

**NOTICE OF MEETING  
VILLAGE OF FOX POINT  
SPECIAL “PILOT” COMMUNITY ENHANCEMENT GRANTS COMMITTEE**

SCHWEMER HALL - MUNICIPAL BLDG.  
7200 N. SANTA MONICA BLVD  
FOX POINT, WI 53217

[WEDNESDAY]  
June 1, 2022  
[8:30 AM]

**NOTE: THE SPECIAL “PILOT” COMMUNITY ENHANCEMENT GRANTS COMMITTEE WILL BE MEETING ENTIRELY VIRTUALLY VIA TELEPHONIC AND VIDEO CONFERENCING. THE GOVERNING BODY WILL NOT BE PRESENT AT VILLAGE HALL. THIS MEETING IS OPEN TO ALL CITIZENS THROUGH THE ZOOM PARTICIPANT INFORMATION SHOWN BELOW. CITIZENS ARE ENCOURAGED TO SUBMIT ANY COMMENTS IN WRITING IN ADVANCE OF THE MEETING TO THE ASSISTANT VILLAGE MANAGER AT [kausman@villageoffoxpoint.com](mailto:kausman@villageoffoxpoint.com).**

Zoom Participant Information  
<https://us02web.zoom.us/j/83215360080>  
Dial: (312) 626-6799  
Meeting ID: 832 1536 0080

**AGENDA**

- 1. Roll Call**
- 2. Approval of the minutes of the April 4, 2022 meeting.**
- 3. Topics to Address**

Discussion, deliberation, and possible decision on a recommendation to the Village Board for award of Community Enhancement Grants.

- 4. Adjourn**

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request these services, contact the Village Clerk at (414) 351-8900. It is possible that members of, and possibly a quorum of members of, other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

VILLAGE OF FOX POINT  
SPECIAL PILOT COMMUNITY ENHANCEMENT GRANT COMMITTEE  
April 4, 2022

A meeting of the Fox Point Special Pilot Community Enhancement Grant Committee was held virtually over Zoom, on Monday, April 4, 2022 at 8:15 a.m.

Those present included:

Karen Schapiro, Chair  
Mindy Price  
~~Greg Ollman~~  
~~Liz Sumner~~  
Bill Kravit

Staff present: Assistant Village Manager, Kevin Ausman

Notice of the meeting was provided as required by State open meetings laws and posted on the official bulletin board at 7200 N Santa Monica Boulevard, as well as the village website at [www.villageoffoxpoint.com](http://www.villageoffoxpoint.com), as per 2015 Wisconsin Act 79 and as described in Village Ordinance Chapter 116-2, 116-2(C).

Fox Point Special Pilot Community Enhancement Grant Committee was called to order at 8:22 AM.

**Approval of the minutes of the March 30, 2022 meeting.**

Motion made by Price, second by Kravit and carried by unanimous vote.

**Topics to Address**

Discussion, deliberation, and possible decision on recommendation to the Village Board regarding the process and criteria for awarding community enhancement grants.

Motion by Kravit second by Price, to approve the application and solicitation materials and recommend approval by the Village Board. All ayes, motion carried.

**Adjourn**

Motion made by Schapiro, second by Kravit and carried by unanimous vote. Special Pilot Community Enhancement Grant Committee adjourned at 9:10 a.m.

Respectfully Submitted,

Kevin Ausman  
Assistant Village Manager

# Fox Point Farmers' Market

## 2022 Pilot Grant Application



*Building Community Together*

## Organization Information

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Fox Point Farmers Market Inc.

8049 N. Santa Monica Blvd., Fox Point, WI 53217

Mary LaCharite, President [marylacharite21@gmail.com](mailto:marylacharite21@gmail.com)

414/352-0555

## Mission

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The mission of the Fox Point Farmers' Market (FPFM) is to provide access to fresh, healthy food, support Wisconsin's small family farms and food producers, and build a vibrant gathering place for the community.

## Accomplishments

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### *Benefits to the Community*

- Provides a vibrant gathering place in the community
- Connects growers, farmers and food producers directly to the community
- Provides information on community resources, including nutrition, safety, identity protection, invasive plants
- Provides free music and events to the community

## Testimonials

The Market means something special and unique to each person. Having access to locally-grown fresh produce, buying from family-run, small businesses who are local to Wisconsin, meeting with neighbors and other North Shore residents for visiting, coffee and scones on Saturday mornings and enjoying the entertainment the Market provides each week are just a few examples.

We thought it would be best for the reviewers and decision makers of this application to hear directly from the Village residents about how the market has enhanced their lives. Below is a sampling of comments we received recently.

Waking up on a Saturday morning, grabbing my reusable shopping bag and walking the ½ mile to the Fox Point Farmer's market is a highlight of my summer. I pass the live music where a family and several people are usually stopped to enjoy the music and head down the line to fill my bag with gorgeous locally grown colorful produce or rice (rarity in this area) or soaps or flowers or my beloved smoked fish. Not a long trip but a completely fulfilling one.

*Lisa Kurtz, Lake Drive*

The Fox Point Farmers Market has been an integral part of what we love about living in Fox Point since moving here in 2016. We visit regularly to obtain locally grown foods, pick up special gifts from local makers, enjoy a freshly cooked meal, and relax while listening to great live music. Perhaps the best thing about the Market has been the impact on my young children. It's such a joy to watch them learn about fresh produce, socialize with their friends, and play in the grass while enjoying the requisite popsicles. It's become a family tradition that we cherish!

*The Jamrose Family, Crossway Road*

The Farmers Market means so much to our family for so many reasons, but I think the best way to help the village understand the importance is to think of the youngest members of the village. We field constant questions all winter and spring from our 5-year-old who cannot wait for the market to open. Seeing the market through her eyes is amazing - she sees business happening but really, she's seeing new and unique products that she can't find in a store, meeting new people that she won't meet at school or activities, and expanding her manners and how she can ask other people questions about their lives and what they are selling. It boosts her confidence and drives her out of her shell of shyness.

*Kaitlin Torres, Longacre Road*

The Fox Point Farmers Market is something I look forward to each Saturday morning. I ride my bike there and fill my reusable bag with all kinds of goodies for the week. I value the variety of vendors who offer locally grown produce, some organic offerings, granola, mushrooms, fresh flowers, cheese, baked goods, seasonal berries, potted flowers at the start of the season and apples, pumpkins and cider in fall.

I attend multiple farmers market throughout the year: Shorewood, South Shore, Cathedral Square, Milwaukee Indoor Winter Market, and markets in Kenosha, Janesville, West Bend, Dane County in Madison. None of them can compare to the Fox Point market. *There is a unique atmosphere and special community vibe.* People are friendly, kids play with each other and pet the dogs. Gardeners bring their tools for sharpening; attendees learn about North Shore living through the various weekly educational booths and all ages enjoy the music. I also like the location as it's in the "center" of the Village, next to the police department, community pool and Village Hall.

Most weeks a couple of Fox Point Police officers stop by to visit with local residents to build a true sense of community. There's also plenty of parking for those who drive or ride bikes, but many people walk to the market. **It's truly one of the best things about living here!**

*Kim Caviggiola, Links Circle*

## Volunteer Overview

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In mid-June, an empty parking lot is transformed into a vibrant gathering place for the community and a bustling market. A dedicated team of volunteers makes that magic happen.

Volunteers are easily identified by a neon green t-shirt with the words: **VOLUNTEER - need help?** These goodwill ambassadors help position vendors in assigned spaces as they arrive, providing assistance wherever needed and answering questions. Five volunteers install flutter flags and signage, canopies and chairs near the music, and the market info booth.

At 8:00 am it all starts! Volunteers become greeters at each entrance, and volunteers rotate staffing the Information Table, answering questions and letting market visitors know about the day's activities.. Visitors receive a canvas bag with the market logo for a small donation and can learn about joining our volunteer team.

On opening day, June 18, 2022, Edgewood Greenhouse will have a vibrant display of hanging baskets filled with blooming plants. Volunteers handle crowd management since this draws many customers who start arriving at 7:30.

The market is known for its dog-friendly atmosphere that includes freshly filled water dishes for pets. In the photos on the website, children and adults are having fun!. Children and adults dance to the music, carry bouquets of flowers, munch on raw vegetables or fruit pops, and stare with awe at the robots made by Nicolet High school students. The market is different every week, and keeps us all coming back for more.

Two very special picnic tables were made from trees felled in the village. They were made by a Fox Point DPW worker on his own time and donated to the market. The musicians are all local artists. A sign identifying the performer and sponsor positioned by a volunteer before the music starts at 10:00 am.

Our **Go Green Initiative** was one of the first to spread the word at Wisconsin markets in 2018. Plastic cups, straws, single-use plastic bags and Styrofoam™ are prohibited. Biodegradable bags for produce and eco-friendly containers for beverages and prepared food were purchased and donated by the market manager. Cans and bottles are collected for recycling. Vendors support the program and buy their own supplies

Our volunteers represent a diverse group in age, culture, religion, race and experience. Volunteers' backgrounds include non-profits, education, finance, business, retail, law, security and law enforcement. Volunteering together provides an opportunity to create friendships and learn about each other. Some volunteers are students, ranging from middle school to graduate school.

When noon arrives, it's time for seven or more volunteers to clean up. By 1:00 pm supplies are stored for the next week, and the North Shore Congregational Church parking lot is again just a parking lot.

At the end of each season a luncheon is planned to thank the vendors and recognize the volunteers. It's an opportunity to conclude one season and look forward to the next.

Twenty years ago, we didn't know each other and now we can't imagine our lives without this community. At some point, and we don't when, the market became a whole that is greater than its parts.

*Estimated volunteer hours per week*

Friday 2

Saturday Set up, greeters, information table 14

Saturday clean up 7

Note: Mary and Jim LaCharite, who created and managed the market since 2003, have volunteered over 1,000 hours every year for 20 years.

## *Financial*

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The Market does not get audited financial statements.

Fiscal year is the calendar year.

IRS and State of Wisconsin documents follow.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 16 2019**

FOX POINT FARMERS MARKET INC  
C/O MARY LACHARITE  
8049 N SANTA MONICA BLVD  
FOX POINT, WI 53217

Employer Identification Number:  
83-1167854  
DLN:  
17053219341028  
Contact Person: ID# 31173  
ROGER W VANCE  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
March 15, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK ROAD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0623534560

FOX POINT FARMERS' MARKET INC.  
 8049 N SANTA MONICA BLVD  
 FOX POINT WI 53217-2969

May 20, 2019

Batch Index: 1897605632-148

This is your Wisconsin Sales and Use Tax Certificate of Exempt Status (CES). Purchases made by your organization or entity are taxable unless you provide a properly completed Wisconsin Sales and Use Tax Exemption Certificate (Form S-211), listing the CES number shown below, to your supplier(s).

If your organization makes sales, they may be subject to sales tax collection and you may be required to obtain a Seller's Permit. Information regarding registration requirements can be found in our Publication 206, Sales Tax Exemption for Nonprofit Organizations.

Forms and Publications can be obtained through our website at [revenue.wi.gov](http://revenue.wi.gov) or through our forms ordering line at (608) 266-1961. Many questions can be answered by reviewing the FAQ pages on our website. You may also contact us by telephone at (608) 266-2776 or by email at [DORBusinessTax@revenue.wi.gov](mailto:DORBusinessTax@revenue.wi.gov).



**WISCONSIN SALES AND USE TAX  
 CERTIFICATE OF EXEMPT STATUS (CES)**  
 (Governmental, Religious, Charitable, Scientific or Educational Organization)

Sales to this organization or entity are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid unless cancelled by the Wisconsin Department of Revenue.

CES NUMBER	069185
DATE ISSUED	5/13/2019

**IMPORTANT:**

Purchases made by your organization are taxable unless you furnish your supplier with the CES number shown above. Sales by your organization may be subject to tax. If your organization makes taxable sales, it may be required to obtain a seller's permit and remit sales tax to the Department of Revenue.

FOX POINT FARMERS' MARKET INC.  
 8049 N SANTA MONICA BLVD  
 FOX POINT WI 53217-2969

Questions: Contact the Department of Revenue by telephone at (608) 266-2776, FAX (608) 264-6884, email [DORBusinessTax@revenue.wi.gov](mailto:DORBusinessTax@revenue.wi.gov), or at our website [revenue.wi.gov](http://revenue.wi.gov)

WINPAS - atL015 (R 03/16)

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Ins

A For the 2021 Calendar year, or tax year beginning 2021-01-01 and ending 2021-12-31

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: FOX POINT FARMERS MARKET INC

8049 N SANTA MONICA

BLVD, MILWAUKEE, WI, US,

53217

D Employee Identific

Number 83-1167854

E Website:

F Name of Principal Officer: MARY LACHARITE

8049 N SANTA MONICA

BLVD, MILWAUKEE, WI, US,

53217

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form has a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average time to complete this form is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

## FOX POINT FARMERS' MARKET 2022 and 2021 BUDGET

	2022	2021
<b>REVENUE</b>		
Donations	7,000	4,500
Vendor fees	<u>5,300</u>	<u>4,800</u>
<b>Total revenue</b>	<b>12,300</b>	<b>9,300</b>
<b>EXPENSES</b>		
Administrative	600	200
Advertising	1,500	200
Liability Insurance	1,200	1,400
Market supplies	500	100
Professional services	400	200
Appreciation Lunch	700	600
Music & entertainment	3,800	3,400
Maintenance*	<u>1,800</u>	<u>1,800</u>
<b>Total expenses</b>	<b>10,500</b>	<b>7,900</b>
Total revenue	\$12,300	9,300
Total expenses	<u>&lt; 10,500 &gt;</u>	<u>&lt;7,900&gt;</u>
	1,800	1,400

\*clean NSCC bathroom weekly

Note : Fiscal year ends December 31

## *Organizational Challenges & Changes*

In 2021 volunteer market founders and managers Mary and Jim LaCharite announced their plans to retire at the end of the 20<sup>th</sup> season, 2022.

Succession planning began. Goals included:

- Writing an Operations Manual;
- Expanding the market board;
- Increasing sponsorships and fundraising;
- Identifying major tasks (vendor recruitment, market activities, website and social media, finance, etc.);
- Evaluating whether the market will continue to be operated by volunteers or a paid manager

## *Board of Directors*

Three board members resigned in 2021-2022, due to relocation, extensive business travel and personal reasons. Current board:

Mary LaCharite, President and Market Manager

Jim LaCharite, Vice President and co-Treasurer

Brian Haraway, Chair

Kevin Nashban, co-Treasurer

Nancy Ellis, Recording Secretary

Kavin Tedarongwanish

Amanda Chitwood

Maggie Joos

Organization Bylaws and Conflict of Interest documents are available upon request.

