### Form 8879-TF

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

r calendar year 2021, or fiscal year beginning	, 2021, and ending

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

GRAND TRAVERSE LIGHTHOUSE MUSEUM

EIN or SSN 38-2660645

MARK THOMAS Name and title of officer or person subject to tax

PRESIDENT

Parti	Type of Return and Return Information
Check the	box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and
Form 5330	) filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a
or 10a beli	ow, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,

whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

	e line in Part I.					
1a	Form 990 check here ► X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b _	303,145.
	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)		2b _	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)		зь _	
4a	Form 990-PF check here >	b	Tax based on Investment income (Form 990-PF, Part V, line	5)	4b _	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)		5b _	
6a	Form 990-T check here ►	b	Total tax (Form 990-T, Part III, line 4)		6b	
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)		7b _	
8a	Form 5227 check here >	b	FMV of assets at end of tax year (Form 5227, Item D)		8b _	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b _	
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part II		10b	
Part	II Declaration and Signat	ure	Authorization of Officer or Person Subject to 1	<u> Fax</u>		
Under	penalties of perjury, I declare that X	la	n an officer of the above entity or I am a person subject to	o tax with resp	ect to	(name
of entity	v)		, (EIN)a	nd that I have	exami	ned a copy of the

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

ERO firm name

DIM:	check	000	hav	nni	٠,

X lauthorize DGN,

to enter my PIN

60645

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date >

#### Part III Certification and Authentication

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

38435149670

Do not enter all zeros

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

ERO's signature ▶ DGN, LLC

Date > 11/15/22

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

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

Form 8879-TE (2021)

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print GRAND TRAVERSE LIGHTHOUSE MUSEUM 38-2660645 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 43 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTHPORT, MI 49670 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 - T-17-12 Form 990-T (corporation) SANDY PARKINS, TREASURER • The books are in the care of ▶ 1737 S. KNORR DR - SUTTONS BAY, MI 49682 Telephone No. ▶ 231-271-0055 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box > . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period	Final retu	m	
За	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			<u>.</u>
	any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
C	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0
Card	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see	Form 8453.TF a	nd Form 8870.	TE for payment

Initial return

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

Form 8868 (Rev. 1-2022)

X calendar year 2021 or tax year beginning

# EXTENDED TO NOVEMBER 15, 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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

ΑI	For th	e 2021 calendar year, or tax year beginning and	d ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
L	Name chang	Doing business as		38-26606	45
	initial return Final	DO BOX 43	Room/suite	E Telephone numbe 231-386-	
_	Ireturn termi≀ ated		<u>'</u>	G Gross receipts \$	451,795.
Г	Amen	ded NOPTHDODT MT 49670		H(a) Is this a group re	
F	ireturn  Applio		-	for subordinator	? Yes X No
_	]tiòn pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
$\overline{}$	Tay ay	empt status: X 501(c)(3)	or 527	1	list. See instructions
		te: NWW.GRANDTRAVERSELIGHTHOUSE.COM	101 327	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	1 Vear	of formation: 1986 s	State of legal domicile; MI
		Summary	L + Gai	or tormagon, 1500 K	A Grate of fedal doublester
	<del>, '</del>	Briefly describe the organization's mission or most significant activities: EDUC	ነልጥድ ሮር	ΜΜΠΙΝΙΤΟΥ ΔΝΙ	RESTORE
Activities & Governance	1	HISTORIC SITE.	AIE CC	AMONIII AND	RESTORE
ırı	2	Check this box  if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ġ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5
ij		Total number of volunteers (estimate if necessary)			126
ţ;	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	İ			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		71,865.	89,387.
Revenue		Program service revenue (Part VIII, line 2g)	11,575.	87,688.	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		753.	416.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,900.	125,654.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		158,093.	303,145.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
to.	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,651.	114,369.
Expenses	162	Professional fundralsing fees (Part IX, column (A), line 11e)		0.	0.
ē	.ou	Total fundraising expenses (Part IX, column (D), line 25)	^	**************************************	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		102,148.	66,515.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		191,799.	180,884.
		Revenue less expenses. Subtract line 18 from line 12		-33,706.	122,261.
드유		Tieverius issa experiaca. Cubulast line To Holli iilo Te		ginning of Current Year	End of Year
sets or language	20	Total assets (Part X, line 16)	1 2	174,776.	
ASS Bal	21		·····	34,777.	41,748.
Net As	22	Net assets or fund balances. Subtract line 21 from line 20		139,999.	262,260.
	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	v knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of v			,, ,
-	, 00110	Land destinated a description of property (differ that distribution of a description of the description of t	The property	l l	<del></del>
Sig	-	Signature of officer		Date	
Her		MARK THOMAS, PRESIDENT			
Hei	•	Type or print name and title		-	
	_	Print/Type preparer's name Preparer's signature	11	Date Check	PTIN
Pair	d	HEIDI WENDEL, CPA	1	1/15/22 if self-employs	₽00721554
			1+	Firm's EIM =	20-2349670
	parer Only			FRIII 5 EIN	20 20 270 / 0
ust	omy	Firm's address P.O. BOX 947 TRAVERSE CITY, MI 49685-0947		Dhone no 22	1-946-1722
_				Frione no.23	
Mar	v tne li	RS discuss this return with the preparer shown above? See instructions	********		💹 Yes 📖 No

Form	990 (2021) GRAND TRAVERSE LIGHTHOUSE MUSEUM	38-2660645	Page 2
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: EDUCATE COMMUNITY AND RESTORE HISTORIC SITE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense:	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses,	and
4a	(Code: ) (Expenses \$ 42,728 · Including grants of \$ ) (Reven		601. <sub>)</sub>
	PAID STAFF KEPT THE COMPLEX OPEN TO THE GENERAL PUBLIC :		
	THROUGH DECEMBER DAILY. HOURS VARY IN THE OFF-SEASON BA		
	VISITATION. MUSEUM ADMISSIONS APPROXIMATED 25,000 GUES	TS IN 2021.	
	<del></del>		
4b	(Code: ) (Expenses \$ 33,324. including grants of \$ ) (Revenerable AND RESTORATION OF LIGHTHOUSE AND SURROUNDING FACELLANAU STATE PARK.		HIN
		<del> </del>	
		<del></del>	
4c	(Code: ) (Expenses \$ 5,837 • Including grants of \$) (Reven	ue \$ 5,	087.)
•-	CONTINUED THE SUCCESSFUL "LIVE IN" LIGHTHOUSE KEEPERS P		
		<del>*************************************</del>	
4d	Other program services (Describe on Schedule O.)		
-ru	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
46	Total program service expenses   81,889.	<del></del>	

