  |
|  | h Purchase of assets from related organization(s)  |   |                      |                                       |       |   | X  |
| i  | Exchange of assets with related organization(s)  |   |                      |                                       |       |   | X  |
| j  | j Lease of facilities, equipment, or other assets to related organization(s)   |   |                      |                                       |       |   |    |
| -  |  |   |                      |                                       |       |   |    |
| k  | Lease of facilities, equipment, or other assets from related organization(s)   |   |                      |                                       |       |   | X  |
|  | Performance of services or membership or fundraising solicitations for related organization(s)   |   |                      |                                       | 11    |   | X  |
|  | Performance of services or membership or fundraising solicitations by related organization(s)  |   |                      |                                       | 1m    |   | X  |
|  | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |   |                      |                                       | 1n    | Х |    |
|  | Sharing of paid employees with related organization(s)   |   |                      |                                       |       | Х |    |
|  | o Sharing of paid employees with related organization(s)   |   |                      |                                       |       |   |    |
| р  | Reimbursement paid to related organization(s) for expenses   |   |                      |                                       |       |   | X  |
|  | bursement paid by related organization(s) for expenses   |   |                      |                                       |       | Х |    |
| -  | The mode of the control of the contr |   |                      |                                       |       |   |    |
| r  | Other transfer of cash or property to related organization(s)  |   |                      |                                       |       | х |    |
| s  | s Other transfer of cash or property from related organization(s)  |   |                      |                                       |       | Х |    |
|  | If the answer to any of the above is "Yes," see the instructions for information on who must complete  |   |                      |                                       | 1s    |   |    |
|  | (a) Name of related organization  (b) Transactior type (a-s)   | on Amo  | (c)<br>ount involved | (d)  Method of determining amount inv | olved |   |    |
| (1) E  | ROTARY CAMPS AND SERVICES OF TRAVERSE CITY D   |   | 372,901.             | LINE OF CREDIT                        |       |   |    |
| (2) DISCOVERY CENTER GREAT LAKES B 329,314. GRANT AMOUNT |  |   |                      | GRANT AMOUNT                          |       |   |    |
| (3) I  | ROTARY CAMPS AND SERVICES OF TRAVERSE CITY B 354,314. GRANT AMOUNT   |   |                      |                                       |       |   |    |
| (4)  |  |   |                      |                                       |       |   |    |
| (5)  |  |   |                      |                                       |       |   |    |
| (6)  |  |   |                      |                                       |       |   |    |
|  | 10   |   |                      |                                       |       |   |    |

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)                    | (b)              | (c)                        | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)          | (f)          | (g)                   | (h      | )           | (i)  | (j)             | (H         | (k)    |
|------------------------|------------------|----------------------------|---|--------------|--------------|-----------------------|---------|-------------|--|-----------------|------------|--------|
| Name, address, and EIN | Primary activity | Legal domicile             | Predominant income (related unrelated   | partners so  | Share of     | Share of              | Dispro  | por-<br>ate | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Genera<br>manag | l or Perce | ∍ntage |
| of entity              |                  | (state or foreign country) | excluded from tax under   | orgs.?       | total income | end-of-year<br>assets | allocat | ons?        | of Schedule K-1  | partn           | er? owne   | ərsnıp |
|                        |                  | Country)                   | Sections 5 (2-5 (4)   | Yes N        | o income     | assets                | Yes     | No          | (F01111 1065)  | Yes I           | 10         |        |
|                        | -                |                            |   |              |              |                       |         |             |  |                 |            |        |
|                        | -                |                            |   |              |              |                       |         |             |  |                 |            |        |
|                        |                  |                            |   |              |              |                       |         |             |  |                 |            |        |
|                        |                  |                            |   | $\vdash$     |              |                       |         |             |  | $\vdash$        |            |        |
|                        |                  |                            |   |              |              |                       |         |             |  |                 |            |        |
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|                        | _                |                            |   |              |              |                       |         |             |  |                 |            |        |
|                        |                  |                            |   | $\vdash$     |              |                       |         |             |  | $\sqcup$        |            |        |
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|                        | 1                |                            |   |              |              |                       |         |             |  |                 |            |        |
|                        | 1                |                            |   |              |              |                       |         |             |  |                 |            |        |
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| Provide additional information on Schedule R. See instructions.      |  |  |  |  |
|--|--|--|--|--|
| PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:         |  |  |  |  |
|  |  |  |  |  |
| NAME OF RELATED ORGANIZATION:  |  |  |  |  |
| ROTARY CLUB OF TRAVERSE CITY   |  |  |  |  |
| PRIMARY ACTIVITY: COMMUNITY SERVICE AND ADVANCEMENT OF INTERNATIONAL |  |  |  |  |
| UNDERSTANDING & GOODWILL   |  |  |  |  |
|  |  |  |  |  |
| NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:                      |  |  |  |  |
| TRAVERSE CITY ROTARY CLUB WHEELCHAIRS FOR POLIO SURVIVORS            |  |  |  |  |
| EIN: 45-3176285  |  |  |  |  |
| 13170 S. WEST BAY SHORE DR. SUITE 108                                |  |  |  |  |
| TRAVERSE CITY, MI 49684  |  |  |  |  |
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