## Grant Request

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Purpose: Operational support

Amount: \$5,000

Overview: Strengthen the organization to sustain operation of the Fox Point Farmers' Market in 2022 and beyond.

### Goals

- Update or replace equipment
- Create a volunteer recruitment campaign named *JOIN US!* to expand and sustain the market's volunteer base
- Recognize volunteer contributions to the community
- Recruit student volunteers to help them fulfill service hour requirements
- Fund liability insurance to cover additional volunteers and board members

Project budget    *Please turn to next page*

## Fox Point Farmers' Market Pilot Grant Operational Support Budget

Description	Amount
Liability Insurance for expanded board	1,200
Replace worn market supplies; update PA	1,100
Appreciation Lunch for volunteers, sponsors and vendors	1,000
Printed materials for <i>JOIN US!</i> campaign, _ t-shirts, sponsorship, signage	<u>1,700</u>
TOTAL	\$5 ,000

### Outcome:

- Expanded workforce to continue the market's operation beyond 2022
- Remain a vibrant gathering place in the community
- New or upgraded equipment as needed

Evaluation: Strategy: Add number of volunteers signed up in June of 2022 and 2023; evaluate PA performance.





## 2022 SPECIAL PILOT COMMUNITY ENHANCEMENT GRANT APPLICATION

### For FOX POINT FOUNDATION

#### Organization Information

- A. Tax Identification Number: 39-1250283
- B. Organization Information
- Name of Organization: Fox Point Foundation
  - Mailing Address: 7200 N Santa Monica Blvd, Fox Point, WI 53217
  - Contact Person
    - i. Name: Jaime Druck – President
    - ii. E-mail: [info@foxpointfoundation.com](mailto:info@foxpointfoundation.com)
    - iii. Phone: 414-418-4700
- C. Fiscal Sponsor Information
- The Foundation is a registered 501c(3) and does not have a fiscal sponsor
- D. Organization Mission
- The goal of the Fox Point Foundation is to bring fun community events to the Village of Fox Point for all residents to enjoy. The Foundation also provides grants to local groups looking to positively impact the community. The Foundation is run by an all-volunteer board.
- E. Organizational Accomplishments
- The Foundation has put on and sponsored “Summer Serenades” at Longacre Pavilion. These are great opportunities for Fox Point residents to enjoy some live music together as a community during the summer. The Foundation also sponsors the Fourth of July Parade and Holiday Celebration. Recently the Foundation has provided funding for the Indian Creek Stewardship Group fall planting, Sponsored entertainment at the Fox Point Farmers Market, purchased Fire Suppression Units for the Fox Point Police Department, and donated to the Friends of Doctors Park Central Staircase Rebuild project and many other projects over the years.
- F. Organizational Challenges
- As mentioned, the Foundation is run by an all-volunteer board and is funded by donations from Fox Point residents and community business partners. The Foundation would like to do more for our growing community, including providing funding for village projects as well as other community organizations, but it is limited by the incoming donations received.
- G. Organizational Changes
- The Foundation is always actively pursuing new members and involvement from the community, including younger members to pass along information and get involved. The Foundation leadership has changed this year-as two of the members are new to the Foundation and the board and one of the board members is taking on a new role.
- H. Board of Directors
- Jaime Druck – President
  - Katrina Lipman – Vice President
  - Briena Jacob – Secretary

- Anthony Fahres – Treasurer
- I. Financial Information
- **See attached for copy of recent tax forms**
- J. Fiscal Year Information
- The fiscal year for the Foundation ends on December 31<sup>st</sup>
  - **See attached for**

### Proposal Information

- A. Proposal Information
- Fox Point Foundation is requesting support for our general operations as there are a variety of community events the foundation executes over the summer months, as well as requests for grants from community organizations. The Foundation has supported the Fox Point Farmers Market, Fox Point Police Department, Friends of Doctors Park and Friendship Circle Bakery and Café to mention a few of these organizations.
- B. Grant Funding Request
- \$5,000.00
- C. Organizational Overview
- A grant given to the Fox Point Foundation would be used to fund both future community events and further support community organizations. The Foundation wants to encourage more community involvement and build a greater sense of belonging among the individual residents of Fox Point. Fox Point is a relatively small community when compared to neighboring Whitefish Bay, Glendale, Brown Deer, or Mequon. This creates the opportunity for village residents to connect with each other on a more personal level. This can be accomplished by coming together for more intimate events with village neighbors and friends. The businesses and organizations which are based in Fox Point may not be as numerous as in other cities, but they have excellent character and contribute to the appeal of the Village of Fox Point. Supporting these organizations is crucial to strengthening the sense of community that is already present.
- D. Project Partners
- There could be potentially no limit to the number of organizations that the Fox Point Foundation could partner with if it would receive grant funding. Some partners which already have a strong relationship with the Foundation are Longacre and Indian Creek Parks, the Fox Point Farmer's Market, Friends of Doctor's Park, and the Fox Point Pool. Grants ranging from \$200 - \$2,000 are typical funding opportunities for the Foundation.
- E. Project Budget
- Not Applicable
- F. Goals, Objectives, Outcomes, Evaluation
- One goal which the Foundation would hope to accomplish with general operating support would be to gain more awareness of the events which the Foundation has planned. This would be accomplished by being able to promote these events with more notifications to the village residents and attracting additional or different business partners (food trucks, bands, entertainment) for these events. A favorable outcome would be more attendance at the events and more interest and business for the

partners who were participating partners. This would be evaluated by observations of people in attendance and feedback about the event to determine if it was a success.

- The second goal of this request is for the Foundation to be able to provide more funding when it receives requests for grants. Providing funds for more trees or flowers to be planted around the village or picnic tables for a place for someone to sit and relax is a net positive for everyone. The projected outcome for this goal and the way to evaluate is a bit more abstract. One measure could be to see an increase in the number of community projects which the Foundation supports. It would also be appropriate to look at the services provided and how it raises the enjoyment of residents sharing in the benefits the grant requests provide.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Fox Point Foundation</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check <b>only one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 <input type="checkbox"/> C Corporation                 <input type="checkbox"/> S Corporation                 <input type="checkbox"/> Partnership                 <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Public Charity</b> </p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                  Exempt payee code (if any) _____                  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i> </p> <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>7200 N Santa Monica Boulevard</b></p> <p><b>6</b> City, state, and ZIP code <b>Fox Point, WI 53217</b></p> <p><b>7</b> List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
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## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
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<b>OR</b>										
<b>Employer identification number</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">3</td> <td style="width: 25%; border: 1px solid black; text-align: center;">9</td> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">1</td> <td style="width: 25%; border: 1px solid black; text-align: center;">2</td> <td style="width: 25%; border: 1px solid black; text-align: center;">5</td> <td style="width: 25%; border: 1px solid black; text-align: center;">0</td> <td style="width: 25%; border: 1px solid black; text-align: center;">2</td> <td style="width: 25%; border: 1px solid black; text-align: center;">8</td> <td style="width: 25%; border: 1px solid black; text-align: center;">3</td> </tr> </table>	3	9	-	1	2	5	0	2	8	3
3	9	-	1	2	5	0	2	8	3	

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Anthony Zahra</i>	Date ▶ <i>5/1/2022</i>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**Fox Point Foundation Proposed 2021 Budget**

<b>Winter Blast (Ice skating opening event)</b>	
Food/supplies	\$200
<b>Total</b>	<b>\$200</b>

<b>Serenade #1</b>	
Band	\$650
Entertainment	\$450
<b>Total</b>	<b>\$1,100</b>

<b>4th of July</b>	
face painter	\$100
Sendiks	\$500
bounce house	\$750
band	\$600
Ice Cream	\$550
decorations	\$200
<b>Total</b>	<b>\$2,700</b>

<b>Serenade #2</b>	
Band	\$650
<b>Total</b>	<b>\$650</b>

<b>Serenade #3</b>	
Band	\$650
Entertainment	\$450
Food	\$450
<b>Total</b>	<b>\$1,550</b>

<b>Philanthropy</b>	
Farmers Market	\$1,200
Community Service give back	\$500
Bike Racks/Bench	\$500
<b>Total</b>	<b>\$2,200</b>

<b>Fall Farmers Market Event</b>	
Cider apple	\$270
<b>Total</b>	<b>\$270</b>

<b>Operations</b>	
Web Site	\$150
Postage	\$300
Giving Campaign mailing	\$750
Insurance	\$950
<b>Total</b>	<b>\$2,150</b>

<b>Marketing</b>	
posters	\$200
Swag	\$500
Misc supplies	\$250
<b>Total</b>	<b>\$950</b>

<b>Discretionary Event (pending sponsorship)</b>	
	\$2,500
<b>Total *not included in total below</b>	<b>\$2,500</b>

**Annual Total** **\$11,770**

<b>Estimated income</b>	
Appeal	\$8,000
Cell Tower	\$500
Chipstone	\$800
Cheswick	\$1,500
Cornerstone	\$1,000
<b>Total</b>	<b>\$11,800</b>

**Fox Point Foundation Proposed 2022 Budget**

<b>Winter Blast (Ice skating opening event)</b>	
Food/supplies	\$200
<b>Total</b>	<b>\$200</b>

<b>Serenade #1</b>	
Band	\$650
Entertainment	\$450
<b>Total</b>	<b>\$1,100</b>

<b>4th of July</b>	
face painter	\$100
Sendiks	\$500
band	\$500
Ice Cream	\$300
<b>Total</b>	<b>\$1,400</b>

<b>Serenade #2</b>	
Band	\$650
<b>Total</b>	<b>\$650</b>

<b>Serenade #3</b>	
Band	\$650
Entertainment	\$450
Food	\$450
<b>Total</b>	<b>\$1,550</b>

<b>Summer Event #4</b>	
Band	\$650
Entertainment	\$450
<b>Total</b>	<b>\$1,100</b>

<b>Philanthropy</b>	
Picnic Benches	\$2,000
Garden Club	\$300
<b>Total</b>	<b>\$2,300</b>

<b>Fall Farmers Market Event</b>	
Cider apple	\$270
<b>Total</b>	<b>\$270</b>

<b>Operations</b>	
Web Site	\$150
Postage	\$300
Giving Campaign mailing	\$750
Insurance	\$950
<b>Total</b>	<b>\$2,150</b>

<b>Marketing</b>	
posters	\$200
Swag	\$500
Misc supplies	\$250
<b>Total</b>	<b>\$950</b>

<b>Discretionary Event (pending sponsorship)</b>	
	\$2,500
<b>Total *not included in total below</b>	<b>\$2,500</b>

**Annual Total** **\$11,670**

<b>Estimated income</b>	
Appeal	\$8,000
Cell Tower	\$500
Chipstone	\$800
Cheswick	\$1,500
Cornerstone	\$1,000
<b>Total</b>	<b>\$11,800</b>

**Village of Fox Point  
SPECIAL PILOT COMMUNITY ENHANCEMENTS GRANT APPLICATION**

**A. Tax Identification Number**

The Park People of Milwaukee County Inc – 39-1285099

**B. Organization Information**

[Doctors Park Friends](#)

7100 N. Lake Drive

Fox Point, WI 53217

Maureen Daly

[mo@modalyconsulting.com](mailto:mo@modalyconsulting.com)

414-795-8715

**C. Fiscal Sponsor Information, if using a Fiscal Sponsor**

The Park People of Milwaukee County

10300 Wisconsin Avenue

Wauwatosa, WI 53226

Barry Waddell, Executive Director

[director@parkpeoplemke.org](mailto:director@parkpeoplemke.org)

414-273-7275

**D. Organization Mission**

Dr. Joseph Schneider gifted land in 1927 along the Lake Michigan shoreline that is now a Milwaukee County Park. Since 2011, Doctors Park Friends has been actively engaged with Milwaukee County Parks to make improvements in Doctors Park to preserve Dr. Schneider’s gift to the community. The focus of our efforts has been to:

- support Milwaukee County Parks, helping to maintain the park for the enjoyment of all who visit
- organize volunteers to conduct invasive plant weed outs and park clean up sessions each year
- establish and maintain native plant areas to benefit birds, insects and other pollinators
- plant trees to maintain the park’s wooded areas
- organize and fund both small and major capital improvement projects

**E. Organizational Accomplishments**



**Central Staircase Renovation**

Built around 1930 as part of a WPA project, the Central Staircase leading down the bluff to Lake Michigan had held up quite well. However, several sections had been impacted by natural erosion, canting the steps to a degree

many found difficult to navigate. Long sections of railings were failing or decayed, again to a point where it impacted how people used the park. With a matching grant from Milwaukee County Parks, we funded the \$40,000 renovation of the staircase in 2020.



**Dr. Schneider Memorial Allée**

When it was built in the 1930s, the stone memorial to Dr. Schneider at the entrance to Doctors Park and the parking lot was not as it is today. For a time, there was a path that extended from the street through the lamp posts that was continuous from Dean Road. In 2019 Doctors Park Friends planted an allée of trees from the lamp posts to the memorial, establishing a pathway to it and adding to the tree canopy. The spot has become a favorite location for photography to document weddings, graduations, and other family milestones.

Please see [our website](#) for additional accomplishments.

**F. Organizational Challenges**

We are a small but dedicated group of volunteers, all residents of Fox Point and neighboring villages. Since we organized over 10 years ago, our greatest challenge remains getting park users involved. We strive to recruit others to help care for what is one of the few public stretches along the shoreline that provides public access to the lake. Highly visible projects as described in Section E. helps us gain attention.

Another major and chronic challenge is the fiscal situation of Milwaukee County. The Parks Department budget is grossly underfunded, and all Friends groups associated with individual parks are feeling the pinch. We exist to be a partner and cannot complete a project whatever the size without their support. That support cannot always be provided. The shuttered Beach House at Doctors Park is another prime example. We hope to address this and repurpose the structure into an open pavilion when we are able.

**G. Organizational Changes**

We do not anticipate any major changes to Doctors Park Friends this year.

**H. Board of Directors**

Doctors Park Friends does not have a formal board of directors. Listed below are members of our administrative committee.

- |                            |                              |
|----------------------------|------------------------------|
| Tom Benson, Fox Point      | Hannah Goodman, Fox Point    |
| Ney Collier, Whitefish Bay | Larry Goodman, Fox Point     |
| Maureen Daly, Fox Point    | William Matthaeus, Fox Point |
| Bruce Fuller, Bayside      | Scott Prill, Bayside         |
| Neil Gollhardt, Fox Point  |                              |

## **I. Financial Information**

Please provide the following documents of your organization, or fiscal sponsor, if applicable

- a. Most recently completed 990- Park People of Milwaukee County
- b. Most recently completed Audited Financial Statement – Park People of Milwaukee County
- J. Fiscal Year Information

Please provide the following information for your organization, or fiscal sponsor, if applicable

- a. Date on which current fiscal year ends – 3/31/23
- b. Organization Budget for Fiscal Year 2021 – Doctors Park Friends
- c. Organization Budget for Fiscal Year 2022 – Doctors Park Friends

## **A. Proposal Information**

We are seeking project support to enhance a native plant area in Doctors Park.