Form **990** (2021)

Page 3

Form	990 (2021) GRAND TRAVERSE LIGHTHOUSE MUSEUM 38-2660	<u>645</u>	P	age 3
Pa	tilV 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)?			ļ
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	з		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<del>-</del>		
5		5		x
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	9		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			177
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
10		10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V			<del></del> -
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,		**	
	as applicable.	200	rie	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		<del> </del>
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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	1	l	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	l	X
f	and the second s			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
13 14a	The state of the s	14a	<u> </u>	X
	The state of the s		i	
b	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
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	.40	$\vdash$	ĦĒ
15		15	1	x
4-	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	F-3	├─	╁╌
16		46	1	x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<b></b>	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		Form	990	/2021

Page 4

1.0	Tt 14 Officialist of Frequired Schedules (Continued)		1./	T
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
<u>22</u>	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	H		╁
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			l
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠,
	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	l		- v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		3	
	instructions for applicable filing thresholds, conditions, and exceptions):	<u></u>		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
L	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	-	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	200		<del>                                     </del>
Ç	NV Barrandata Calcadada I. Dant IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			┢▔
-	contributions? If "Yes," complete Schedule M	30	]	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, dld the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		!	۱
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		<sub>V</sub>	
Da-	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		   <b>v</b>	<u> </u>
م	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	ģ.	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1		3	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 100 C	
G	(gambling) winnings to prize winners?	1c	X	
	10			

132004 12-09-21

Form **990** (2021)

Page 5

GRAND TRAVERSE LIGHTHOUSE MUSEUM

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ř	1
	filed for the calendar year ending with or within the year covered by this return 2a5	<u> </u>	<u></u>	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<del></del> -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠		
	were not tax deductible?	6b	Sexumin *	7005
7	Organizations that may receive deductible contributions under section 170(c).	7-	¥E.	X
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?	7b		
С		<b>-</b> -		x
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year	7c	jivato42.	A.
	1 100)	7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	_	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8	***	Live -
9	Sponsoring organizations maintaining donor advised funds.	182		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	凄		225
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			0.00
11	Section 501(c)(12) organizations. Enter:	1,3		7
а	Gross income from members or shareholders			ě
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	i de		
	amounts due or received from them.)	g		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	3 9 M	® .*
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	Coding.	A
	Note: See the instructions for additional information the organization must report on Schedule O.			K.
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			
_				
		14a		X
14a	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	<del></del>		l
17	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1 2	. <b>A</b>	
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.	Hi wa	ý. Vá	<b>#</b> 1
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes." complete Form 6069.	ž		4

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 1a 1	1	ļ	
	If there are material differences in voting rights among members of the governing body, or if the governing		;	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		· *	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	1	E E	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 🖺		
	officer, director, trustee, or key employee?	2	X	Section.
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
- 7a		۲	<del></del>	
	more members of the governing body?	7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- én		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 8		Α
066	tion b. Policies (mis section b requests information about policies not required by the internal Revenue Code.)			N1
40	Did the even institute have been been been been been as efficated	40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	-	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		,	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	10.5c
15	Did the process for determining compensation of the following persons include a review and approval by independent	300	重量	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- F		
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			T S
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		£.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	- 6		
	exempt status with respect to such arrangements?	16b	!	
	tion C. Disclosure			
	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, and 990-T (section 501(c)(3	s only)	availa	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	rcial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SANDY PARKINS, TREASURER - 231-271-0055			
	1737 S. KNORR DR, SUTTONS BAY, MI 49682			

Form 990 (2021)

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

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

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

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

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

(A)	(B)			(C Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck	more	than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer ar	d a d	irecto	x/trus	tee)	from	from related	other
	(list any	sctor			1		1	the	organizations	compensation
	hours for	ar dir	يو			量		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	뺣		<sub>e</sub>	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	眶	tional		흍	yee yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Биле			0,94,12445110
(1) STEFANIE STALEY	40.00					Π		44.440		_
EXECUTIVE DIRECTOR	<u> </u>		<u> </u>	X		_	<u> </u>	61,110.	0.	0.
(2) MARK THOMAS	2.00					ŀ			_	•
PRESIDENT	<u> </u>	X	_	X	_	<u>Ļ</u>		0.	0.	0.
(3) GLORIA COBB	2.00									•
VICE PRESIDENT	1	X	_	X		ļ	<u> </u>	0.	0.	0.
(4) SANDY PARKINS	2.00	۱,,		X				0.	0.	0
PREASURER	2.00	Х	┞	A	<u> </u>	┝	┡	U •	0.	0.
(5) RACHEL STRAUGHEN	2.00	x		x				0.	0.	0.
SECRETARY	1.00	^	_	Λ	$\vdash$	⊢	┝	U .	· ·	<u></u>
(6) JIM BENSLEY	1.00	x						0.	0.	0.
TRUSTEE (7) AMY BURNS-BAILEY	1.00	Δ	<u> </u>		├	┝	┝	0.	٠.	· ·
rustee	1.00	x				ŀ		0.	0.	0.
(8) JOHN CLARK	1.00				┝	╢	┝		•	•
PRUSTEE	1.00	X		ĺ				0.	0.	0.
(9) LIZ CLARK	1.00					┢	┢			
TRUSTEE	1100	x						0.	0.	0.
(10) BLAIR DEYOUNG	1.00	<del></del>			一	$\vdash$	<del>                                     </del>		-	
rustee		х						0.	0.	0.
(11) CHRIS DOYAL	1.00									
TRUSTEE		x						0.	0.	0.
(12) DAVID NELSON	1.00	Г								
TRUSTEE		Х						0.	0.	0.
(13) BUDDY PALLA	1.00									
TRUSTEE		X						0.	0.	0.
(14) GAIL ROBERTS	1.00									
FRUSTEE		X						0.	0.	0.
(15) STEPHANIE ROSINSKI	1.00	]			_			<u> </u>	_	_
PRUSTEE		X			_		_	0.	0.	0.
		1								
	<del>                                     </del>		├─	$\vdash$	<del> </del>	$\vdash$	$\vdash$			
					ı	ı	l			

