Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

 \blacktriangleright 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

-									
<u>A</u>	For the	2019 calend	dar year, or tax year beginning July 1 , 2019, and end	ling	June 30)	, 20 20	In-consequences of the second	
В	Check if	applicable:	C Name of organization Friends of the Ramsdell		D	D Employer identification number			
	Address	change	Doing business as Ramsdell Regional Center for the Arts				38-3117557		
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	e E	Teleph	one number	·	
	Initial ret	urn	101 Maple St		l	•	231-398-2804		
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	d return	Manistee MI 49660		G	Gross	receipts \$	374290	
	Applicati	ion pending	F Name and address of principal officer:	H(a)			r subordinates? Yes		
	•••	,	•	1			es included? Tes		
1	Tax-exer	mpt status:			st. (see instructions)				
	Website	isrwww <:	✓ 501(c)(3)			exemption number >			
ĸ	Form of c	organization: 🗸	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for				of legal domicile:	Mi	
6	ela el	· Otate (or regar connene.	1913					
ACCESSES.	1	Summar Briefly desc	cribe the organization's mission or most significant activities: Resto	ration and	d mainten	ance	of historic site li		
ø			rmances, other quality arts programming such as art exhibits, classes				instone site, in		
Governance	1	music perio	mances, outer quanty arts programming such as art exhibits, classes	allu WUIK	20052				
E	2	Check this	box ► ☐ if the organization discontinued its operations or dispose	ad of more	o than 25	0/ of	ita nat assata		
Š			and the second of the second o		C (((a)) 23	3	115 1151 055515.	_	
<u>ග</u> ජෙ	1		independent voting members of the governing body (Part VI, line 1			4	**************************************	8	
Activities &			er of individuals employed in calendar year 2019 (Part V, line 2a)	υ)				8	
Viti	1					5	:	5	
Ć	1		· · · · · · · · · · · · · · · · · · ·			6		50	
•			ated business revenue from Part VIII, column (C), line 12			7a	····	0	
	b	ivet urireiat	ed business taxable income from Form 990-T, line 39		<u> </u>	7b		0	
		On mauling stime	an and month (Charle) (III live of b)	rior Year		Current Year	, 		
ue	1		ns and grants (Part VIII, line 1h)	21	0986		202610		
/en		_	ervice revenue (Part VIII, line 2g)	10	0087		94649		
Revenue	•		income (Part VIII, column (A), lines 3, 4, and 7d)			0		0	
	Į.		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6.	3724	:	61471	
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37-	4797		<u>358730</u>		
			similar amounts paid (Part IX, column (A), lines 1–3)		0		0		
			id to or for members (Part IX, column (A), line 4)	-	***************************************	0	<u> </u>	0	
es			ner compensation, employee benefits (Part IX, column (A), lines 5-10)		10	8143		121289	
sue			al fundraising fees (Part IX, column (A), line 11e)			0		0	
Expenses			aising expenses (Part IX, column (D), line 25)	78.134				<u> </u>	
ш	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		29 ⁻	1933		241723	
	18	Total exper	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		400	0076		363012	
		Revenue le	ss expenses. Subtract line 18 from line 12		-29	5279		-4282	
sets or dances				Beginning	of Current	Year	End of Year		
sets	20	Total assets	s (Part X, line 16)		69	5484		64877	
Net Ass Fund Ba	21	Total liabilit	ies (Part X, line 26)		11	1062		14735	
울분	22	Net assets	or fund balances. Subtract line 21 from line 20		54	1422		50142	
E		Signatur	e Block						
Unc	der penalt	ties of perjury,	declare that I have examined this return, including accompanying schedules and sta	itements, an	d to the be	st of my	y knowledge and be	lief, it is	
true	e, correct,	, and complete	Declaration of preparer (other than officer) is based on all information of which prepared	rer has any l	knowledge.				