**B. Grant Funding Request:** \$5,000

## **C. Organizational or Project Overview**

### **Enhanced Native Plant Area in Doctors Park**

#### **Doctors Park**

Doctors Park is a small but quietly spectacular park benefiting Fox Point residents along with residents of our neighboring communities. The tract of land was gifted by Dr. Joseph Schneider who recognized it for what it offers the community: a space preserved for its natural beauty to foster bird and other wildlife and set apart for public recreation. Park users can use its recreational spaces to gather for a picnic, occupy children in the playground, play frisbee golf or volleyball. For many, its natural areas offer a place to relax, recharge and spend time enjoying the wildlife attracted to this sanctuary of undeveloped land along the shores of Lake Michigan.

Doctors Park Friends has invested funds and hundreds of volunteer hours to enhance the entrance to the park. We have been creating a native plant buffer at the park edge along Fox Lane for many years. (This area is south of the Dr. Schneider Memorial and Tree Allée as mentioned in Section E.) In removing buckthorn and other invasive plants, we have opened up a beautiful area to restore to native plants, perhaps not that different from when Dr. Schneider enjoyed the land as his “farm.”

The focus of this project is a portion of the area north of what was the drive into Dr. Schneider’s farm – the gravel drive with the chain along the entrance – and south of today’s entrance to the parking lot. Along this 150 foot stretch, we have established one of several native plant areas in the park. This area has been cleared of buckthorn, honey suckle and other invasive plants to enable us to plant native plants to attract hummingbirds in addition to other pollinators. An important next step is to deal with 18 dead ash trees that line Fox Lane and are within the Hummingbird Area.



Given the location, the largest of the trees won't be removed entirely but rather the top crown portion of the trees removed and the trunk left tall enough to support wildlife yet not endanger park users. Smaller ash may be cut shorter, but the stumps retained. Left like this, the trees will provide habitat to woodpeckers, other birds, insects, and pollinators. It would be a great enhancement to the native area we have established. An educational sign pictured here is one of three we installed in 2018. It can be seen in the photo showing the dead stand of ash trees.

Our goal is to expand the impact of this hummingbird area, with its close proximity to the Dr. Schneider Memorial and Tree Allée. This and the projects listed in Section E were all cited in the Master Plan Doctors Park Friends completed in 2012.



We would use grant funds to cover the cost of cutting the largest of these trees. The cost of tree removal is considerable varying from \$500 to as much as \$1,000 depending on the tree.

The work will be completed by an outside tree removal company contracted by Milwaukee County Parks. Doctors Park Friends will contact firms who do work in the north shore to explore the possibility of a partial donation of services and work with the county for proper permits. It is our hope to leverage funds from Fox Point to get more of the needed work complete.

Milwaukee County Parks has over 10,000 dead ash trees to deal with throughout parks as part of a multi-year effort. The trees along Fox Lane are a portion of the trees in Doctors Park that need to be addressed. They are not of high priority as they are not situated in recreational areas posing a hazard to park users. This grant would enable us to target as many of the 18 dead trees at the park entrance as funding allows and enhance the Hummingbird Area.

Doctors Park Friends will match this grant with funds, to cover tree cutting and removal and purchase of native plants. In addition, we anticipate spending approximately 80 volunteer hours to plant and enhance the space around the dead ash trees.

The Village of Fox Point's investment in this project will provide another high-profile project to help increase awareness of what is needed to accomplish in the park and recruit additional area

residents to get involved. We could publicize the grant and its impact when the Traveling Beer Garden comes to the park in August.

#### **D. Project Partners**

We will pursue the possibility of in-kind services for tree cutting to leverage the impact of funding from the Village of Fox Point.

#### **E. Project Budget (if applicable)**

##### **Tree Cutting/Removal - \$5,000+**

Of the 18 trees:

- 3 at 20 in diameter
- 4 at 15 in diameter
- 6 at 12 in diameter
- 1 at 10 in diameter
- 4 smaller ash

##### **Native Plants- \$300-\$500**

Plant selection from this list as approved by Parks. Final amount and plant selection to be determined after tree cutting/removal.

- blue flag iris (*Iris shrevei*),
- giant hyssop (*Agastache scrophulariaefolia*)
- several early figwort plants (*Scrophularia lanceolata*)
- cutleaf coneflower (*Rudbeckia laciniata*)
- cardinal flowers, (*Lobelia cardinalis*)
- obedient or false dragonhead (*Physostegia virginiana*)
- bee balm, (*Monarda fistulosa*)
- wild columbines (*Aquilegia canadensis*)
- great blue lobelias (*Lobelia siphilitica*)
- fox glove penstemon (*Penstemon digitalis*)
- common milkweed (*Asclepias syriaca*)
- cup plant (*Silphium perfoliatum*)
- spotted jewelweed (*Impatiens biflora*)
- boneset (*Eupatorium perfoliatum*)
- Joe pye weed (*Eutrochium purpureum*)

**Volunteer Hours - 80 hours** for tree and plant removal and new plants

## F. Goals, Objectives, Outcomes, Evaluation

### Goal:

Enhance a native plant buffer at the western border of Doctors Park.

### Objectives:

- Remove the unsightly dead tree canopy that greets visitors at the Park Entrance. Give these dead ash trees new life as a habitat for woodpeckers and other birds and a vast array of insects and pollinators.
- Enhance and enlarge the established Hummingbird Area with additional plants. Continue to educate park users on the benefits of using native plants to benefit wildlife.

### Outcomes:

- Improve the overall appearance of the park entrance.
- Raise awareness of the environmental importance of native plants
- Raise awareness of the goals of Doctors Park Friends and the role the organization plays in the community.

### Evaluation:

*“Because life is fueled by the energy captured by the sun by plants, it will be the plants that we use in our gardens that determine what nature will be like in 10, 20, and 50 years from now. “*

Doug Tallamy, American entomologist, ecologist and conservationist

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning **04/01/20**, and ending **03/31/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Park People of Milwaukee County Inc</b>		<b>D</b> Employer identification number <b>39-1285099</b>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>10300 W Wisconsin Avenue</b>		<b>E</b> Telephone number <b>414-273-7275</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Wauwatosa WI 53226</b>		<b>G</b> Gross receipts \$ <b>326,917</b>
	<b>F</b> Name and address of principal officer: <b>Barry Waddell</b> <b>10300 W Wisconsin Avenue</b> <b>Wauwatosa WI 53226</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>parkpeoplesmke.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1977</b>
			<b>M</b> State of legal domicile: <b>WI</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	1250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	285,951	321,467
	9 Program service revenue (Part VIII, line 2g)	12	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	678	5,450
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286,641	326,917
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,374	19,205
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>8,259</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	420,200	367,276	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	444,574	386,481	
19 Revenue less expenses. Subtract line 18 from line 12	-157,933	-59,564	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 813,299	End of Year 753,487
	21 Total liabilities (Part X, line 26)	26,560	26,312
	22 Net assets or fund balances. Subtract line 21 from line 20	786,739	727,175

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>Barry Waddell</b>	Date			
	Type or print name and title <b>Executive Director</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Barbra R. Lasky</b>	Preparer's signature <i>Barbra R. Lasky CPA</i>	Date <b>2/1/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00090499</b>
	Firm's name ▶ <b>Hafner, Lasky &amp; Loewen, S.C.</b>	Firm's EIN ▶ <b>39-1172767</b>			
	Firm's address ▶ <b>Milwaukee, WI 53214-1143</b>	Phone no. <b>414-258-1007</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part 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:

**See Schedule O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  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?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **117,832** including grants of \$ ) (Revenue \$ )

**Park Project. For the beauty and peaceful enjoyment of park goers an extensive landscaping project at Boerner Garden Park was completed. Several large areas were updated - including planting of large perennial gardens as well as maintaining and updating expansive annual gardens.**

4b (Code: ) (Expenses \$ **67,300** including grants of \$ ) (Revenue \$ )

**Friends Groups - The "Friends" groups of the parks have worked to have a sink hole repaired at the Oak Leaf park. They have worked to have bats eradicated from various parks as well as eradicating invasive species from water ways at the parks.**

4c (Code: ) (Expenses \$ **64,492** including grants of \$ ) (Revenue \$ )

**Benches and Trees projects - Purchased and planted trees in various Milwaukee parks. The trees are sponsored by area citizens. Also purchased and installed park benches. These benches are sponsored or dedicated to area citizens who support the parks.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **115,837** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **365,461**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
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.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>1</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **WI**
- 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) 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 interest policy, and financial 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 ►  
**Barry Waddell**  
**Wauwatosa**  
**10300 W Wisconsin Avenue**  
**WI 53226**  
**414-273-7275**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barry Waddell	20.00									
Executive Director	0.00	X					17,290	0	0	
(2) Nadine Weske	5.00									
President	0.00	X		X			0	0	0	
(3) John Machulak, JD	5.00									
Vice President	0.00	X		X			0	0	0	
(4) Patricia Hintz, JD	1.00									
Treasurer	0.00	X		X			0	0	0	
(5) Anne Stadler-Vallancourt	1.00									
Secretary	0.00	X		X			0	0	0	
(6) Marrissa Werner	1.00									
Community Volunteer	0.00	X					0	0	0	
(7) Ken Solis	10.00									
Community Volunteer	0.00	X					0	0	0	
(8) Michael Pierce	1.00									
Community Volunteer	0.00	X					0	0	0	
(9) Nathan Rackers	1.00									
Community Volunteer	0.00	X					0	0	0	
(10) Luanne Coyne	1.00									
Community Volunteer	0.00	X					0	0	0	
(11) Lucas Olivieri	1.00									
Community Volunteer	0.00	X					0	0	0	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Amy Diliberti	2.00									
Community Volunteer	0.00	X						0	0	0
(13) Steve Silverstein	3.00									
Community Volunteer	0.00	X						0	0	0
<b>1b Subtotal</b> .....								<b>17,290</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>17,290</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b	13,310			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	39,875			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	268,282			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	<b>h Total. Add lines 1a-1f</b>		<b>321,467</b>			
<b>Program Service Revenue</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		5,450	5,450		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
		b Less: rental expenses	6b	(ii) Personal		
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
		b Less: cost or other basis and sales exps.	7b	(ii) Other		
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		<b>326,917</b>	<b>5,450</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,290	10,374	5,533	1,383
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	412	247	132	33
10 Payroll taxes	1,503	902	481	120
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,315	13,852	3,463	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	5,328	4,262	1,066	
13 Office expenses	1,582	1,250	253	79
14 Information technology	1,307	1,046	261	
15 Royalties				
16 Occupancy	1,853	1,483	370	
17 Travel				
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				
23 Insurance	1,328	1,062	266	
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.)				
a <b>Park Projects</b>	327,338	327,338		
b <b>Fund Raising Expenses</b>	5,921			5,921
c <b>Printing and Postage</b>	3,244	2,595	389	260
d <b>Bank &amp; Credit Card Fees</b>	1,741	795	483	463
e All other expenses	319	255	64	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	386,481	365,461	12,761	8,259
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing	782,588	1	173,728	
	2	Savings and temporary cash investments	28,211	2	572,259	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	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)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,500	9	7,500	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,672		
	b	Less: accumulated depreciation	10b	2,672	10c	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	813,299	16	753,487		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	21,645	17	14,267	
	18	Grants payable		18		
	19	Deferred revenue	4,915	19	12,045	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	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		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	26,560	26	26,312	
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	180,169	27	184,303	
	28	Net assets with donor restrictions	606,570	28	542,872	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	786,739	32	727,175	
33	<b>Total liabilities and net assets/fund balances</b>	813,299	33	753,487		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	326,917
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,481
3	Revenue less expenses. Subtract line 2 from line 1	3	-59,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	786,739
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	727,175

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	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?		X
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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>The Park People of Milwaukee County Inc</b>	Employer identification number <b>39-1285099</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	659,151	816,579	311,072	285,951	321,467	2,394,220
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	659,151	816,579	311,072	285,951	321,467	2,394,220
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 <b>Public support.</b> Subtract line 5 from line 4						2,394,220

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	659,151	816,579	311,072	285,951	321,467	2,394,220
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	316	646	676	678	5,450	7,766
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 <b>Total support.</b> Add lines 7 through 10						2,401,986
12 Gross receipts from related activities, etc. (see instructions)					12	5,450
13 <b>First 5 years.</b> 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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.68%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.89%
16a <b>33 1/3% support test—2020.</b> 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		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2019.</b> 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		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2020.</b> 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		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2019.</b> 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		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests—2019. 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

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	Yes	No
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Yes	No
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f <b>Total of lines 3a through 3e</b>			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 <b>Breakdown of line 7:</b>			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			



**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>The Park People of Milwaukee County Inc</b>	Employer identification number <b>39-1285099</b>
--	---

Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**The Park People of Milwaukee County**

Employer identification number

**39-1285099****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sprecher Brewing Co., Inc 701 W Glendale Avenue Glendale WI 53209	\$ 37,976	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	County of Milwaukee 901 N 9th Street Milwaukee WI 53233	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Beer Capitol Distributing W222 N5700 Miller Way Sussex WI 53089	\$ 24,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Greater Milwaukee Foundation 101 W Pleasant St Ste 210 Milwaukee WI 53212	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	James Laskin 15 Baca Farm Rd Tularosa NM 88352	\$ 10,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Milwaukee Metro Sewerage District 260 W Seeboth St Milwaukee WI 53204	\$ 9,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2020

Open to Public Inspection

Name of the organization

The Park People of Milwaukee County Inc

Employer identification number

39-1285099

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 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, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Table with 2 columns: Revenue and Assets. Rows include: 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ ..... %
- b Permanent endowment ▶ ..... %
- c Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations .....
- (ii) Related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....	2,672		2,672	
<b>e</b> Other .....				

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9) and Total.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 326,917.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 386,481.

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	<b>The Park People of Milwaukee County Inc</b>	Employer identification number	<b>39-1285099</b>
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**Form 990 - Organization's Mission**

Strive to enhance and protect Milwaukee County Parks, their resources and facilities; to develop a wider public interest in and appreciation of the parks, open spaces and recreational facilities offered by the park system; to sponsor activities that will enable citizens to make better use of the county parks.