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	
(A) (B) (C) (D) (E)							1	(F)		
Name and title	Average	(40	not c	Pos	ition	1 then	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	han		compensation	amount of
	Week	├—	ceras	uau	IIIeCtt	J/10 US	Lee,	from	from related	other
	(list any hours for	ndividual trustee or director				L		the	organizations (W-2/1099-MISC/	compensation from the
•	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ī fais		<b>8</b>	m De		1099-NEC)	1000 NEO,	and related
	below	igna id	Institutional trustee		[출	estco	<sub>55</sub>			organizations
	line)	Indiv	İnstit	Officer	Key employee	Highest compensated employee	Ę			
		l.   .								
				ŀ						
		_	_			_	_			
								1		
	ļ	<u> </u>					_		<del></del>	_
	ļ	ļ								
	<del> </del>				⊢	┢	⊢			<del> </del>
	<b></b>	ł								
	-				├	├	┝			+
		ł								
	<del> </del>	$\vdash$			$\vdash$	┢┈	┝╌			
	1	1								
,,										
		1								
		Г								
		1								
1b Subtotal							<b></b>	61,110.	0	
c Total from continuation sheets to Part V	II, Section A			· · · · · ·			ightharpoons	0.	0	-
d Total (add lines 1b and 1c)	**************						<u> </u>	61,110.	0	0
2 Total number of individuals (including but	not limited to th	ose	liste	d al	bov	e) wi	10 r	eceived more than \$100	0,000 of reportable	
compensation from the organization										<u> </u>
					_					Yes No
3 Did the organization list any former officer										3 - X
line 1a? If "Yes," complete Schedule J for										
4 For any individual listed on line 1a, is the s and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor									Idual lot selvices	5   -   X
Section B. Independent Contractors	ipioto denegai	<del></del>	0, 0,		<i>p</i>				***************************************	<u>.   U  </u>
Complete this table for your five highest co	ompensated in	dep	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of compe	nsation from
the organization. Report compensation for										
(A)								(B)		(C)
Name and business	address	N	INC	3				Description of s	ervices	Compensation
							_			
							_			
							- [			
							$\dashv$			
									<del></del>	
2 Total number of independent contractors	including but n	nat 1i	mite	d to	the	se li	<u> </u>	l above) who received m	ore than	(E)
\$100,000 of compensation from the organ		.06 11		V		0				
wiseless of componediati nom the organ										Form <b>990</b> (2021

, <del>P</del> a	LEVII	Statement of Revenue	arasta ta any fi	es in this Dort VIII			
		Check if Schedule O contains a response	or note to any iii	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f		8,825. 44,082. 36,480.	89,387.			
			Business Code	<b>E</b>		ù# -r x	er fer to be
ice	2 a	MUSEUM ADMISSIONS	712110	82,601.	82,601.		
Program Service Revenue	b KEEPERS PROGRAM		712110	5,087.	5,087.		
E S	C						
gra Re	d						
Pro	e	AB -Mary and a series and a ser					
_	'	All other program service revenue  Total. Add lines 2a-2f		87,688.	,		
	3	Investment income (including dividends, interesther similar amounts) Income from investment of tax-exempt bond p	est, and	416.	•		416.
	5	Royalties					
	6 a	Gross rents (i) Real  Gross rents 6a  Less: rental expenses 6b	(ii) Personal				
		Alsh we stall be a sure on the set	<u> </u>	ea NEWLTWS	\$ 100,000 pages	4 A Manual (2004) 224	3a. (Call) 500 -
enne	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
eve		Gain or (loss)7c	<del></del>	<b>******</b> ******************************	70 H 144,		*##* - · · · · · · · · · · · · · · · · · ·
Other Revenue		Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 8a	15,008.				
	ь	Less: direct expenses 8b	12,386.			3.0	
		Net income or (loss) from fundraising events	<u></u>	2,622.			2,622.
		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a					
	С	Net income or (loss) from gaming activities	<b>&gt;</b> _	Vanisa	<u>.                                      </u>		
	ь	Less: cost of goods sold10b	245,993. 136,264.	109,729.			109,729.
	i e	Net income or (loss) from sales of inventory	Business C. /	m a w			109,729.
Miscellaneous Revenue	11 a b	EMPLOYEE RETENTION TAX	Business Code 712110	13,303.	13,303.		
Re	C		ļ	- <u></u> -			-
ğ	d	All other revenue	<u> </u>	13,303.		# .E.J .7	
	е	Total Add lines 11a-11d		303,145.	100,991.	0.	112,767.
	12	Total revenue. See instructions			TOO, JOHO		

132009 12-09-21

#### 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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo	-			<u> </u>
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			7 \	1
	and domestic governments. See Part IV, line 21				5. page 5.4.
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			1.2	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				į.
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0.0 500	24 026	71 (04	<del></del>
7	Other salaries and wages	96,520.	24,826.	71,694.	
8	Pension plan accruals and contributions (include		1		
_	section 401(k) and 403(b) employer contributions)	8,123.	-	0 100	
9	Other employee benefits	9,726.	1,983.	8,123. 7,743.	
10	Payroll taxes	9,140.	1,903.	1,143.	
11	Fees for services (nonemployees):				
a	Management		<del> </del>		
	Legal	11,059.	11,059.	·	
	Accounting	11,009.	TT,009.		
a -	Lobbying Professional fundraising services. See Part IV, line 17			*	
e f	Investment management fees		<u></u>		
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	7,209.	6,317.	892.	<u></u>
13	Office expenses	10,957.	9,965.	992.	
14	Information technology	20,5574	373031	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15	Royalties				<u> </u>
16	Occupancy	9,481.	6,249.	3,232.	
17	Travel	1,475.	1,475.	0,2020	<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,386.	2,386.		
23	Insurance	4,888.	997.	3,891.	
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).			3.4.	77
	amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	15,059.	14,111.	948.	
ь	POSTAGE	1,735.	1,660.	75.	
c	DUES AND FEES	1,486.	861.	625.	
d	MISCELLANEOUS	780.		780.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	180,884.	81,889.	98,995.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
132010	12-09-21				Form <b>990</b> (2021)