			I OWM FIMINA						
Sig	n	,	e of officer		Date	11/	-1-		
He	re	\	rdward Bradtord			"//	2/2020		
		Type or	print name and title	·····					
Do:		Print/Type	preparer's name Preparer's signature	Date	Ch	eck	T if PTIN		
Pai		.				lf-emplo			
	parer				Firm's EIN	√ ト			
US	e Only	Firm's addr		· · · · · · · · · · · · · · · · · · ·	Phone no				
May	the IR		is return with the preparer shown above? (see instructions)				· 🗌 Yes 🖺	7 No	

	90 (2019)	Page 2
Par		
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
i	Briefly describe the organization's mission:	
	To optimize an irreplaceable regional center for cultural, educational, and social activities through programming exceller stability, strong community partnerships, and committed volunteers.	
	stability, saving community partite strips, and committed volunteers.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	∕es ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	res ☑ No
4		
7	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	neasured by ns to others,
4a	(Code:) (Expenses \$44420 including grants of \$) (Revenue \$	45866)
	Live performances such as singers and instrumentalists.	13000)

4b	/ (TOVO)100 0	10403)
	New York Metropolitan Opera livestreaming, Workshops and Classes, Art Exhibits, Theatre Tours.	

4c	(Code:) (Expenses \$ 9363 including grants of \$) (Revenue \$	8379)
	Community Theatre	
		~~~~~~~~~~~~~~~~~
	***************************************	
	***************************************	
4 -7	Other and the Control of Control	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 76499	
	ream pregramme ampended r 1000	

	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	╂
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1	·
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>,</u>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓_
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		·
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>·</u>
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>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\dashv$	
- 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Pale	Checklist of Required Schedules (continued)			
<u> and months</u>	52 N 12 N		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	1
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	04=		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III	27	1.4	1
а	IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	2-2-1-4		
	"Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	00-		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		_ <u>_</u>
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		<b>√</b>
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b></b> -
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				П
*****			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to prize winners?	10		i

Pari	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			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
þ	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		1
b	If "Yes," enter the name of the foreign country ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	0-		
b		6a		<b>✓</b>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00	- 1	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	70		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a   7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
•	required to file Form 8282?	7c	l	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>/</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<del>`</del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		***************************************
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			1
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			1
11	Section 501(c)(12) organizations. Enter:		- 3	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			40
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<del>-,</del>
	If "Yes," see instructions and file Form 4720, Schedule N.			1
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<u> </u>
	ii res, complete i ultii 4/20, soneuule O.			9 1

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	for a	ctions.
Sect	ion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the organization have lead chapters, branches, or offiliates?		Yes	No
b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		<b>✓</b>
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<del></del>	<del></del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13	_	<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			The state of the s
а	The organization's CEO, Executive Director, or top management official	15a	/	
b	Other officers or key employees of the organization	15b		<u>✓</u>
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		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Michigan			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website 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 and financial statements available to the public during the tax year.		•	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Edward Bradford 70 Maple St Manistee MI 49660 231-398-2804	ords )	<b>&gt;</b>	