**Form 990, Part III, Line 4d - All Other Accomplishments**

Programs to promote and utilize the Milwaukee County Parks system

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

**Members**

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

Annual election of board members

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Draft was reviewed by the finance committee and presented to the Board of Directors.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

All compensation is determined by board

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

All compensation is determined by board

Name of the organization

Employer identification number

**The Park People of Milwaukee County**

**39-1285099**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**The information is available from the organization's office.**

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

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>The Park People of Milwaukee County, Inc.</b>	Taxpayer identification number (TIN) <b>39-1285099</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10300 West Wisconsin Avenue</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Wauwatosa, WI 53226</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ The Park People of Milwaukee County, Inc.

Telephone No. ▶ 414-273-7275 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.

- 1 I request an automatic 6-month extension of time until February 15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year 20 \_\_\_\_ or
  - ▶  tax year beginning April 1, 20 20, and ending March 31, 20 21.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
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	\$	
c <b>Balance due.</b> 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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

[Track Another Package +](#)

**Tracking Number:** 70202450000217735274

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Your item was delivered at 9:17 am on August 13, 2021 in OGDEN, UT 84201.

## **Delivered**

August 13, 2021 at 9:17 am  
OGDEN, UT 84201

**Get Updates** 

Feedback

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**Text & Email Updates**



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**Tracking History**



August 13, 2021, 9:17 am

Delivered

OGDEN, UT 84201

Your item was delivered at 9:17 am on August 13, 2021 in OGDEN, UT 84201.

August 12, 2021, 11:15 am

Departed USPS Regional Facility

SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER

August 12, 2021, 8:33 am

Arrived at Post Office

SALT LAKE CITY, UT 84199

August 12, 2021, 8:32 am  
Arrived at USPS Regional Destination Facility  
SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER

August 11, 2021  
In Transit to Next Facility

August 9, 2021, 10:53 pm  
Departed USPS Regional Facility  
MILWAUKEE WI PROCESSING CENTER

August 9, 2021, 8:09 pm  
Arrived at USPS Regional Origin Facility  
MILWAUKEE WI PROCESSING CENTER

August 9, 2021, 4:52 pm  
USPS in possession of item  
MILWAUKEE, WI 53227

Feedback

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**Product Information**



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See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs**

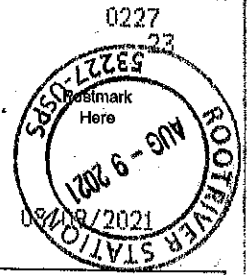
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Certified Mail Fee	\$3.60
\$	\$0.00
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
\$	\$4.15
<b>Total Postage and Fees</b>	



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 City, State, ZIP+4® \_\_\_\_\_

THE PARK PEOPLE OF MILWAUKEE COUNTY, INC.

FINANCIAL STATEMENTS

MARCH 31, 2020



**HAFNER, LASKY & LOEWEN, S.C.**

Certified Public Accountants

11575 WEST THEO. TRECKER WAY  
MILWAUKEE, WI 53214-1143

**414-258-1007**

**FAX 414-258-4694**

MEMBERS OF THE WISCONSIN  
AND AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
The Park People of Milwaukee County, Inc.  
Milwaukee, Wisconsin

We have audited the accompanying financial statements of The Park People of Milwaukee County, Inc. (a non-profit organization), which comprise the statement of financial position as of March 31, 2020, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Park People of Milwaukee County, Inc. as of March 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

*Hafner, Lasky & Loewen, S.C.*

HAFNER, LASKY & LOEWEN, S.C.  
Certified Public Accountants

January 12, 2021

THE PARK PEOPLE OF MILWAUKEE COUNTY, INC.  
STATEMENT OF FINANCIAL POSITION  
MARCH 31, 2020  
SEE NOTES TO FINANCIAL STATEMENTS

**ASSETS**

Current Assets

Cash and Cash Equivalents	\$ 810,799
Prepaid Expenses	<u>2,500</u>

Total Current Assets \$ 813,299

Equipment-at Cost

Office Equipment	\$ 2,672
Less Accumulated Depreciation	<u>2,672</u>

Net Equipment -

Total Assets \$ 813,299

**LIABILITIES**

Current Liabilities

Accrued Expenses	\$ 21,645
Conditional Grant	<u>4,915</u>

Total Current Liabilities \$ 26,560

**NET ASSETS**

Without Donor Restrictions \$ 180,169

With Donor Restrictions 606,570

Total Net Assets 786,739

Total Liabilities and Net Assets \$ 813,299

THE PARK PEOPLE OF MILWAUKEE COUNTY, INC.  
STATEMENT OF ACTIVITIES  
YEAR ENDED MARCH 31, 2020  
SEE NOTES TO FINANCIAL STATEMENTS

Changes in Net Assets Without Donor Restrictions	
Revenues and Gains	
Membership Dues	\$ 13,447
Contributions and Grants	8,068
Miscellaneous	2,465
Interest	678
Total Revenues and Gains Without Donor Restrictions	<u>\$ 24,658</u>
Net Assets Released from Restrictions	
Satisfaction of Program Restrictions	<u>394,295</u>
Total Revenues, Gains, and Other Support Without Donor Restrictions	<u>\$ 418,953</u>
Expenses	
Friends Groups	\$ 61,482
Park Market	47,535
Park Projects	316,385
Management and General	16,081
Fund Raising	<u>3,091</u>
Total Expenses	<u>\$ 444,574</u>
Decrease in Net Assets Without Donor Restrictions	<u>\$ (25,621)</u>
Changes in Net Assets With Donor Restrictions	
Contributions and Grants	
Park Project	\$ 101,578
Friends Groups	109,850
Park Market	47,535
Weed-Out	3,020
Total	<u>\$ 261,983</u>
Net Assets Released from Restrictions	<u>(394,295)</u>
Decrease in Net Assets With Donor Restrictions	<u>\$ (132,312)</u>
Decrease in Net Assets	\$ (157,933)
Net Assets at Beginning of Year	<u>944,672</u>
Net Assets at End of Year	<u><u>\$ 786,739</u></u>

THE PARK PEOPLE OF MILWAUKEE COUNTY, INC.  
STATEMENT OF FUNCTIONAL EXPENSES  
YEAR ENDED MARCH 31, 2020  
SEE NOTES TO FINANCIAL STATEMENTS

	Program Services				Supporting Services			Total
	Friends Groups	Park Market	Park Projects	Total Program Expenses	Management and General	Fund Raising	Total Supporting Services	2020
Salaries and Wages	\$ 2,633	\$ 1,316	\$ 9,215	\$ 13,164	\$ 7,021	\$ 1,755	\$ 8,776	\$ 21,940
Payroll Taxes & Benefits	292	146	1,022	1,460	779	195	974	2,434
Total Payroll Costs	\$ 2,925	\$ 1,462	\$ 10,237	\$ 14,624	\$ 7,800	\$ 1,950	\$ 9,750	\$ 24,374
Park Projects	58,004	46,013	277,306	381,323	-	-	-	381,323
Professional Services	-	-	9,126	9,126	2,281	-	2,281	11,407
Advertising Expense	-	-	7,947	7,947	1,986	-	1,986	9,933
Supplies	-	-	1,808	1,808	366	489	855	2,663
Meeting Expense	-	-	1,900	1,900	261	-	261	2,161
Repairs and Maintenance	-	-	1,245	1,245	311	-	311	1,556
Office Expense	-	-	780	780	158	50	208	988
Telephone	-	-	82	82	961	-	961	1,043
Rent	-	-	887	887	222	-	222	1,109
Dues and Subscriptions	-	-	747	747	152	47	199	946
Bank Fees	379	60	1,142	1,581	-	463	463	2,044
Insurance	-	-	-	-	1,413	-	1,413	1,413
Postage & Delivery	-	-	971	971	137	92	229	1,200
Mileage/Travel/Parking	-	-	134	134	33	-	33	167
Printing	174	-	2,073	2,247	-	-	-	2,247
Total Expenses	\$ 61,482	\$ 47,535	\$ 316,385	\$ 425,402	\$ 16,081	\$ 3,091	\$ 19,172	\$ 444,574

THE PARK PEOPLE OF MILWAUKEE COUNTY, INC.  
STATEMENT OF CASH FLOWS  
YEAR ENDED MARCH 31, 2020  
SEE NOTES TO FINANCIAL STATEMENTS

Cash Flows From Operating Activities

Change in Net Assets \$ (157,933)

Adjustments to Reconcile Change in Net Assets

to Net Cash Provided by Operating Activities

Decrease in Accrued Expenses (3,973)

Net Cash Used by Operating Activities \$ (161,906)

Cash and Cash Equivalents at Beginning of Year 972,705

Cash and Cash Equivalents at End of Year \$ 810,799

Interest Paid \$ -

Income Taxes Paid \$ -

THE PARK PEOPLE OF MILWAUKEE COUNTY, INC.  
NOTES TO FINANCIAL STATEMENTS  
YEAR ENDED MARCH 31, 2020

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

NATURE OF ORGANIZATION

The Park People of Milwaukee County, Inc. is a non-profit organization whose mission is to strive to enhance and protect Milwaukee County Parks, their resources and facilities; to develop wider public interest in and appreciation of the parks, open space and recreational facilities offered by the park system; to sponsor activities and projects that will enable citizens of all ages, interest and backgrounds to make better use of the county parks; to encourage stewardship and development of individual parks and facilities by groups and individuals; to plan programs for members to acquaint them with the parks and their potential uses; and to accept and expend gifts of real or personal property exclusively for the benefit of the Milwaukee County Park System.

REVENUE RECOGNITION

The organization recognized contributions when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give – that is those with a measurable performance or other barrier and a right of return – are not recognized until the conditions on which they depend have been met. At March 31, 2020 the Organization had no conditional promises to give outstanding.

Membership dues are recognized as income when received.

The organization has adopted Accounting Standards Update (ASU) No 2018-08 Not for Profit Entities: *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (Topic 605) as management believes the standard improves the usefulness and understanding of the Organization's financial reporting.

USE OF ESTIMATES

The preparation of the organization's financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

CONCENTRATION OF CREDIT RISK

The organization maintains its cash balances in two financial institutions located in Milwaukee, Wisconsin. The balances are insured by the Federal Deposit Insurance Corporation up to \$ 250,000. At March 31, 2020 the organization had \$ 560,799 of uninsured cash balances.

CASH AND CASH EQUIVALENTS

The organization considers all highly liquid bank investments with a maturity of three months or less when purchased to be cash equivalents.

ADVERTISING

Advertising costs are expensed when incurred.

2. DONATED FACILITIES, MATERIALS AND SERVICES

A substantial number of unpaid volunteers have made significant contributions of their time to develop the organization's programs. No amounts have been recognized in the statement of activities because the criteria for recognition under professional standards have not been satisfied.

3. LEASE COMMITMENT

The organization no longer leases its office facilities. The organization shares office space with The Milwaukee Parks System. The organization has agreed to pay 50% of the utility costs each month as rent expense. Total rent expense for the fiscal year ending March 31, 2020 was \$1,109.

4. INCOME TAXES

The Park People of Milwaukee County, Inc. is a non-profit organization as defined by IRC 501(c)3 and accordingly, is exempt from Federal and Wisconsin income taxes.

## 5. NET ASSETS WITH DONOR RESTRICTIONS

Transactions in net assets with donor restrictions were as follows:

	Balance <u>3-31-19</u>	Income	Program Projects	Balance <u>3-31-20</u>
Park Project Fund	\$ 615,339	\$ 101,578	\$ 278,800	\$ 438,117
Milwaukee Parks Foundation Fund	3,862	-	-	3,862
Weed Out Fund	3,458	3,020	6,478	-
Park Market Fund	-	47,535	47,535	-
Friends of Specific Parks Fund	<u>116,223</u>	<u>109,850</u>	<u>61,482</u>	<u>164,591</u>
Total	<u>\$ 738,882</u>	<u>\$ 261,983</u>	<u>\$ 394,295</u>	<u>\$ 606,570</u>

Net assets were released from donor restrictions by incurring expenses satisfying the purpose specified by donors or expiration of time restrictions.

## 6. LIQUIDITY AND AVAILABLE RESOURCES

All of the organization's financial assets are available for general expenditure within one year of the balance sheet date.

## 7. EVALUATION OF SUBSEQUENT EVENTS

The organization has evaluated subsequent events through January 12, 2021 the date which the financial statements were available to be issued.

# The Park People

## Profit and Loss Detail

April 2020 - March 2021

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Ordinary Income/Expenses								
Income								
30000 Revenue - Operations								
39000 Friends Groups								
05/04/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	25.00	25.00
05/11/2020	Deposit	5182389		Friends Group Funds:Doctors Park Friends	Jewish Community Foundation	10032 BMO Restricted - 2132	150.00	175.00
05/14/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	10.00	185.00
05/14/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	235.00
05/28/2020	Deposit	2136		Friends Group Funds:Doctors Park Friends	stairs	10032 BMO Restricted - 2132	100.00	335.00
05/28/2020	Deposit	1650		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	835.00
05/28/2020	Deposit	1223193		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	1,000.00	1,835.00
05/28/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	1,885.00
06/08/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	200.00	2,085.00
06/08/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	200.00	2,285.00
06/08/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	200.00	2,485.00
06/15/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	2,585.00
06/16/2020	Deposit	1032		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	100.00	2,685.00
07/02/2020	Deposit	1081		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	1,000.00	3,685.00
07/12/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	3,735.00
07/12/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	200.00	3,935.00
07/15/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2,000.00	5,935.00
07/16/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	25.00	5,960.00
07/17/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	6,010.00
07/19/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	250.00	6,260.00
07/25/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	6,360.00
07/26/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	6,460.00
07/27/2020	Deposit	646		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	100.00	6,560.00
07/27/2020	Deposit	1222		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	50.00	6,610.00
07/27/2020	Deposit	5193		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	35.00	6,645.00
07/27/2020	Deposit	3473		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	200.00	6,845.00
07/27/2020	Deposit	2107		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	200.00	7,045.00
07/27/2020	Deposit	4105		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	250.00	7,295.00
08/04/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	75.00	7,370.00
08/04/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	7,420.00