Par	rt÷X <u>*</u>	Balance Sheet					
		Check if Schedule O contains a response or no	ote to a	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			43,187.	1	133,761.
	2	Savings and temporary cash investments			25,160.	2	
	3	Pledges and grants receivable, net				3	İ
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	ersons (as defined			7
		under section 4958(f)(1)), and persons describe		6			
Assets	7	Notes and loans receivable, net				7	
556	8	Inventories for sale or use	32,952.	8	82,221		
⋖ .	9	Prepaid expenses and deferred charges			2,086.	_	1,920
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			1 2 2		
	b	Less: accumulated depreciation			5,091.	10c	19,806.
	11	Investments - publicly traded securities		***************************************		11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	66 200	14	56 200		
	15	Other assets. See Part IV, line 11			66,300.	15	66,300
	16	Total assets. Add lines 1 through 15 (must equ			174,776.	16	304,008
	17	Accounts payable and accrued expenses	17,472.	17	36,098		
	18	Grants payable	1,805.	18	E 6 E 0		
	19	Deferred revenue	1,003.	19	5,650		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			4634m=405 W.3=0.>	21	
2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs				22	
	23	controlled entity or family member of any of the	-	***************************************		23	
	24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate			15,500.	24	
	25	Other liabilities (including federal income tax, pa			13,300.		
ĺ	23	parties, and other liabilities not included on line	-				
		of Schedule D		· · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25			34,777.	26	41.748.
		Organizations that follow FASB ASC 958, ch	eck he	e N	ii vi	n n	
Ses		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			139,999.	27	262,260.
	28	Net assets with donor restrictions			·	28	-
₽		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🔲	34. T. T. T. T. T. T. T. T. T. T. T. T. T.	77.	
:		and complete lines 29 through 33.		· 《焉	<i>p</i> r.		
5	29	Capital stock or trust principal, or current funds	i			29	1
195	30	Paid-in or capital surplus, or land, building, or e				30	
ζ	31	Retained earnings, endowment, accumulated in				31	
2	32	Total net assets or fund balances			139,999.	32	262,260.
	33	Total liabilities and net assets/fund balances .			174,776.	33	304,008.

Form 990 (2021)