	(2019)	

THE RESERVE THE PERSON NAMED IN			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	i Employees,	and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	ensa	ted any current	officer, director,	or trustee.
				(6	C)				W	
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average			песк more tnan o ss person is both				Reportable	Reportable	Estimated amount
	hours	office	officer and a director/trustee)					compensation	compensation	of other
	per week (list any	요된	sul	Q _f	8	육	Fo	from the organization	from related organizations	compensation from the
	hours for	di ki	Ë	Officer	y ei	흥승	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	e la	g	1	귤	yee	1			related organizations
	organizations below	7 ह	ait		Key employee	Ħ				
	dotted line)	Individual trustee or director	Institutional trustee		6	ens				
			ee			Highest compensated employee				
(1) David Mix, President	1				_					
***************************************				1						
(2) Rosiland Jaffe, Vice President	1									
				✓						
(3) Edward Bradford, Treasurer	1									
				✓		ļ	Ш			***
(4) Nancy Ferguson, Secretary	11									
				✓						
(5) Al Frye, Director	1	,								
(6) Sarah Helge, Director	1	<b>✓</b>	$\vdash$							
(v) Sarah Reige, Director		1							,	
(7) William Hattendorf, Director	1	· ·		$\neg$			$\vdash$			
177 1000000 100000000000000000000000000		1								
(8) Virginia Pelton, Director	1			$\neg$						M-MINIO
		✓								
(9)										
(10)										
			_						:	
[11]									1	
4.0)			$\dashv$	$\dashv$			_			
(12)										
(13)			$\dashv$	$\dashv$	-					
10/		I								
14)			$\dashv$	$\dashv$	$\dashv$					
1-7		ł			1		- 1		:	

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Ξmį	plo	yee	s, an	d F	lighest Compe	nsated Em	ploy	yees (contini	ued)
					(	C)							
	(A)	(B)	(do n	at ah		ition	e than o		(D)	(E)	-	(F)	
	Name and title	Average					e tnan i is both		Reportable	Reportable		Estimated amo	unt
		hours per week		,		lirect	or/trus	<del></del>	compensation from the	compensation from related		of other compensatio	n
		(list any	Individual trustee or director	Institutional trustee	Officer	₩ ey	Highest compensate employee	Former	organization	organization	s I	from the	
		hours for related	vidu	ituti	ഒ	Key employee	nest	mer	(W-2/1099-MISC)	(W-2/1099-MIS	SC)	organization a related organizat	
		organizations	학학	onal		항	e con					related organizat	110115
		below dotted line)	uste	trus		8	pen						
			e	tee	ŀ		sated						
(15)		<b> </b>				$\vdash$	-				$\dashv$		
(16)													
14.71						<u> </u>							
(17)						l							
(18)						┢	<b></b>				7		
3													
(19)											$\neg \uparrow$		
						<u> </u>							
(20)													
(21)											$\dashv$	<del></del>	
32.17													
(22)										****		·····	
(23)				-									
(24)		!										***************************************	
127/													
(25)											$\neg \dagger$	**************************************	
	Subtotal						. !	▶	0		0		0
	Total from continuation sheets to Part			•			. !	<b>P</b>					
	Total (add lines 1b and 1c)			<u>.                                    </u>	1:-4	· ·			o	. N	0		0
2	reportable compensation from the organi		to th	ose	IIST	ea a	above	) Wr	no received more	tnan \$100,0	OU C	ot	
***************************************												Yes	No
3	Did the organization list any former of	officer, dire	ctor.	trus	stee	. k	ev er	olan	ovee, or highes	t compensat	ted		
	employee on line 1a? If "Yes," complete S											3	✓
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater tha	ın \$1	50,0	000	? If	"Yes	," (	complete Sched	lule J for su	ıch		
	individual				 !			•				4	<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co ? <i>If "Yes." c</i> .	mpen omole	sati te S	ion Sch	tron edu	n any le .i fa	unr ır sı	elated organizati uch person	on or individ	ual	5	
	on B. Independent Contractors	7, 700, 0	<i>5111p</i> .c						son percent .	· · · · · · · · · · · · · · · · · · ·			<u> </u>
***************************************	Complete this table for your five high	est compe	nsate	d ir	nde	pen	dent	cor	ntractors that re	ceived more	e th	an \$100,000	of
	compensation from the organization. Repo												
	<b>(A)</b> Name and business add								(B)		_	(C)	
		ess							Description of servi	ces	C	ompensation	
not app	olicable								v			···	
								***********	***************************************		· · · · · · · · · · · · · · · · · · ·	***	
												***************************************	
	Total number of independent contractor	•	-					tho	se listed above	) who			

Pa	rt VIII						**************************************		Page !
		Check if Schedule O	contains a re	spor	nse or note to a	ny line in this Pa	rt VIII		<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		<u>1a</u>	0				
iza G	b	Membership dues .		1b	<u></u>				
	C	Fundraising events .		1c					
# 7	d	Related organizations		1d					
. S	е	Government grants (c	•	1e	97345				
ű ő	f	All other contributions,							
it i		and similar amounts not i		1f	105265				
其は	g	Noncash contributions			1.				