# The Park People

## Profit and Loss Detail

April 2020 - March 2021

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
08/04/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	7,520.00
08/11/2020	Deposit	2625		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	50.00	7,570.00
08/11/2020	Deposit	5518		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	1,000.00	8,570.00
08/11/2020	Deposit	17515		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	50.00	8,620.00
08/11/2020	Deposit	7749		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	100.00	8,720.00
08/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	-4.00	8,716.00
08/11/2020	Deposit	13284		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	100.00	8,816.00
08/25/2020	Deposit	11849		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	9,316.00
08/25/2020	Deposit	11848		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	9,816.00
08/25/2020	Deposit	6838		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	50.00	9,866.00
09/04/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	9,916.00
09/11/2020	Deposit	39139		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	200.00	10,116.00
09/11/2020	Deposit	4747		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	1,000.00	11,116.00
09/11/2020	Deposit	4599		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	250.00	11,366.00
09/11/2020	Deposit	10039045		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	1,000.00	12,366.00
09/11/2020	Deposit	RC080075606		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	1,000.00	13,366.00
09/11/2020	Deposit	8313		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	150.00	13,516.00
09/28/2020	Deposit	4275		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	14,016.00
09/28/2020	Deposit	1315		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	14,516.00
10/09/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	14,566.00
10/29/2020	Deposit	1316		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	15,066.00
12/31/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	15,116.00
01/11/2021	Deposit	12100		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	50.00	15,166.00
02/22/2021	Deposit			Friends Group Funds:Doctors Park Friends		10021 BMO Operating - 2121	40.48	15,206.48

# The Park People

## Profit and Loss Detail

April 2020 - March 2021

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
03/22/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	25.00	15,231.48
03/30/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	20.00	15,251.48
03/31/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	15,351.48
<b>Total for 39000 Friends Groups</b>							<b>\$15,351.48</b>	
<b>Total for 30000 Revenue - Operations</b>							<b>\$15,351.48</b>	
<b>Total for Income</b>							<b>\$15,351.48</b>	
Expenses								
41000 Admin Expense-FG %								
05/04/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.93	1.93
05/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	12.00	13.93
05/14/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	3.89	17.82
05/14/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.76	18.58
05/28/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	26.58
05/28/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	40.00	66.58
05/28/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	80.00	146.58
05/28/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.89	150.47
06/08/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	15.62	166.09
06/08/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	15.62	181.71
06/08/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	15.62	197.33
06/15/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	7.80	205.13
06/16/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	213.13
07/02/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	80.00	293.13
07/12/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.88	297.01
07/12/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	15.62	312.63
07/15/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	156.40	469.03
07/16/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.93	470.96
07/17/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.88	474.84
07/19/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	19.53	494.37
07/25/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	7.80	502.17
07/26/2020	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	7.80	509.97
07/27/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	2.80	512.77
07/27/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	4.00	516.77
07/27/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	524.77
07/27/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	16.00	540.77
07/27/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	16.00	556.77
07/27/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	20.00	576.77
08/04/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	5.84	582.61
08/04/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.89	586.50
08/04/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	7.80	594.30
08/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	602.30
08/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	80.00	682.30
08/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	4.00	686.30
08/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	694.30
08/25/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	4.00	698.30
08/25/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	40.00	738.30
08/25/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	40.00	778.30
09/04/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.33	781.63
09/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	80.00	861.63
09/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	80.00	941.63
09/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	16.00	957.63
09/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	80.00	1,037.63
09/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	20.00	1,057.63
09/11/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	12.00	1,069.63
09/28/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	40.00	1,109.63
09/28/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	40.00	1,149.63
10/09/2020	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.89	1,153.52
10/29/2020	Deposit			Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	40.00	1,193.52

# The Park People

## Profit and Loss Detail

April 2020 - March 2021

DATE	TRANSACTION TYPE	NUM	NAME CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
12/31/2020	Deposit		Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.88	1,197.40
01/11/2021	Deposit		Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	4.00	1,201.40
02/22/2021	Deposit		Friends Group Funds:Doctors Park Friends	admin	10021 BMO Operating - 2121	3.23	1,204.63
03/22/2021	Deposit		Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.93	1,206.56
03/30/2021	Deposit		Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.54	1,208.10
03/31/2021	Deposit		Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	7.80	1,215.90
<b>Total for 41000 Admin Expense-FG %</b>						<b>\$1,215.90</b>	
50300 Credit Card/Bank/Online Fees							
05/04/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.85	0.85
05/14/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	2.25
05/14/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.52	2.77
05/28/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	4.17
06/08/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	4.70	8.87
06/08/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	4.70	13.57
06/08/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	4.70	18.27
06/15/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2.50	20.77
07/12/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	4.70	25.47
07/12/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	26.87
07/15/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	44.30	71.17
07/16/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.85	72.02
07/17/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	73.42
07/19/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	5.80	79.22
07/25/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2.50	81.72
07/26/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2.50	84.22
08/04/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	85.62
08/04/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.95	87.57
08/04/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2.50	90.07
09/04/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	91.47
10/09/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	92.87
12/31/2020	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	94.27
03/22/2021	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.85	95.12
03/30/2021	Deposit		Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.74	95.86
03/31/2021	Deposit		Friends Group Funds:Doctors Park		10103 PayPal Account	2.50	98.36

# The Park People

Profit and Loss Detail

April 2020 - March 2021

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
				Friends				
	<b>Total for 50300 Credit Card/Bank/Online Fees</b>						<b>\$98.36</b>	
	<b>Total for Expenses</b>						<b>\$1,314.26</b>	
	<b>Net Ordinary Income</b>						<b>\$14,037.22</b>	
	Other Income/Expense							
	Other Income							
	61000 Opening Fund Balance							
04/01/2020	Journal Entry	CPA-2020-1	Friends Group Funds:Doctors Park Friends		Transfer Fund Balances to P&L	-Split-	33,455.77	33,455.77
	<b>Total for 61000 Opening Fund Balance</b>						<b>\$33,455.77</b>	
	<b>Total for Other Income</b>						<b>\$33,455.77</b>	
	<b>Net Other Income</b>						<b>\$33,455.77</b>	
	<b>Net Income</b>						<b>\$47,492.99</b>	

# The Park People

## Profit and Loss Detail

April 2021 - March 2022

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Ordinary Income/Expenses								
Income								
30000 Revenue - Operations								
39000 Friends Groups								
04/19/2021	Deposit	1876		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	100.00	100.00
04/19/2021	Deposit	7199		Friends Group Funds:Doctors Park Friends	Dr. David Wagner Memorial	10032 BMO Restricted - 2132	30.00	130.00
04/19/2021	Deposit	WC-09170205		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	200.00	330.00
06/06/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	430.00
06/10/2021	Deposit	5231		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	100.00	530.00
06/17/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	580.00
06/22/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	25.00	605.00
06/24/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	100.00	705.00
07/26/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	25.00	730.00
08/09/2021	Deposit	2031		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	150.00	880.00
08/25/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	200.00	1,080.00
09/28/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	20.00	1,100.00
12/12/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	1,150.00
12/15/2021	Deposit	010211909		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	500.00	1,650.00
12/25/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	50.00	1,700.00
12/31/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	75.00	1,775.00
01/12/2022	Deposit	12263		Friends Group Funds:Doctors Park Friends		10032 BMO Restricted - 2132	50.00	1,825.00
02/20/2022	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	15.00	1,840.00
<b>Total for 39000 Friends Groups</b>							<b>\$1,840.00</b>	
<b>Total for 30000 Revenue - Operations</b>							<b>\$1,840.00</b>	
<b>Total for Income</b>							<b>\$1,840.00</b>	
Expenses								
41000 Admin Expense-FG %								
04/19/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	16.00	16.00
04/19/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	24.00
04/19/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	2.40	26.40
06/06/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	7.80	34.20
06/10/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	8.00	42.20
06/17/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.89	46.09
06/20/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	8.19	54.28
06/22/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.93	56.21
06/24/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	7.80	64.01
07/26/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.93	65.94
08/09/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	12.00	77.94
08/25/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	15.64	93.58
09/28/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.53	95.11
12/12/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.88	98.99
12/15/2021	Deposit			Friends Group Funds:Doctors Park	admin	10032 BMO Restricted -	40.00	138.99

# The Park People

Profit and Loss Detail

April 2021 - March 2022

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
				Friends		2132		
12/25/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	3.88	142.87
12/31/2021	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	5.84	148.71
01/12/2022	Deposit			Friends Group Funds:Doctors Park Friends	admin	10032 BMO Restricted - 2132	4.00	152.71
02/20/2022	Deposit			Friends Group Funds:Doctors Park Friends	admin	10103 PayPal Account	1.14	153.85
<b>Total for 41000 Admin Expense-FG %</b>							<b>\$153.85</b>	
50300 Credit Card/Bank/Online Fees								
06/06/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2.50	2.50
06/17/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.40	3.90
06/22/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.85	4.75
06/24/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	2.50	7.25
07/26/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.85	8.10
08/25/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	4.47	12.57
09/28/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.89	13.46
12/12/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.49	14.95
12/25/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.49	16.44
12/31/2021	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	1.98	18.42
02/20/2022	Deposit			Friends Group Funds:Doctors Park Friends		10103 PayPal Account	0.79	19.21
<b>Total for 50300 Credit Card/Bank/Online Fees</b>							<b>\$19.21</b>	
50425 Expense - Friends Group								
06/17/2021	Check	5228	JS Construction	Friends Group Funds:Doctors Park Friends	Invoice date 6/10/21 Doctors Park Sparks Grant	10032 BMO Restricted - 2132	10,000.00	10,000.00
07/28/2021	Check	5242	JS Construction	Friends Group Funds:Doctors Park Friends	Invoice date 7/22/21; Doctors Park	10032 BMO Restricted - 2132	31,500.00	41,500.00
11/15/2021	Check	5269	House of Engraving, LLC	Friends Group Funds:Doctors Park Friends	Invoice 19429; Nov. 10, 2021	10032 BMO Restricted - 2132	530.00	42,030.00
<b>Total for 50425 Expense - Friends Group</b>							<b>\$42,030.00</b>	
<b>Total for Expenses</b>							<b>\$42,203.06</b>	
<b>Net Ordinary Income</b>							<b>\$ -</b>	<b>40,363.06</b>

# The Park People

Profit and Loss Detail

April 2021 - March 2022

DATE	TRANSACTION TYPE	NUM	NAME	CLASS	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Other Income/Expense								
Other Income								
61000 Opening Fund Balance								
04/01/2021	Journal Entry	2021-20	Friends Group Funds:Doctors Park Friends		Record beginning Fund Balances	-Split-	47,492.99	47,492.99
<b>Total for 61000 Opening Fund Balance</b>							<b>\$47,492.99</b>	
<b>Total for Other Income</b>							<b>\$47,492.99</b>	
<b>Net Other Income</b>							<b>\$47,492.99</b>	
<b>Net Income</b>							<b>\$7,129.93</b>	

## 2022 SPECIAL PILOT COMMUNITY ENHANCEMENTS GRANT APPLICATION

### **Organization Information**

**A. Tax Identification Number:** 39-1819245

### **B. Organization Information**

1. Name of Organization: The Friendship Circle, Inc.
2. Mailing Address: 8649 N Port Washington Rd
3. Contact Person
  - a. Name: Levi Stein
  - b. E-mail address: lstein@fcwi.org
  - c. Phone: (414) 755-5855

### **C. Fiscal Sponsor Information, if using a Fiscal Sponsor**

1. Name of Sponsor Organization: n/a
2. Mailing Address: n/a
3. Contact Person: n/a
  - a. Name
  - b. E-mail address
  - c. Phone

### **D. Organization Mission**

Please provide your organization's mission statement and a brief overview

Friendship Circle of Wisconsin provides support, friendship, and opportunities to include people with special needs in our community. Together with an amazing team of community volunteers, a variety of social, educational, and vocational experiences are shared. Friendship Circle encourages an inclusive community where all individuals are valued regardless of the challenges they face.

By integrating those with challenges into our community and with your help, we are reversing mindsets. By highlighting achievements, not limitations, we create a world of acceptance and inclusion, helping these special souls to achieve their fullest potential.

Our organization was founded over 17 years ago on the central belief that the people we serve are our family. What separates Friendship Circle from other organizations is that we actively work to incorporate the community into our events and programs- with friendship at the core of everything we do. Participants and volunteers of all ages create unique and special bonds that have a lasting impact on both parties. Our participants with special needs receive extra love and attention from community members while also partaking in fun activities.

We offer a full range of activities and events such as After School Programs, Art Projects, Community Dinners, Sports Nights, Mall Walking, and a host of other activities — all catering to children with special needs, adults, and their families. We focus on developing the values of altruism, compassion, and acceptance among all those within Friendship Circle as we heighten community awareness and sensitivity while encouraging a sense of responsibility and involvement. Every individual deserves to be involved in their community and a contributing member. By focusing on our participants' abilities, not disabilities, we empower these young individuals and prove that their disabilities do not define them.

### **E. Organizational Accomplishments**

Please provide examples (no more than two) of projects or work your organization has done to enhance the quality of life for residents in the Village of Fox Point

Founded in 2004, the acclaimed hallmark centerpiece of the Friendship Circle program is the weekly Friends @ Home Program. Within the program, teen volunteers from around Fox Point can give back and spend quality time with children with special needs in the comfort of their own homes. Through the gifts and joys of friendship, our young volunteers connect with these special children. The underlying philosophy of the Friendship Circle is that every child is worthy of love, laughter, nurturing, and connection. By integrating the wisdom of professionals and the energetic spirit of teenagers, Friendship Circle brings out the best from within all of those involved. The joy of friendship that our young volunteers offer reaches these special children in ways that most forms of therapy cannot. Furthermore, the program has had a profound effect on the teenagers themselves by teaching them the value of giving and practice becoming leaders dedicated to helping and advocating for others

The Adult Division of Friendship Circle is an innovative program that serves adults with special needs through one-on-one friendships and social opportunities with other adults in our community. Starting in 2008, the Adult Friendship Circle has grown via word of mouth from 3 to over 200 participants, with programs designed to support independent living skills for our adult members. Within the Adult Division, our Employee Training Program has allowed us to provide for our participants as well as the community. The program provides a unique opportunity for individuals with disabilities as they work in our café and bakery located in Fox Point!

Participants develop practical and social skills by running the register, preparing food, interacting with customers, and becoming certified baristas. We ensure participants are prepared and ready to work out in the community once graduated. Many see working as a burden, but for our participants, it's a labor of love. Graduates have gone on to work in local shops, doctors' offices, and grocery stores. Participants gain confidence as they become integral members of the community and gain more independence as they receive a steady source of income.

With each community member that comes into Friendship Circle, whether that be for their morning coffee or joining in one of our events, we hope to change their mindset regarding disabilities so that they may go on to educate others. Our influence throughout the community is pervasive and continues to grow every day as we expand our outreach throughout Fox Point and Milwaukee. We intend to benefit and serve as many people as possible.

#### **F. Organizational Challenges**

Please describe any major challenges your organization has faced in the past year and how the organization has addressed them

To accommodate for the growing number of participants and volunteers joining the organization and allow for more community engagement and outreach, Friendship Circle relocated to a larger space in Fox Point in December of 2019. Unfortunately, like many other organizations, we soon after were impacted by the COVID-19 pandemic. Our organization provides a diverse set of services including consumer, business, and public services, and the lockdown limited our ability to provide for the community.