Form	990 (2021) GRAND TRAVERSE LIGHTHOUSE MUSEUM	38-266	0645	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			l	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,14	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,88	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,26	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	139	99	<u> 9.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	ļ			
•	column (B))	10	262	2,26	<u> 50 -</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			$\longrightarrow$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			χ	月
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	э О.		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:			1	
	X Separate basis Consolidated basis Both consolidated and separate basis		100 m		0
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		1	Į.
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
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 Audit			37
	Act and OMB Circular A-133?		_3a	$\dashv$	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Employer identification number Name of the organization 38-2660645 GRAND TRAVERSE LIGHTHOUSE MUSEUM Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (ii) EIN (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)    1 Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax reventues levied for the organization's breath and there paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsections 5 ronline 4.  8 Gross income from line 4  8 Gross income from line 4.  8 Gross income from initerest, dividends, payments received on securities loans, rents, royalties, and Income from similar sources  9 Not income from similar sources  9 Not income from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  15 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	Sec	tion A. Public Support									
1 Gitts, grants, contributions, and memberahip fees received. (Do not include any **Unusual grants-**) 2 Tax revenues levide for the organization's benefit and either paid to or expanded on its behalf or expanded on its that exceeds 2% of the amount shown on fine 11, column (f) or expanded on its behalf			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
membership fees received. (Do not include are yoursules) grants? 3  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf are a second on the behalf are paid to or expended on the behalf are furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge and the provided on line 1 that levels 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 29% of the amount shown on fire 11, column (f) and the second 29% of the amount shown on fire 11, column (f) and the second 29% of the amount shown on fire 11, column (f) and the second 29% of the amount shown on fire 11, column (f) and the second 29% of the amount shown on fire 11, column (f) and the second 29% of the amounts from line 48% of the amounts from line 48% of the amounts from line 48% of the second 29% of the amounts from line 49% of the amounts from line 69% of the first from line 69% of the first from line 69% of the first from line 69% of the first from line 69% of the first fro											
Include any "unusual grants.")  2 Tax revenues leviad for the organization's benefit and either paid to or expended on its bahalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total, Add lines 1 through 3  5 The portion of total contributions by each person (cither than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, because the 5 ton line 4.  Section B. Total Support  Callendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Nat income from unrelated business activities, whether or not the business it regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Colors receipta from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 950 is for the organization from fact, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly support degralization and stop here. The organization qualifies as a publicly supported organization in Part VI) has a post payment the facts and-circumstances test. 1-2021. If the organization qualifies as a publicly supported organization in Part VI or the organization meets the facts and-circumstances test. 1-2021. If the organization meets the facts and-circumstances test. 1-2021. If the organization meets the facts and-circumstances test. 1-2021. If the organization meets the facts and-circumstances test. 1-1021. If the organization meets the facts and-circumstances test. 1-1021. If the organization meets the facts and-circumstances test. 1-1021. If the organization meets the facts and-circumstances test. 1-1021. If the organization meets the fa	-										
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Severative 8 ** on he 4.  8 Cross income from line 4.  6 Ross income from interest, dividends, payments received on securities losans, raris, royalities, and income from interest, dividends, payments received on securities losans, raris, royalities, and income from similar sources.  9 Net income from underted business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII). 11 Total support, Add lines 7 through 10 . 22 Gross receipts from related activities, etc. (see instructions). 12 Income from continuation of Public Support Percentage.  8 Section C. Computation of Public Support Percentage.  9 Section C. Computation of Public Support Percentage.  14 Public support percentage from 2020 Schedule A, Part II, line 14.  15 Public support percentage from 2020 Schedule A, Part II, line 14.  16 Public support percentage from 2020 Schedule A, Part II, line 14.  17 a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organiz											
teation's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column ()  6 Public support, Subsect the 8 fines the 4 Section B. Total Support  Calendar year (or fiscal year beginning is)	2	-			-						
a The value of services or facilities furnished by a governmental unit to the organization without charge of the facilities of the person of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f)  6. Public support, Subrect ties 6 than file 4.  8. Section B. Total Support  7. Amounts from tine 4.  8. Gross income from interest, dividends, payments received on securities losars, rarts, royalties, and income from interest, dividends, payments received on securities losars, rarts, royalties, and income from interest, dividends, payments received on securities losars, rarts, royalties, and income from interest, dividends, payments received on securities losars, rarts, royalties, and income from interest, dividends, payments received on securities losars, rarts, royalties, and income from interest, dividends, payments received on securities losars, rarts, royalties, and income from interest, of the security of the security of the security of the security of the securities losars, rarts, royalties, and income from interest, of the securities losars, rarts, royalties, and income from interest, of the securities of the	_	_									
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the support search to the 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 Search to the search of the search		· ·									
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Seteration's teen line 4. 8 Gross income from lartest exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from lartest, dividends, payments received on securities loans, rents, royalliles, and income from unrelated business activities, whether or not the business is regularly carried on on securities loans, rents, royalliles, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10 Cores receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage from 2020 Schedule, A. Part II, line 14. 15 Public support percentage from 2020 Schedule, A. Part II, line 14. 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 77b, check this box and see instructions 17b 10% -facts-and-cir	3										
the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. & Seatime 11, column (f) 6 Public support. & Seatime 12, column (f) 8 Cross income from Interest, dividends, payments received on securities loans, rents, royallies, and lincome from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage from 2020 Schedule A, Part II, line 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 Satisfy support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2021. If the organization of the other check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization in qualifies as a publicly supported organization organization or more, and if the organization meets the facts-and-circumstances test. The organization in qualifies as a publicly supported organization organization organ											
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Subscattne's from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support payments received on securities loans, rents, royalties, and nicrom from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Total support 10 Total support 10 Total support. Add lines 7 through 10 Total support 1		• –									
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subractine 5 from line 4.  Section B. Total Support Calledaryear (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total organization increases, column (f) and increases and income from ine 4.  8 Gross income from ine 4.  8 Gross income from inerest, dividends, payments received on securities loans, ents, royalties, and income from smillar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).  12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Public support percentage from 2020 Schedule A, Part II, line 14, line 14 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 18a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization by 10 10 10 10 10 10 10 10 10 10 10 10 10	4										
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract the 5 from the 4.  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipte from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here  8 Section C. Computation of Public Support Percentage  14 Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization percentage in the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization percentage in the organization meets the facts-and-circumstances test. The organization qualifies as a pu						107					
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subrect time 5 from line 4. 8 Gross income from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization of here. Explain in Part VI) 14 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test - 2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 33 1/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization programment or the support of the programment of the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization programment or the support of the facts and circumstances test. The organization qualifies as a publicly supported organization programment or the organization programment of the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization programment or the organization programment of the organization programment of the organization programment of the organization did not check a box on line 13, 16a, 16b, 17d, or 17b, check	_	-									
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8 Public support. Subvect line's from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business sergularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 14 Gross receipts from related activities, etc. (see instructions) 15 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage from 2020 Schedule A, Part II, line 14 Ins. 15 Public support percentage from 2020 Schedule A, Part II, line 14 Ins. 16 Ins. 17 Ins. 18 Ins.											
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8 Public support. Subsactine 5 from line 4.  8 Cross income from line 4  8 Gross income from interest, dividends, payments received on securities (ans., rents, royalities, and income from similar sources on Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) or 11 Total support. Add lines 7 through 10  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 Public support test - 2021. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, f8a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization dud not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization programization meets the fa				-	4 4						
Section B. Total Support  Salvata line 5 from line 4.  8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization  18 Private foundation. If the organization did not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization  18 Private foundation. If the organization did not check a		* *	<u>.</u>		4		3.7				
8 Public support. Subtract the 5 fron line 4.  Section B. Total Support  Calendar year (of fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support, Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 as 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V I how the organization meets the facts-and-circumstances test, check this box and stop here.		amount shown on line 11,		\$ ~ ~ ~	3						
Section B. Total Support  Calendar year (or fisal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  16 Public support percentage for 2021 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances te		column (f)		* *		**	Æ (·				
Section B. Total Support  Calendar year (or fiscal year beginning In) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support, Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	6		W. Art		** <b>*</b>	<u> </u>					
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2020 Schedule A, Part II, line 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here						<u>,</u>					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 Schedule A, Part II, line 14  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organ	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from mirelated business activities, whether or not the business is regularly carried on	7	Amounts from line 4									
securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)	8	Gross income from interest,									
and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organi		dividends, payments received on									
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))		securities loans, rents, royalties,		1							
activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support, Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 a3 31/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test the organization did not check a box on line 13, 16a,		and income from similar sources	_								
business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (fine 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how th	9	Net income from unrelated business									
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		activities, whether or not the									
or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))		business is regularly carried on									
assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	10	Other income. Do not include gain									
Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  Public support percentage from 2020 Schedule A, Part II, line 14  15 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test. The organization qualifies as a publicly		or loss from the sale of capital									
12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 07a, or 17b, check this box and see instructions						a discount spanner = ability a second					
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	11	Total support. Add lines 7 through 10	ZX nx.		1.72						
Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities	, etc. (see instructi	ions)			<del></del>				
Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	13	First 5 years. If the Form 990 is for the						. —			
Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  14    15    16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	_				<u></u>	***************************************		PLL			
15 Public support percentage from 2020 Schedule A, Part II, line 14  16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							44				
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								<u>, %</u>			
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	15	Public support percentage from 2020	0 Schedule A, Part	i II, line 14		141-001/00/ 0		<u>%</u>			
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 IS 33 1/3% OF I	nore, check this bo	x anu			
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		stop here. The organization qualifies	as a publicly supp	oorted organizatioi	l			ie hov			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	Ŀ	33 1/3% support test - 2020. If the	organization did no	ot check a box on	ine is or roa, and	1 III 15 15 33 1737	o of more, check th	IS DUX			
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		and stop here. The organization qua	lities as a publicly	supported organiz	ation	- 12 150 or 16h	and line 14 is 10%	or more			
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	178	10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 15a, or 16b, and line 14 is 10% or more,									
b 10% -facts-and-circumstances test - 2020. If the organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part vi now the organization									
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	_	meets the facts-and-circumstances t	est. The organizati	ion qualities as a p	aback a bay on the	organization a 12 16a 16h ar	17a and line 15 le				
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	E	10% -facts-and-circumstances tes	st - zuzu. It the org	ganization did not	oneuk a DUX UN IIII ook this boy ond s	ton here Evnisin i	n Part VI how the	10/0 00			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and it the organization meets t	ne racts-and-circu	instances test, cno	ron una DOX and S Inline se a sublici	top nere. Expiain i	ization				
	40	organization meets the racts-and-circ	on did not sheek a	hov on line 13, 16	ia 16h. 17a or 17	h, check this box :	and see instructions	s			
	18	Private roungation. If the organization	on giù not chec <u>k a</u>	DOX ON MIG 10, 10	, , , , , , , , , , , , , , , , , , ,	e, silver the box t					