o de		lines 1a–1f		1g					
0 6	<u>h</u>	Total. Add lines 1a-11	<u>f</u>	•		202610			
ø)	1_			Business Code					
Š	2a	Admission Fees			711310	94649	94649		
Program Service Revenue	b							***************************************	
n Se	C	******	*******			ļ.:			
<u>a</u> <u>a</u>	d	***************************************							
Ş	"	A II						·	
Δ.	f	All other program serv							
	g	Total. Add lines 2a-2f				94649			
	3	Investment income (i other similar amounts)					_		
	4					0	0	0	
	5	Income from investment of tax-exempt be Royalties			•	0	0	0	<u> </u>
	3	noyalles	(i) Real		(ii) Personal	0	0	0	0
	6a	Gross rents 6	<u> </u>	21217					
	b			-1000					
	C			20217					
	ď	Net rental income or (I				20217	20217	Alimin se a legiter de la litta de la companya de l	
	7a	Gross amount from	(i) Securiti		(ii) Other	X SAN DE SENSE	20217	12 SEEST 11 12 1 1 1 1 1 1 1	man in the state of the
	'a	sales of assets			1.2				
			ra l						
ø	b	Less: cost or other basis							
enne,			ъ						
	C	Gain or (loss) 7	'c						
r.	d	Net gain or (loss) .		•	>				
Other Rev	8a	Gross income from	fundraising						
Ö		events (not including \$	ŏ						
		of contributions repor	T I						
		1c). See Part IV, line 18	8 [	8a	0				
	b	Less: direct expenses		8b	0				
	С	Net income or (loss) fro	om fundraising	evei	nts . ▶	0			
	9a	Gross income from							
		activities. See Part IV,		9a					
	b	Less: direct expenses		9b					
	1	Net income or (loss) from		tivitie	s				
	10a	Gross sales of inve		l					
		returns and allowances	<b>⊱</b>	10a	26671				
		Less: cost of goods so		10b	-14560				And Andrews
	С	Net income or (loss) fro	om sales of inv	ento		12111	12111		
ns				ļ	Business Code				
9 e		Sponsorships			711310	29143	29143		***************************************
Ilaneous venue	b								
				J	1	1	1	1	

358730

d All other revenue

Part IX Statement of Functional Expenses												
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a response or note to any line in this Part IX											
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	o									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0							
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	0	o							
7	Other salaries and wages	112342	100414	11928	0							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		0							
9	Other employee benefits	0	0	0	0							
10	Payroll taxes	8947	8500	447	0							
11	Fees for services (nonemployees):			1.77	<u>_</u>							
а	Management	o	0	•								
b	Legal	0	0	0	0							
c	Accounting	0		0								
d	Lobbying		0	0								
	Professional fundraising services. See Part IV, line 17	0	0	0	0							
e		0			0							
f	Investment management fees	0	0	0	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0							
12	Advertising and promotion	23682	23682	0	0							
13	Office expenses	194386	147622	46764	0							
14	Information technology	0	0	0	0							
15	Royalties	0	0	0	0							
16	Occupancy	0	0	0	0							
17	Travel	740	740	0	0							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	Ö	0							
19	Conferences, conventions, and meetings .	740	740	o	0							
20	Interest	0	0	0	0							
21	Payments to affiliates	0	0	0	0							
22	Depreciation, depletion, and amortization .	0	0	0	0							
23	Insurance	8525	o	8525	0							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
~	Other Canital	A L V A L L THE LA LIGHT FINE TO THE										
a		7274	5092	2182	0							
b	Other - Debt Service	6376	6376	0	0							
C	***************************************											
d	All al											
е	All other expenses	13650	11468	2182	0							
25	Total functional expenses. Add lines 1 through 24e	363012	293166	69846								
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)			:								

<b>E</b> .	and X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	53999	1	58996
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	6143	4	5000
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).			
3	7	Notes and loans receivable, net	0	<del> </del>	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	5342	9	881
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	······································	14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	65484		64877
	17	Accounts payable and accrued expenses	11062		14735
	18	Grants payable	0		; 0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
<u>.a</u>	00	· · · · · · · · · · · · · · · · · · ·	0	22	0
-	23 24	Secured mortgages and notes payable to unrelated third parties	0	23	0
		Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	o	25	0
	26	Total liabilities. Add lines 17 through 25	11062	26	14735
uces		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	54422	27	50142
Net Assets or Fund Balances	28	Net assets with donor restrictions	0	28	0
		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	: 0
7	32	Total net assets or fund balances	54422	32	50142
ž		Total liabilities and net assets/fund balances	64484		64877

Form 99	20 /2 <i>[</i>	101

CO CONTRACTOR			re	aye ız.
La	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		3	58730
2	Total expenses (must equal Part IX, column (A), line 25)		3	63012
3	Revenue less expenses. Subtract line 2 from line 1		***************************************	-4282
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			54422
5	Net unrealized gains (losses) on investments	***************************************		0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			50142
i e i	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			A., No.
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			1. 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		F	- 000	(0010)

Form **990** (2019)