During these difficult times, we learned to adapt. In order to maintain a sense of community and solidarity, each week participants could join at least five different virtual activities: yoga, cooking demos, crafts, and more. In addition, we distributed 1,500 food and activities packages to hospitals, seniors, and Friendship Circle families. Finally, throughout the pandemic, we were able to keep a skeleton crew for the café and bakery to complete delivery and dine-out orders. Giving back to the community that showed us unwavering support during these challenging times was of utmost importance. We wanted all families, participants, and

the Friendship Circle organization as a whole to come out of the pandemic even stronger than before.

While these efforts allowed us to stay afloat, within the past year we are still working towards getting back to where we left off pre-pandemic. While we are thankful to be returning to normalcy, we continue to strive for improvement and to expand our outreach. We hope to become an integral part of the community and a part of residents' lives, especially as the pandemic comes to an end and restrictions are lifted.

### **G. Organizational Changes**

Please describe any major changes to your organization in the past year and/or anticipates in the coming year

Within the past year, following the pandemic, we created the U Matter program. Providing teens and our participants with the safety and support of the U Matter program and SafeTALK Suicide Prevention Training has never been more necessary. Loneliness and isolation have been at a peak during the pandemic and are especially challenging for our participants with special needs as society already isolates and ostracizes them. It is during these hard times that we want to provide for the community and be an asset. In the coming year, we hope to grow the U Matter program by having more members join and hosting more events.

### **H. Board of Directors**

Please provide a current list of the Board of Directors of your organization or fiscal sponsor organization, if applicable

Paul Danola

Retired -- Executive --FIS at Fidelity National Information Services

Jeff Langer, PharmD

Founder, The Pet Apothecary

Mike Schlossmann

Owner, Schlossmann Subaru City

Julie Rosenfeld

Community Activist

Jeff Wagner

Milwaukee County Judge

Mendel Shmotkin

Executive Vice President, Lubavitch of Wisconsin

Shari Weingrad

Mom

Kai Luanda Gardner-Mishlove  
Health Care Professional  
Rachel Stein  
Co-Director, The Friendship Circle  
Levi Stein  
Executive Director, The Friendship Circle

**I. Financial Information**

Please provide the following documents of your organization, or fiscal sponsor, if applicable

- a. Most recently completed 990
- b. Most recently completed Audited Financial Statement

**J. Fiscal Year Information**

Please provide the following information for your organization, or fiscal sponsor, if applicable

- a. Date on which current fiscal year ends: 12/31
- b. Organization Budget for Fiscal Year 2021
- c. Organization Budget for Fiscal Year 2022

**Proposal Information**

**A. Proposal Information**

Please answer the type of support your organization is requesting – i.e., general operations or project support. If your organization is seeking project support, please provide the project name.

We are requesting \$5,000 for project support of the U\_Matter Program. The goal of the U\_Matter program is to empower teens and adults to help their peers who are struggling and teach skills for offering and receiving support. We cultivate an environment of safety and inclusion while emphasizing the strength of seeking help. Within the U\_Matter program, we offer SafeTALK trainings and a Mom’s Support Group.

If funded, this grant would allow us to provide SafeTALK trainings for teens living in Fox Point for only \$5 – originally this program costs \$35 per trainee. Additionally, this grant would go towards sponsoring the Mom’s Support Group which meets twice weekly at Friendship Circle.

**B. Grant Funding Request (Amount): \$5,000**

**C. Organizational or Project Overview**

Please identify the general nature of the operations for which the grant would be used and provide an overview of how your organization accomplishes its mission (for gen ops requests) or an overview of the project you are requesting support for (word limit 1,000)

Our most valuable resource is one another, and we as a community must come together to support each other. The U-Matter program goes beyond showing members that their existence matters. That is not enough. They need to know that their thoughts matter; their feelings matter; their happiness matters. We already provide support and comfort to all who walk into the Friendship Circle, but our SafeTALK trainings and Mom's Support Group allow us to show extra love and attention to those who may be struggling or just need a listening ear.

The Youth Risk Behavior Survey found that within the preceding year, 1 in 6 high school students seriously considered attempting suicide and 7% of students reported that they had attempted suicide. With the stigma of suicide, these estimates most likely do not reflect the true number of students that have struggled with thoughts of suicide. And yet despite these statistics, only 13 states mandate annual suicide prevention training for school personnel. Wisconsin law requires schools to educate students on suicide prevention, but it's incorporated into the larger health curriculum and often taught as a one-day lesson- if taught at all. Suicide prevention is not one size fits all, yet this is how schools handle the matter. Everyone has different needs, and this training caters to the needs of each member. The numbers alone show that this program is a necessity.

Within this program, we would have the opportunity to provide SafeTALK Suicide Prevention Training: a 4-hour interactive and influential course that teaches participants how to recognize the signs of suicide, how to intervene, and what resources are available. A study analyzing SafeTALK's efficacy found that before training, less than half of the participants felt prepared to ask someone about suicide, but following training, over 90% of trainees felt well prepared. Having teens that are active listeners, comfortable asking difficult questions about suicide with their friends, and most importantly, that care about the wellbeing of their peers can save lives.

Data shows that every SafeTALK training given to 30 people will statistically save a life within 90 days. If funded, our training would be attended by roughly 100 teens and adults from the Fox Point community. The more training we can provide, the more individuals we can educate to lessen the stigma of suicide and check in on the mental health of those around them. While you cannot put a price on saving a life, this grant could help do so.

Furthermore, the U Matter program also includes the Mom's Support Group which uses a community-based approach. Bi-weekly meetings are held in a judgment-free zone for moms to gather and openly discuss mental health, hope, strength, and more. Many feel ashamed to talk about their anxiety, depression, or burnout. But in actuality, these feelings are common. Studies have shown parents with social support networks are able to have a warmer relationship with their kids compared to parents that lack support. By meeting with other moms experiencing similar challenges, attendees realize they are not alone, and others understand them. These meetings are a form of self-care for moms to come together and enjoy some bakery and drinks from our café.

We cannot underestimate the value of human connection and having active listeners throughout the community. By encouraging members to check in with their friends and peers, we ensure no one feels alone or afraid to ask for help when in need. Everyone deserves a safe space with friends and community members that value their mental health and well-being. The U Matter program is unlike any other in our area. It has and will make a difference within the Fox Point community. By creating a program for community members to not only help themselves but help others, the U Matter message is twofold: you, as a person, matter, and you, as a person, matter to someone else.

#### **D. Project Partners**

If your proposal includes project partners, please identify each partner and provide details about the relationship

N/A

#### **E. Project Budget (if applicable): \$50,000**

#### **F. Goals, Objectives, Outcomes, Evaluation**

For both general operations and project proposals, please list a minimum of 1 and maximum of 3 goal(s), objective(s), projected outcome(s) and evaluation strategy for the grant period.

Our first goal is to ensure that every individual throughout the community knows they are not alone. By providing these resources, members will have access to trained individuals to talk to, support groups to attend, and a safe space where they know they can receive help.

Our second goal is to create a sense of community among our members. Everyone should feel cared for and supported, and that means instilling in all participants a sense of

responsibility for one another. By using a community-based approach to both suicide prevention and support groups, we can work together to ensure all feel seen and taken care of. We cannot underestimate the value of human connection and having active listeners throughout the community

Finally, our projected outcome is that, following the SafeTALK trainings, teens and adults will want to become members of our Teen Support Groups and our Teen Mental Health Committee. While the 4-hour training is impactful, mental health is an ongoing conversation and these monthly meetings give teens a space to express themselves along with a network of peers to turn towards in times of need. Furthermore, with a passionate group of moms, we anticipate that many other moms will want to join the support group and spread the word to others about joining.

Success can be measured by how many participants come to meetings and continue to come monthly. With a passionate, committed teen board and group of moms organizing and leading these programs, we anticipate that many friends and peers will want to join the program and spread the word to others about joining. We also plan to continually adapt the program and training to the needs of the members by always encouraging feedback.

Note:

1. Goal: A “goal” is a broad statement that answers the questions, “What does your project hope to accomplish/” or “What do you hope to accomplish with general operating support?” Goals are typically general, conceptual and abstract, often including visionary words like promote, provide, expand, etc.
2. Objective: An “objective” answers the question “What steps will be taken to accomplish a goal?” Objectives often begin with the word “to” and tend to be tangible, specific and concrete.
3. Projective Outcome: A “project outcome” is the anticipated result or consequence that will occur through the achievement of the objective(s).
4. Evaluation Strategy: An “evaluation strategy” will outline measures and mechanisms that will determine whether a goal is achieved, including data on how it will be collected

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (THE FRIENDSHIP CIRCLE, INC), EIN (39-1819245), Address (8649 N PORT WASHINGTON RD, FOX POINT, WI 53217-2203), and principal officer (RABBI LEVI STEIN).

Part I Summary

Summary table with columns for line number, description, and amounts. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature area for Rabbi Levi Stein, Executive Director, including signature and date fields.

Preparer information section for Jeffery Otto, Wasserman & Shuff LLC, including name, address, and phone number.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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: THE ORGANIZATION PROMOTES AND NURTURES THE IDEALS OF COMPASSION AND INCLUSION, TO HELP SHAPE A MORE GIVING, CARING SOCIETY, THROUGH ITS "FRIENDSHIP CIRCLE" COMMUNITY-WIDE PROGRAM FOR TEENS AND ADULTS WITH SPECIAL NEEDS. THE ORGANIZATION ALSO RUNS THE FRIENDSHIP BAKERY AND CAFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 636,247 including grants of \$ ) (Revenue \$ 662,061 ) EDUCATIONAL PROGRAMS AND EVENTS

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 636,247

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and 501(c)(7), (12), (29) organizations (10-13c). Rows 14a-16 are also present.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 10a-16b regarding local chapters, conflict of interest, whistleblower, and joint venture policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Wisconsin
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

RABBI LEVI STEIN (414)847-6347, 8649 N PORT WASHINGTON RD, FOX POINT, WI 53217-2203

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RABBI LEVI STEIN EXECUTIVE DIRECTOR	40.00	X		X				30,908	0	0
(2) RACHEL STEIN CO-DIRECTOR	40.00	X		X				15,080	0	0
(3) RABBI MENDEL SHMOTKIN EXECUTIVE VICE PRESIDENT	20.00	X		X				0	0	0
(4) SHARI WEINGRAD MEMBER	1.00		X					0	0	0
(5) KAI LUANDA GARDNER-MISHLOVE MEMBER	1.00		X					0	0	0
(6) JULIE ROSENFELD MEMBER	1.00		X					0	0	0
(7) JEFF LANGER MEMBER	1.00		X					0	0	0
(8) RABBI ISRAEL SHMOTKIN PRESIDENT	1.00		X					0	0	0
(9) MIKE SCHLOSSMANN MEMBER	1.00		X					0	0	0
(10) PAUL DANOLA MEMBER	1.00		X					0	0	0
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Subtotal</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							45,988	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(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 . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	451,330			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 26,660			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		451,330			
Program Service Revenue			Business Code				
	2a	<b>OTHER PROGRAM REVENUE</b>	900099	66,056	66,056		
	b						
	c						
	d						
	e						
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		66,056			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		11	11		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			6a				
			6b				
	6c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			7b				
	7c	Gain or (loss) . . . . .	7c				
	d	Net gain or (loss) . . . . . ▶					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		8a					
		8b					
c	Net income or (loss) from fundraising events . . . . . ▶						
9a	Gross income from gaming activities, See Part IV, line 19 . . . . .						
		9a					
		9b					
c	Net income or (loss) from gaming activities . . . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . .						
		10a					
		10b					
c	Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue			Business Code				
	11a	<b>BAKERY AND CAFE INCOME</b>	445200	200,765	200,765		
	b	<b>RENTAL INCOME</b>	532000	11,213	11,213		
	c	<b>SBA EIDL ADVANCE</b>	900099	10,000		10,000	
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		221,978			
12	<b>Total revenue.</b> See instructions . . . . . ▶		739,375	66,067	211,978	10,000	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	15,080	7,540	7,540	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	276,354	276,354		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits . . . . .	15,828	1,583	14,245	
10	Payroll taxes . . . . .	30,318	29,741	577	
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	27,732	7,272	20,460	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	7,924	3,871	4,053	
12	Advertising and promotion . . . . .	17,142			17,142
13	Office expenses . . . . .	10,625	5,111	5,514	
14	Information technology . . . . .	2,641	2,641		
15	Royalties . . . . .				
16	Occupancy . . . . .	123,326	107,624	15,702	
17	Travel . . . . .	2,016	2,016		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	10,282	1,028	9,254	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	34,452	5,158	29,294	
23	Insurance . . . . .	9,848	9,848		
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.)				
a	<b>PROGRAM EXPENSES</b>	174,853	169,628	5,225	
b	<b>OUTSIDE SERVICES</b>	3,000	3,000		
c	<b>BANK AND CREDIT CARD FEES</b>	5,098	3,832	1,266	
d					
e	All other expenses _____				
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	766,519	636,247	113,130	17,142
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	54,994	1	14,353
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	56,652	4	21,698
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	900,994		
	b	Less: accumulated depreciation	94,243	10c	806,751
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	9,769	14	6,750
	15	Other assets. See Part IV, line 11	37,557	15	1,000
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	844,444	16	850,552	
Liabilities	17	Accounts payable and accrued expenses	31,005	17	22,540
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	593,679	24	623,442
	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	12,965	25	24,919
	26	<b>Total liabilities.</b> Add lines 17 through 25	637,649	26	670,901
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	206,795	31	179,651
	32	<b>Total net assets or fund balances</b>	206,795	32	179,651
33	<b>Total liabilities and net assets/fund balances</b>	844,444	33	850,552	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	739,375
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	766,519
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(27,144)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	206,795
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	179,651

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	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? . . . . .		X
<b>b</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 . . . . .		