(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

Sec	qualify under the tests listed b	elow, please comp	olete Part II.)	<del></del>	<u>-</u>					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	(-) 11	1-12010	1-1		,,===-	V			
•	membership fees received, (Do not									
	include any "unusual grants.")	100,755.	104,821.	116,641.	71,865.	104,395.	498,477.			
2	Gross receipts from admissions,			-			-			
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose				143,684.	333,681.	477,365.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513		-							
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf						-			
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge		104 001	116 611	215 540	130 076	075 942			
	Total. Add lines 1 through 5	100,755.	104,821.	116,641.	Z13,349.	438,076.	975,842.			
7a	Amounts included on lines 1, 2, and				1		0.			
	3 received from disqualified persons		<del></del>							
	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the	6,000.		6,000.						
	amount on line 13 for the year	6,000.		6,000.						
	Add lines 7a and 7b	<u> </u>			3,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	969,842.			
	Public support. (Subtract line 7c from line 5.)	***	Car Anima All 7		- W	Was				
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 6	100,755.	104,821.	116,641.	215,549.	438,076.	975,842.			
	Gross income from interest,			<u> </u>						
	dividends, payments received on									
	securities loans, rents, royalties, and income from similar sources	976.	397.	1,519.	753.	416.	4,061.			
ŀ	Unrelated business taxable income									
-	(less section 511 taxes) from businesses									
	acquired after June 30, 1975		36,892.	30,326.			67,218.			
	Add lines 10a and 10b	976.	37,289.	31,845.	753.	416.	71,279.			
	Net Income from unrelated business		-							
	activities not included on line 10b, whether or not the business is									
	regularly carried on									
12	Other income. Do not include gain			ا ا			FF6 55=			
	or loss from the sale of capital assets (Explain in Part VI.)	154,415.		190,126.		13,303.	556,397.			
	Total support. (Add lines 9, 10c, 11, and 12.)	256,146.				451,795.	1,603,518.			
14	First 5 years. If the Form 990 is for ti	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organizati	ion,			
	check this box and stop here						<u>-</u>			
Sec	ction C. Computation of Publ			. (0)	· <del></del> -	   a=	60.48 %			
15	Public support percentage for 2021 (					15				
	Public support percentage from 2020					16	36.27 <u>%</u>			
	ction D. Computation of Inve			no 10 polyma (6)	<u> </u>	17	4.45 %			
17						18	.00 %			
18	Investment income percentage from	zuzu Schedule A,	ran III, iine 17 🗼	on line 14 and line	a 15 io mara than 6					
198	33 1/3% support tests - 2021. If the						► IVI			
_	Moto digit on those dispersions are a second and a second a second and									
t	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
^^	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
	<del></del>	ni dia not check a	DOX OIT HIE 14, 19	a, or rap, oriec <u>n</u> u	no box and see in		(Form 990) 2021			
1320	23 01-04-22			16		_51.044.07				

## Part V 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		·* ,
4		
1	******	
	(Mariana)	12.13
,		
2		economies an
За		
346	`.#	
		<u> </u>
3b		青
المتالية		
3c		<u> </u>
507	F.,	
4a		L
-		
4b		السينة ا
200		Shrat A
\$		
**************************************	* * 4	
4c		Ļ
70		*V
		{
	£	-1
		<u>.</u>
***********		لـــــا
5a		* , 1
_4		
5b		<u> </u>
5c		
M		144
	100	37
		±
Section 2		3
6	*******	
7	Æ	<del> ;</del>
	***********	
8		<u> </u>
9a		
	TOP-LINE	77 5 54
f.,		C will require think
20-5-		
9b		
9b	- 4	5 T
9b 9c	- 45 - 45	
9b	- 45 - 45	
9b 9c		
9b 9c	- 45 - 45	
9b 9c 10a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9b 9c 10a	- 45 - 45	

Pai	t.IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	/* <b>[</b> ]		
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	iia		
	A family member of a person described on line 11a above?	11b	Ť	
р	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			2 -40 100
C		11c		
	detail in Part VI.	1 110 1	,1.	
Sec	tion B. Type I Supporting Organizations	T	Yes	No
		37	162	IAO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		ê	- J S
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			136 136
	effectively operated, supervised, or controlled the organization's activities, if the organization had more than one supported			ŧ
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		- Salative - Salative - Salative	.x
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-009-08-0 *00-0
2	Did the organization operate for the benefit of any supported organization other than the supported	المراشر	A MARKET	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		iiii	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2000		
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	·	1		
~	the supported organization(s). tion D. All Type III Supporting Organizations			
<u> </u>	tion D. All Type III Supporting Organizations		Yes	No
		arcate v	163	740
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	1
	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			<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	and all the same for the	2. Mary Control
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	No.	W. Control	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	7.4E		ď,
-	significant voice in the organization's investment policies and in directing the use of the organization's	72		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	initia		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	15).		
	The Complete line 2 helps			
a	Complete line 2 helow			
b	—	instructio	ns).	
C			Yes	No
2	Activities Test. Answer lines 2a and 2b below.	78.50		44.0°
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			A.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			7
	those supported organizations and explain how these activities directly furthered their exempt purposes,	inc.	* P. O. T.	
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	24	_	<del>                                     </del>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	7		W.
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			<b>1</b>
	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	├	<del> </del>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	14,4	749	15
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			Fü
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		<u> </u>
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2.4	- 5	
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_	ļ	<u> </u>
4000	Sched	ule A (For	m 990	202

				_		
c	chad	ماسا	Δ	/Form	qqn\	202

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

4

5

Sche	Schedule A (Form 990) 2021 GRAND TRAVERSE LIGHTHOUSE MUSEUM 38-2660645 Page 7  Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
		رهاری عدا	opor tim	g Orga	arnzacion.	o (contint	Jea)	Current	Year	
<u>Sect</u>	ion D - Distributions  Amounts paid to supported organizations to accomplish exe	mpt purpos					1	Caron	<u>, cu</u>	
2	Amounts paid to supported diganizations to accompany exemples and the perform activity that directly furthers exemple the perform activity that directly furthers exemple the performance of the performanc			rted	_					
-	organizations, in excess of income from activity	or barboaca	or ouppe				2			
3	Administrative expenses paid to accomplish exempt purpose	es of suppo	rted orga	nization	s		3			
4	Amounts paid to acquire exempt-use assets	<u>оо от оарро</u>	1100 0192		<del> </del>		4	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details	in Part V	<u>(1)</u>		•	5			
6	Other distributions (describe in Part VI). See instructions.			<u>·/</u>			6			
7	Total annual distributions. Add lines 1 through 6.						7	• "		
8	Distributions to attentive supported organizations to which the	he organiza	tion is res	ponsive	<del>-</del>					
•	(provide details in Part VI). See instructions.	ū		•			8			
9	Distributable amount for 2021 from Section C, line 6						9			
10	Line 8 amount divided by line 9 amount						10			
			(i)			(ii)		(iii)		
Sect	ion E - Distribution Allocations (see instructions)	Excess	Distribut	ions		istributio e-2021	ns	Distribu Amount fo		
				emak 'e						
1	Distributable amount for 2021 from Section C, line 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2/			-	B¥.		****	
2	Underdistributions, if any, for years prior to 2021 (reason-			Anagemb,					7	
	able cause required - explain in Part VI). See instructions.	* 17	(* 10'mm	296 A	Section April Control	CONTRACT MEN			**1	
_3	Excess distributions carryover, if any, to 2021			¥.,	57 1/3 C			100		
	From 2016	*	Era e		. 7.3	- 44	1000 71 1004 /-			
	From 2017	, <b>v</b>			,	ATTE				
	From 2018	AL CL	- 12 t		y6	- V-1	87 % 87 4			
	From 2019				*				200000000000000000000000000000000000000	
_	From 2020	THE ANGEL	E WEE		*		*			
	Total of lines 3a through 3e	19/201		x^		***************************************	*		- 24	
	Applied to underdistributions of prior years	YEK.		÷.	3		***	77 (		
<u>n</u>	Applied to 2021 distributable amount	QUATE.					* 25	Street Co	···	
<u> </u>	Carryover from 2016 not applied (see instructions)  Remainder, Subtract lines 3g, 3h, and 3i from line 3f.									
	Distributions for 2021 from Section D,	- 1		d					rix	
4			2.	* *		- J		Fa .	ij	
	line 7: \$ Applied to underdistributions of prior years	· •	, *********		disconnection to 1990			Y-1	i	
	Applied to 2021 distributable amount				1443	ù				
	Remainder. Subtract lines 4a and 4b from line 4.		- W		6.47.9	2	<b>2</b> 4		la la la la la la la la la la la la la l	
5	Remaining underdistributions for years prior to 2021, if	<i>,</i>	· Few	7.0						
•	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.	N. California	*	**						
6	Remaining underdistributions for 2021. Subtract lines 3h	753	* *		w/o	1000 X-	77	l		
_	and 4b from line 1. For result greater than zero, explain in				3					
	Part VI. See Instructions.	- 10 miles	_	Zá.	Ä		1/m			
7	Excess distributions carryover to 2022. Add lines 3j				· **		Parity.			
-	and 4c.						(#2" WILL	L	<b>A.</b> 54	
8	Breakdown of line 7:			* %	* * * * * * * * * * * * * * * * * * *			· # 6/2=44.	9	
_	Excess from 2017	**	*	量。		300	tre	\$ - \$ \$ \$ \$ \$ \$	±4	
	Excess from 2018	· · · · · · · · · · · · · · · · · · ·	Tora		* File Shi		G.E.			
	Excess from 2019	Z	Towns (a)	*	A. E. STEE					
d	Excess from 2020	. A.	45.	**	ı			1		
	Excess from 2021	* - 3.33	3 1,722	.#			1997: 1997:			

Schedule A (Form 990) 2021

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047
2021

Open to Public

**Employer identification number** Name of the organization 38-2660645 GRAND TRAVERSE LIGHTHOUSE MUSEUM Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 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) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of \_ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ן אי and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_L In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

132051 10-28-21

Sched	dule D (Form 990) 2021 GRAND T	RAVERSE LI	GHTHOUSE I	MUSEUM			60645	
Par	t III   Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Oth	ier S	imilar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following that make	signif	icant use of its		
	collection items (check all that apply):							
а	X Public exhibition	c	i	change program				
b	Scholarly research	6	Other					
C	X Preservation for future generations							
	Provide a description of the organization's co	ollections and explain	in how they further	the organization's ex	empt	purpose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	asures, or other simil	ar ass	ets	_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's	collection?			Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizat	ion answered "Yes" o	n Fori	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					<del></del>	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contribution	ons or other assets no	ot Incl	uded	<b>-</b>	
	on Form 990, Part X?					∟	_ Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		_			
					Ļ		Amount	
c	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year		.,,,,,,,,,	.,,,,,	L	1e		
f	Ending balance				L	1f		<del>-1</del>
	Did the organization include an amount on F						_ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation has bee	n provided on Part X	<u> </u>		.,	<u> </u>
Par	Endowment Funds. Complete	f the organization a		Form 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) 1	hree years back	(e) Four y	ears back
1a	Beginning of year balance				<u> </u>		ļ	
b	Contributions				ļ <u> </u>			
	Net investment earnings, gains, and losses				<u> </u>		ļ	
d	Grants or scholarships	_			<u> </u>			
e	Other expenditures for facilities			Ĭ	1		ł	
	and programs				<u> </u>			
f	Administrative expenses		<u></u>		<u> </u>			
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
c	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	zation that are held	and administered for	the o	rganization	-	
	by:							res No
	(i) Unrelated organizations					**		-
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			37	••••	***************************************	. 3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere							
	Description of property	(a) Cost or obasis (invest			Accur leprec	nulated iation	(d) Book	value
	l J	<del>-                                    </del>		<u> </u>		- 5-2		
	Land		<del></del>				-	
	Buildings		<del></del>			_		
	Leasehold improvements						•	
	Equipment			29,040.	9	9,234.	19	,806.
Total	Other	agual Form 990. Par	t X. column (B). line			<b>&gt;</b>		,806.
torg	is much miles to unionder to location to more	7-2	1-77 m	,				

Schedule D (Form 990) 2021

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.