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2020

For calendar year 2020 or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

Department of the Treasury  
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section  <input checked="" type="checkbox"/> 501(c) ( 3 )  <input type="checkbox"/> 408(e)    <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A    <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)    <input type="checkbox"/> 529A</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE FRIENDSHIP CIRCLE, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>8649 N PORT WASHINGTON RD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>FOX POINT, WI 53217-2203</b></p>	<p>D Employer identification number  <b>39-1819245</b></p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check if an amended return.</p>
		<p>C Book value of all assets at end of year . . . . . ▶ <b>850,552</b></p>	

G Check organization type ▶  501(c) corporation     501(c) trust     401(a) trust     Other trust     Applicable reinsurance entity

H Check if filing only to ▶  Claim credit from Form 8941     Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶

J Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation ▶

L The books are in care of ▶ **RABBI LEVI STEIN 8649 N PORT WASHINGTON RD** Telephone number ▶ **(414) 847-6347**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	1	
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	
6 Deduction for net operating loss. See instructions . . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9 <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	11	0

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	0
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	2	
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only) . . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	

For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>		
b Other credits (see instructions) . . . . .	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d . . . . .		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 . . . . .		<b>2</b>	
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) . . . . .		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . . ▶ _____		<b>4</b>	
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 . . . . .		<b>5</b>	
6a Payments: A 2019 overpayment credited to 2020 . . . . .	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies . . . . . ▶ <input type="checkbox"/>	<b>6b</b>		
c Tax deposited with Form 8868 . . . . .	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
e Backup withholding (see instructions) . . . . .	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g . . . . .		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . ▶ <input type="checkbox"/>		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . . ▶		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . . ▶		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> ▶ _____ <b>Refunded</b> ▶ _____		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____		<b>Yes</b>	<b>No</b>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If "Yes," see instructions for other forms the organization may have to file.			<b>X</b>
3 Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ \$ _____			
4a Did the organization change its method of accounting? (see instructions) . . . . .			<b>X</b>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V . . . . .			

**Part V Supplemental Information**  
Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer: <u>Jeffery Otto</u> Date: _____      Title: <u>EXECUTIVE DIRECTOR</u>				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jeffery Otto</b>	Preparer's signature	Date <b>09-07-2021</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>XXXXXXXXXX</b>
	Firm's name ▶ <b>Wasserman &amp; Shuff LLC</b>			Firm's EIN ▶ <b>26-4513576</b>	
	Firm's address ▶ <b>8375 S Howell Ave Ste 202 Oak Creek WI 53154-8344</b>			Phone no. <b>414-764-7020</b>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Name of the organization

Employer identification number

THE FRIENDSHIP CIRCLE, INC

39-1819245

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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 five 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	310,077	278,377	251,711	620,193	662,061	2,122,419
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	245,020					245,020
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	555,097	278,377	251,711	620,193	662,061	2,367,439
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .		13,258	20,000			33,258
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	69,715	94,500				164,215
<b>c</b> Add lines 7a and 7b . . . . .	69,715	107,758	20,000			197,473
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						2,169,966

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	555,097	278,377	251,711	620,193	662,061	2,367,439
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .	564			839	11	1,414
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .		17,152	54,152	108,699	67,303	247,306
<b>c</b> Add lines 10a and 10b . . . . .	564	17,152	54,152	109,538	67,314	248,720
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .		44,703			10,000	54,703
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	555,661	340,232	305,863	729,731	739,375	2,670,862
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	81.25 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	83.15 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	9.00 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	7.00 %

- 19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶
- b 33 1/3% support tests - 2019.** 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 ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015 . . . . .		
b	From 2016 . . . . .		
c	From 2017 . . . . .		
d	From 2018 . . . . .		
e	From 2019 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016 . . . .		
b	Excess from 2017 . . . .		
c	Excess from 2018 . . . .		
d	Excess from 2019 . . . .		
e	Excess from 2020 . . . .		



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

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

Name of the organization

**THE FRIENDSHIP CIRCLE, INC**

Employer identification number

**39-1819245**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE FRIENDSHIP CIRCLE, INC</b>	Employer identification number <b>39-1819245</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRAIN-MALING FOUNDATION  33 COUNTRY CT  DEERFIELD IL 60015	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	MICHAEL SCHLOSSMANN  8050 N GRAY LOG LN  MILWAUKEE WI 53217	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	RALPH EVINRUDE FOUNDATION, INC  411 E WISCONSIN AVE STE 2350  MILWAUKEE WI 53202-4426	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	BADER PHILANTHROPIES  3300 N DOCTOR MLK JR DR  MILWAUKEE WI 53212	\$ 51,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	BERLIN LEHMAN FUND INC  1221 SEVILLA  CORAL GABLES FL 33134	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	STARK FAMILY FUND  PO BOX 770001  CINCINNATI OH 45277	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>THE FRIENDSHIP CIRCLE, INC</b>	Employer identification number <b>39-1819245</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREATER MILWAUKEE FOUNDATION  101 W PLEASANT ST SUITE 210  MILWAUKEE WI 53212	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	THOMAS SCHAFER  8649 N PORT WASHINGTON RD  MILWAUKEE WI 53217	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	DANIEL SAPIRO & SUZANNE LAFLEUR  8649 N PORT WASHINGTON RD  MILWAUKEE WI 53217	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	JEWISH COMMUNITY FOUNDATION  1360 N PROSPECT AVE  MILWAUKEE WI 53202	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	CHARLES E KUBLY FOUNDATION  1341 W MEQUON RD  MEQUON WI 53092	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	NORTH SHORE CENTERS PARTNERS  250 E WISCONSIN AVE 18  MILWAUKEE WI 53202	\$ 25,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>THE FRIENDSHIP CIRCLE, INC</b>	Employer identification number <b>39-1819245</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
12	RENT NOT CHARGED TO ORGANIZATION  <hr/> <hr/>	\$ 25,000	05-15-2020
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

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

2020

Open to Public Inspection

Name of the organization

THE FRIENDSHIP CIRCLE, INC

Employer identification number

39-1819245

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 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, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		123,836		123,836
b Buildings . . . . .		375,164	35,733	339,431
c Leasehold improvements . . . . .		270,708	50,332	220,376
d Equipment . . . . .		131,286	8,178	123,108
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				<b>806,751</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.). . . . . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) EMPLOYEE CASH ADVANCES	1,000
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.). . . . . ▶	1,000

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL	10,132	
(3) SALES TAX PAYABLE	3,896	
(4) EXPO TAX PAYABLE	91	
(5) DEFERRED REVENUE	10,800	
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.). . . . . ▶	24,919	

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. . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and totals. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows 2a-2d: Net unrealized gains, Donated services and use of facilities, Recoveries of prior year grants, Other. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows 4a-4b: Investment expenses not included, Other. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and totals. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows 2a-2d: Donated services and use of facilities, Prior year adjustments, Other losses, Other. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows 4a-4b: Investment expenses not included, Other. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

**Part XIII Supplemental Information.**

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**THE FRIENDSHIP CIRCLE, INC**

**39-1819245**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (RENT )	X	1	25,000	COST
26 Other ▶ (ACCOUNTING SERV )	X	1	1,000	DISCOUNT ON INVOICE
27 Other ▶ (FURNITURE MOVIN )	X	1	660	DISCOUNT
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**THE FRIENDSHIP CIRCLE, INC**

Employer identification number

**39-1819245**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

BOARD MEMBERS RABBI ISRAEL SHMOTKIN AND RABBI MENDEL SHMOTKIN HAVE A FAMILY RELATIONSHIP  
WITH EACH OTHER.

**02. Form 990 governing body review (Part VI, line 11)**

THE BOARD OF DIRECTORS REVIEWED THE RETURN BEFORE IT WAS FILED.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST.

**04. Governing documents, etc, available to public (Part VI, line 19)**

PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST.

**05. Significant program services not listed on prior year return (Part III, line 2)**

THE FRIENDSHIP CIRCLE INC CREATED THE FRIENDSHIP CAFE WHOSE PURPOSE IS TO EMPOWER  
INDIVIDUALS WITH SPECIAL NEEDS BY CHALLENGING THEM TO TAKE ON THE RESPONSIBILITIES OF A  
BARISTA.

# Depreciation and Amortization (Including Information on Listed Property)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

Name(s) shown on return <b>THE FRIENDSHIP CIRCLE, INC</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>39-1819245</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions). . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	28,649

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020. . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,999	5	HY	SL	400
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	05-2020	148,714	39 yrs.	MM	S/L	2,384
				MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	31,433
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report. . . . .					<b>44</b>
					<b>3,019</b>
					<b>3,019</b>

**Federal Supporting Statements**

**2020 PG01**

Name(s) as shown on return

Tax ID Number

**THE FRIENDSHIP CIRCLE, INC**

**39-1819245**

990-T Schedule A Part II - Line 14  
Other Deductions

Statement #9

Form 990-T Schedule A: BAKERY AND CAFE

Description	Amount
AMORTIZATION	3,019
CREDIT CARD PROCESSING	612
OFFICE EXPENSE	2,405
OUTSIDE SERVICES	215
POSTAGE AND SHIPPING	1,598
RENT	<u>33,700</u>
Total	<u><u>41,549</u></u>

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
**For your records only**

**2020**

PAGE 1

Name(s) as shown on return

Social security number/EIN

THE FRIENDSHIP CIRCLE, INC

39-1819245

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	PLAYGROUND	06302013	75,304		100.00			75,304	15	SL HY	6.667	38,213	5,020	43,233	5,020
2	PLAYGROUND IMPROVEMEN	09092014	2,073		100.00			2,073	15	SL HY	6.667	653	138	791	138
<b>Totals</b>			<b>77,377</b>					<b>77,377</b>				<b>38,866</b>	<b>5,158</b>	<b>44,024</b>	<b>5,158</b>

Land Amount  
Net Depreciable Cost

77,377

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

5,158

ST ADJ:

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

**For your records only**

**2020**

PAGE 1

Name(s) as shown on return

Social security number/EIN

THE FRIENDSHIP CIRCLE, INC

39-1819245

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3	MIXER (B)	05052017	1,995		100.00			1,995	5	SL HY	20	1,064	399	1,463	399
4	LICENSING (B)	09292017	8,111		100.00			8,111	5	AMT-AMT	20	3,785	1,622	5,407	1,622
5	RABBI RESIDENCE	07312018	375,164		100.00			375,164	27.5	SL MM	3.636	21,960	13,642	35,602	13,641
5	LAND	07312018	123,836		100.00				0	NDA					
6	NEW CENTER (CF) - COS	12012019	104,644		100.00			104,644	39	SL MM	2.564	112	2,683	2,795	2,683
7	NEW CENTER (C) - STAR	12012019	1,709		100.00			1,709	15	AMT-AMT	6.6667	9	114	123	114
8	NEW CENTER (C) - COFF	12012019	17,320		100.00			17,320	7	SL MQ	14.286	309	2,474	2,783	2,474
9	NEW CENTER (C) - FURN	11172019	14,845		100.00			14,845	7	SL MQ	14.286	265	2,121	2,386	2,121
10	NEW CENTER (C) - SIGN	12012019	8,244		100.00			8,244	10	SL MQ	10	103	824	927	824
11	NEW CENTER (C) - WEBS	12012019	2,850		100.00			2,850	3	AMT-AMT	33.3333	79	950	1,029	950
12	NEW CENTER (B) - BAKE	12012019	3,550		100.00			3,550	7	SL MQ	14.286	63	507	570	507
13	NEW CENTER (CF) - FLO	12012019	17,350		100.00			17,350	39	SL MM	2.564	19	445	464	445
14	VIDEO (C) - MIKE DE S	12062019	1,000		100.00			1,000	3	AMT-AMT	33.3333	28	333	361	333
15	NEW CENTER (B) - SECU	12012019	3,957		100.00			3,957	10	SL MQ	10	49	396	445	396
16	NEW CENTER (CF) - ROO	04252021	5,651		100.00			5,651	39		0				
17	NEW CENTER (C) - IMPR	02172021	9,390		100.00			9,390	39		0				
18	2006 VOLVO	07232020	3,999		100.00			3,999	5	SL HY	10		400	400	400
19	NEW CENTER (B) - KITC	05262020	148,714		100.00			148,714	39	SL MM	1.603		2,384	2,384	2,384
<b>Totals</b>			<b>852,329</b>					<b>728,493</b>				<b>27,845</b>	<b>29,294</b>	<b>57,139</b>	<b>29,293</b>

Land Amount 123,836  
Net Depreciable Cost 728,493

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

29,294

ST ADJ:

## Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**THE FRIENDSHIP CIRCLE, INC**

**39-1819245**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	PLAYGROUND	06-30-2013	75,304	SL	15	5,020
PRG	1	PLAYGROUND IMPROVEMENTS	09-09-2014	2,073	SL	15	138
MGT	1	MIXER (B)	05-05-2017	1,995	SL	5	399
MGT	1	LICENSING (B)	09-29-2017	8,111	AMT	5	1,622
MGT	1	RABBI RESIDENCE	07-31-2018	375,164	SL	27.5	13,642
MGT	1	NEW CENTER (CF) - COST	12-01-2019	104,644	SL	39	2,683
MGT	1	NEW CENTER (C) - STARTUP	12-01-2019	1,709	AMT	15	114
MGT	1	NEW CENTER (C) - COFFEE	12-01-2019	17,320	SL	7	2,474
MGT	1	NEW CENTER (C) - FURNITU	11-17-2019	14,845	SL	7	2,121
MGT	1	NEW CENTER (C) - SIGN	12-01-2019	8,244	SL	10	824
MGT	1	NEW CENTER (C) - WEBSITE	12-01-2019	2,850	AMT	3	950
MGT	1	NEW CENTER (B) - BAKERY	12-01-2019	3,550	SL	7	507
MGT	1	NEW CENTER (CF) - FLOORI	12-01-2019	17,350	SL	39	445
MGT	1	VIDEO (C) - MIKE DE SIST	12-06-2019	1,000	AMT	3	333
MGT	1	NEW CENTER (B) - SECURIT	12-01-2019	3,957	SL	10	396
MGT	1	NEW CENTER (CF) - ROOF	04-25-2021	5,651	SL	39	103
MGT	1	NEW CENTER (C) - IMPROVE	02-17-2021	9,390	SL	39	211
MGT	1	2006 VOLVO	07-23-2020	3,999	SL	5	800
MGT	1	NEW CENTER (B) - KITCHEN	05-26-2020	148,714	SL	39	3,813
		<b>TOTAL</b>					<b>36,595</b>

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE FRIENDSHIP CIRCLE, INC</b>	<b>B</b> Employer identification number <b>39-1819245</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>445200</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **BAKERY AND CAFE**

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>200,765</u>				
<b>b</b>	Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>200,765</b>		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>	<b>64,288</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>	<b>136,477</b>		<b>136,477</b>
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) . . . . .	<b>4a</b>			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) . . . . .	<b>4b</b>			
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>			
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b>	<b>11,213</b>		<b>11,213</b>
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b>			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>			
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>			
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b>			
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b>			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	<b>147,690</b>		<b>147,690</b>

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b>	Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>		
<b>2</b>	Salaries and wages . . . . .	<b>2</b>		<b>190,665</b>
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>		
<b>4</b>	Bad debts . . . . .	<b>4</b>		
<b>5</b>	Interest (attach statement) (see instructions) . . . . .	<b>5</b>		
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>		<b>17,880</b>
<b>7</b>	Depreciation (attach Form 4562) (see instructions) . . . . .	<b>7</b>	<b>6,721</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>		<b>6,721</b>
<b>9</b>	Depletion . . . . .	<b>9</b>		
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>10</b>		
<b>11</b>	Employee benefit programs . . . . .	<b>11</b>		
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>12</b>		
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>13</b>		
<b>14</b>	Other deductions (attach statement) . . . . . <b>Statement #9.</b>	<b>14</b>		<b>41,549</b>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>		<b>256,815</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>		<b>(109,125)</b>
<b>17</b>	Deduction for net operating loss (see instructions) . . . . .	<b>17</b>		
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16. . . . .	<b>18</b>		<b>(109,125)</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation ► **Cost**

1	Inventory at beginning of year	1	
2	Purchases	2	64,288
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	64,288
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	64,288
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  OFFICE SPACE RENT, Address: 8649 N PORT WASHINGTON RD MILWAUKEE WI 53217

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	11,213			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	11,213			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				11,213
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10.				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> .....				