Schedule D (Form 990) 2021

(8)

INCOME TAX RETURNS IN ANY JURISDICTION.

Schedule D	/Form 990\ 2021	GRAND	TRAVERSE	LIGHTHOUSE	MUSEUM	38-2660645	Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation (co	ntinued)				
* *			<u> </u>			<del>-</del> ·	
-							
				-	*		_
					-		
	<del></del>						
						<del></del>	
			<del></del>				
					·	,	
							<del></del>
				<u></u>			
			<u>.</u>				
			<u></u>			<u> </u>	
					<u></u> ,	<u></u>	
	" " " " " " " " " " " " " " " " " " "						
	<del></del> -						
				<u>,</u>			
-		"		·			
	<u> </u>			<u>-</u>			_
	<u> </u>						
			·				
_	<u> </u>		<u></u>	<u> </u>		<del>-</del>	
	· · · · · · · · · · · · · · · · · · ·		·· <del>·</del>				
						· · · · · · · · · · · · · · · · · · ·	
						<u> </u>	
						<u> </u>	

#### SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization GRAND T	RAVERSE LIGHTHOUSE	MUS	EU.	M		38-2660	645
	Complete if the organization answe		_	<del></del>	line 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of raion of g fundrai (includ rofessio	on-ge goven sing e ing of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	└── Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) E fundra have cur or contr contribut	stody rol of	(iv) Gross receipts from activity	l f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-			
						,	-
<u> </u>						-	
						-	
<u> </u>							
		<u> </u>	_				
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is	exempt from re	egistration
or licensing.							<del></del>
					_	<u> </u>	
				<u> </u>			
					_	_	
<del></del>						·	
							<u></u>
<u> </u>							

132081 10-21-21

Schedule G (Form 990) 2021

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

38-2660645	Page 2
ported more than \$15	,000

Sch	edul			THOUSE MUSEU		2660645 Page 2	
Pa		Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000	
_		of fundraising event contributions and gre				ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events	
			LOBSTERFEST		HOME	(add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Sevenue			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, , , , , , , , , , , , , , , , , , , </u>			
eve	1	Gross receipts	9,775.			9,775.	
œ		•					
	2	Less: Contributions					
	_		9,775.			9,775.	
_	3	Gross income (line 1 minus line 2)	5,113.	<del></del>		<i>37,1731</i>	
	4	Cash prizes					
	•						
	5	Noncash prizes					
Direct Expenses							
ber	6	Rent/facility costs	<del></del>				
ų.	_	Food and beverages					
<u>ie</u>	7	Food and beverages			<del>-</del>		
	8	Entertainment					
	9	Other direct expenses	5,862.		<u> </u>	5,862.	
	10	Direct expense summary. Add lines 4 through				5,862. 3,913.	
lin.	11		ine 3, column (d)	200 Part IV line 19 or	reported more than	1 3,313.	
Pa		\$15,000 on Form 990-EZ, line 6a.	answered tes difform	1330,1 211 14, 1110 10, 01	toborrod more man		
_			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(a) Dirigo	bingo/progressive bingo	(0) 0 11101 9 1111119	col. (a) through col. (c))	
Reš							
_	1	Gross revenue					
	2	Cash prizes					
ses	_	Odan prizes					
çper	3	Noncash prizes				_	
Direct Expenses							
Öire	4	Rent/facility costs		<u> </u>	<u>.                                    </u>		
	_	Other direct expenses					
	5	Other direct expenses	Yes %	Yes %	Yes %	5 W 3 \$	
	6	Volunteer labor	□ No □	No No	No No	4 1	
					_		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)				
	ړ	Net gaming income summary. Subtract line 7	from line 1 column (d)		•		
	8	Net gaming income suntinary. Subtract line i	nomine i, colonia (d)			<u> </u>	
9	Εn	ter the state(s) in which the organization cond	ucts gaming activities: _				
ε	ıİs	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No	
ŧ	lf '	'No," explain:				· <del></del>	
	_		<u></u>			·	
10-	10/	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	vear?	Yes No	
		'Yes," explain:					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 GRAND TRAVERSE LIGHTHOUSE MUSEUM 38-2	66064	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party >\$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
retain the state gaming license?	163	NO
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year  \$\bigset\$ \$  \text{Part IV} Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part II (v); and Part	art III. lines !	9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, , . ,
100, 100, 101 and 17.01 an application 100 p.		
	<del>-</del>	
	-	
· · · · · · · · · · · · · · · · · · ·		
		m 000\ 000d
132083 10-21-21 Sched	iule G (Forr	n 990) 2021

Schedule G	(Form 990)	GRAND	TRAVERSE	LIGHTHOUSE	MUSEUM	38-2660645 P	age 4
Part-IV <sub>3</sub>	(Form 990) Supplemental Info	rmation (co	ntinued)			<del></del>	
7-3-15						<del></del>	
			<u></u>				
		_					
	_						
	<u> </u>				···		
	<del></del> -		<del></del> ,	<del></del>			
				<u> </u>	<u> </u>		
						<del></del>	
<del></del>	<del></del>	-					
					<del></del> .	<u>-</u>	
	_						
	<del></del>	_					
			· · · · ·		<u> </u>		
			-		· · · · · · · · · · · · · · · · · · ·		
					<del> </del>		
		•				-	
	<del></del>						
		<del></del>					
					<u> </u>		
			· ·				
	··········				<del></del>	1	
					·		
					<del></del>		
_	<del></del>			*****	· <del></del>		
					<u> </u>		
	<del></del>			<del>-</del> .			•
	•						
				·			
	<u> </u>			<del></del>			•
					<u> </u>		
			-				
				<del></del>	·····	<u> </u>	
	<u> </u>						

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 🔑 FOpen to Public Inspection

Name of the organization  GRAND TRAVERSE LIGHTHOUSE MUSEUM	Employer identification number 38-2660645
FORM 990, PART VI, SECTION A, LINE 2:	
TRUSTEES LIZ CLARK AND JOHN CLARK ARE MARRIED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE RETURN INFORMATION IS REVIEWED BY THE BOARD OF DIRECT	ORS PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS WRITTEN AND ENFORCEABLE	E BY THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXECUTIVE DIRECTOR COMPENSATION IS SUBJECT TO REVIEW OF T	HE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
DOCOMENIO AKE AVAIDABLE CLON KEQUEDI.	