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> .....				

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . . . .	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	4
5	Gross income from activity that is not unrelated business income . . . . .	5
6	Expenses attributable to income entered on line 5 . . . . .	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .	7



# General Budget

2022 Projected operating budget

Date range: 01/01/2022 to 12/31/2022

## Projected Income

<b>Earned/Contributed Income:</b>	<b>Amount:</b>
Contributions and Grants	\$522,000.00
Events & Programs	\$45,000.00
State of Wisconsin - iLife	\$15,500.00
Sales of Goods	\$395,900.00
Miscellaneous	\$16,600.00
<b>Total Income:</b>	<b>\$995,000.00</b>

## Projected Expenses

<b>Non-Personnel Costs:</b>	<b>Amount:</b>
Office	\$9,500.00
Occupancy	\$82,000.00 (estimate of rent, utilities, maintenance).
Fundraising	\$5,500.00
Insurance	\$18,000.00
Banking	\$19,000.00 (Credit Card Fees).
Payroll/Benefits	\$420,000.00
Events and Programs	\$290,000.00
Supplies and ingredients	\$112,000.00
Bike 4 Friendship (all inclusive)	\$20,000.00
Miscellaneous	\$19,000.00
<b>Total Expenses:</b>	<b>\$995,000.00</b>
<b>Net Income:</b>	<b>(\$0.00)</b>

## UMatter Budget 2022

Teen Mental Health Committee, Support Groups and Suicide Prevention Training

Trained and licensed presenters and trainers	\$36,000
Food and supplies	\$5,000
Volunteer development	\$3,000
Publications and marketing	\$3,000
Misc.	\$3,000
<b>Total:</b>	<b>\$50,000</b>

The above budget does not account for general over head of the building, general ongoing programing for Friendship Circle and professional staff.

**THE FRIENDSHIP CIRCLE, INC.**  
**FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2019**

**The Friendship Circle, Inc.**  
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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
The Friendship Circle, Inc.

We have audited the accompanying financial statements of The Friendship Circle, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Friendship Circle, Inc. as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Waukesha, Wisconsin  
August 25, 2020

1800 East Main Street, Suite 100  
Waukesha, Wisconsin 53186-3984  
P: 262.548.0444 F: 262.548.0935  
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**The Friendship Circle, Inc.**  
**Statement of Financial Position**  
**December 31, 2019**

**Assets**

	<b>2019</b>
<b>Current Assets</b>	
Cash	\$ 54,994
Accounts receivable	10,877
Contributions receivable	30,275
Unconditional promises to give	10,500
Total Current Assets	106,646
<b>Property and Equipment, Net</b>	723,029
<b>Other Assets</b>	
Long-term unconditional promises to give	5,000
Licensing fees, net of accumulated amortization	4,326
Software, net of accumulated amortization	1,700
Video production costs, net of accumulated amortization	972
Website, net of accumulated amortization	2,771
Total Other Assets	14,769
Total Assets	\$ 844,444

**Liabilities and Net Assets**

<b>Current Liabilities</b>	
Accounts payable	\$ 31,005
Accrued payroll	12,965
Loan payable - Lubavitch of Wisconsin	206,800
Current portion of note payable	7,312
Total Current Liabilities	258,082
<b>Long-Term Liabilities</b>	
Note payable, less current portion	379,567
Total Liabilities	637,649
<b>Net Assets</b>	
Without donor restrictions	
Undesignated	157,488
With donor restrictions	49,307
Total Net Assets	206,795
Total Liabilities and Net Assets	\$ 844,444

See notes to financial statements.

**The Friendship Circle, Inc.**  
**Statement of Activities**  
**Year Ended December 31, 2019**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<b>Public Support and Revenue</b>			
Contributions	\$ 475,860	\$ 49,307	\$ 525,167
In-kind donations	19,000	-	19,000
Grants	39,878	-	39,878
Program service fees	134,938	-	134,938
Special events	19,617	-	19,617
Less: Costs of direct benefits to donors	(3,780)	-	(3,780)
Less: Special event expenses	(5,928)	-	(5,928)
Interest income	839	-	839
Net assets released from restrictions	<u>10,000</u>	<u>(10,000)</u>	<u>-</u>
 Total Public Support and Revenue	 690,424	 39,307	 729,731
<b>Expenses</b>			
Program services	410,256	-	410,256
Management and general	77,495	-	77,495
Fundraising	<u>10,071</u>	<u>-</u>	<u>10,071</u>
 Total Expenses	 <u>497,822</u>	 <u>-</u>	 <u>497,822</u>
 Change in Net Assets	 192,602	 39,307	 231,909
Net Assets at Beginning of Year	<u>(35,114)</u>	<u>10,000</u>	<u>(25,114)</u>
Net Assets at End of Year	<u>\$ 157,488</u>	<u>\$ 49,307</u>	<u>\$ 206,795</u>

See notes to financial statements.

**The Friendship Circle, Inc.**  
**Statement of Functional Expenses**  
**Year Ended December 31, 2019**

	Program Services			Supporting Services			Total 12/31/19
	Mission Services	Art Studio Bakery Café	Total	Management and General	Fundraising	Total	
Advertising	\$ -	\$ -	\$ -	\$ -	\$ 7,195	\$ 7,195	\$ 7,195
Auto expenses	226	-	226	25	-	25	251
Bank charges	-	-	-	2,033	-	2,033	2,033
Depreciation and amortization	6,866	2,989	9,855	12,327	-	12,327	22,182
Employee benefits	1,489	-	1,489	13,398	-	13,398	14,887
Fundraising	-	-	-	-	100	100	100
Insurance	8,733	-	8,733	-	-	-	8,733
Interest	1,785	-	1,785	16,062	-	16,062	17,847
License and fees	450	1,300	1,750	3,396	-	3,396	5,146
Loss on sale of asset	627	-	627	-	-	-	627
Meals and entertainment	-	-	-	-	453	453	453
Occupancy	23,680	3,649	27,329	7,109	-	7,109	34,438
Office expense	1,348	2,460	3,808	4,049	-	4,049	7,857
Outside services	1,289	5,981	7,270	233	-	233	7,503
Payment processing fees	3,899	-	3,899	-	-	-	3,899
Payroll taxes	5,272	10,867	16,139	1,655	-	1,655	17,794
Postage	-	-	-	-	50	50	50
Professional fees	483	-	483	4,347	-	4,347	4,830
Program costs	121,201	-	121,201	5,321	-	5,321	126,522
Repairs and maintenance	7,663	-	7,663	-	-	-	7,663
Salaries	73,546	119,058	192,604	7,540	-	7,540	200,144
Travel	-	-	-	-	2,273	2,273	2,273
Website fees	5,367	28	5,395	-	-	-	5,395
<b>Total Expenses</b>	<b>\$ 263,924</b>	<b>\$ 146,332</b>	<b>\$ 410,256</b>	<b>\$ 77,495</b>	<b>\$ 10,071</b>	<b>\$ 87,566</b>	<b>\$ 497,822</b>

See notes to financial statements.

**The Friendship Circle, Inc.**  
**Statement of Cash Flows**  
**Year Ended December 31, 2019**

	<b>2019</b>
<b>Cash Flows From Operating Activities</b>	
Change in net assets	\$ 231,909
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	22,182
Loss on sale of asset	627
Changes in operating assets and liabilities:	
Accounts receivable	(7,903)
Contributions receivable	(16,096)
Unconditional promises to give	(5,500)
Prepaid expenses	2,009
Accounts payable	17,958
Accrued payroll	12,965
	258,151
<b>Net Cash Provided by Operating Activities</b>	<b>258,151</b>
 <b>Cash Flows From Investing Activities</b>	
Purchases of property and equipment	(207,466)
Proceeds from sale of equipment	1,973
Software costs	(1,709)
Website costs	(2,850)
Video costs	(1,000)
	(211,052)
<b>Net Cash Used in Investing Activities</b>	<b>(211,052)</b>
 <b>Cash Flows from Financing Activities</b>	
Proceeds from borrowings	-
Principal payments	(28,008)
	(28,008)
<b>Net Cash Used in Financing Activities</b>	<b>(28,008)</b>
 Net Increase in Cash	 19,091
Cash - Beginning of Year	 35,903
	 54,994
Cash - End of Year	 \$ 54,994

See notes to financial statements.

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 1 - Summary of Significant Accounting Policies**

Nature of Activities

The Friendship Circle, Inc. (the “Organization”) is a non-profit corporation organized to provide community-wide programs for teens and adults with special needs.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (“US GAAP”) and the provisions of Accounting Standards update 2016-14 Not-For-Profit Entities (Topic 958): *Presentation of Financial Statements of Not-For-Profit Entities* which requires the Organization to report information regarding its financial position and activities according to the following net asset classifications:

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and are available for use in carrying out the activities of the Organization.

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors, and Organization grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

Use of Estimates

The preparation of the accompanying financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reported period. Actual results may differ from these estimates.

Functional Expense Allocation

The costs of providing the program and supporting service activities have been summarized on a functional basis in the statement of activities. Some of these costs have been directly charged to the activities whereas other expenses that are attributable to both program and supporting services require allocation on a reasonable basis that is consistently applied. Salaries and related benefits are allocated based on estimates of time and effort, as well as other miscellaneous administrative expenses.

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 1 - Summary of Significant Accounting Policies - Continued**

Cash Flows

For purposes of the statements of cash flows, cash includes amounts on hand and amounts on deposit at financial institutions in checking and money market accounts.

The Organization considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents. The Organization had no cash equivalents at December 31, 2019.

Contributions Receivable

Contributions receivable are receivables from donors that have an outstanding balance at December 31, 2019. Management believes all amounts to be fully collectible so an allowance for doubtful accounts has not been recorded.

Unconditional Promises to Give

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows.

Property and Equipment

All property and equipment acquisitions in excess of \$2,500 are capitalized, whereas costs of maintenance and repair are charged to expense as incurred. Purchased property and equipment is recorded at cost and depreciated over the estimated useful lives of the assets using the straight-line method. Donated capitalized property is recorded at the estimated fair value at the date of donation.

Revenue Recognition

Contributions received are recorded as with donor restrictions or without donor restrictions depending on the existence and nature of any donor restrictions. Contributions received with donor-imposed restrictions that are met in the same year in which the contributions are received are classified as net assets without donor restrictions. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Donated Services

Numerous volunteers have donated significant amounts of time to the Organization's expansion campaign and program services. No amounts have been reflected in the financial statements for these services.

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 1 - Summary of Significant Accounting Policies - Continued**

Income Tax Status

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and has been classified as an organization other than a private foundation.

The Organization follows accounting for uncertainty in income taxes which describes a recognition and measurement of a tax position taken or expected to be taken and also provides guidance on derecognition, interest and penalties, and disclosure. Management has reviewed all tax positions taken, if any, and those expected to be taken in future tax returns. As of December 31, 2019, the Organization had no amounts related to unrecognized income tax benefits and no amounts related to accrued interest and penalties. The Organization does not anticipate any significant changes to unrecognized income tax benefits over the next year.

The Organization is no longer subject to U.S. federal income tax examinations for years ending before December 31, 2016.

Advertising Expense

The Organization expenses advertising costs as incurred. For the year ended December 31, 2019 the total expense was \$7,195.

New Accounting Pronouncement

For the year ended December 31, 2019, the Organization adopted Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The new guidance is intended to clarify and improve accounting guidance for contributions received and contributions made. The amendments in this standard assist entities in evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange transactions (reciprocal) subject to other guidance and determining whether a contribution is conditional. Adopting ASU No. 2018-08 did not have a significant impact on the financial statements of the Organization.

**Note 2 - Unconditional Promises to Give**

Unconditional promises to give at December 31, 2019 are \$15,500. No allowance for uncollectible promises to give exists at December 31, 2019.

Unconditional promises to give are as follows:

	2019
Promises to give expected to be collected in:	
Less than one year	\$ 10,500
One to five years	5,000
More than five years	-
Unconditional promises to give	\$ 15,500

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 3 - Property and Equipment**

Property and equipment at December 31, 2019 consisted of the following:

	2019
Land	\$ 123,836
Building	375,164
Leasehold improvements	159,551
Equipment	104,199
Furniture	14,845
Sign	8,244
	785,839
Less: Accumulated depreciation	(62,810)
Net Property and Equipment	\$ 723,029

**Note 4 - Loan Payable-Lubavitch of Wisconsin**

The Organization has a loan payable with Lubavitch of Wisconsin. There are no monthly payments and no interest is being accrued. As of December 31, 2019, the balance is \$206,800. The loan has no maturity date and is unsecured.

**Note 5 - Note Payable**

Note Payable consists of the following:

	2019
Note payable - Provident Funding - Monthly payment of \$1,968 including interest of 4.25% per annum, matures February 1, 2048, secured by the building.	\$ 386,879
Less: Current portion	(7,312)
Total Note Payable	\$ 379,567

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 5 - Note Payable (continued)**

Maturities of the note payable are as follows:

Year Ending 12/31	Amount
2020	\$ 7,312
2021	7,629
2022	7,959
2023	8,304
Thereafter	355,675
	\$ 386,879

**Note 6 - Net Assets with Donor Restrictions**

The Organization has net assets with donor restrictions for the following purposes:

	2019
Soul Center	\$ 33,807
Unconditional promises to give - time restricted	15,500
	\$ 49,307

**Note 7 - Lease Obligations**

The Organization leases program space from North Shore Centers Partners under an operating lease that began with occupancy in October 2019. In-kind rent of \$15,000 was recorded for October through December 2019. Monthly payments of \$5,000 are scheduled to begin in June 2020.

The Organization leases office space from North Shore Centers Partners under an operating lease that began in June 2020. Monthly payments are \$900.

Total payments incurred under all lease agreements during 2019 were \$19,439.

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 7 - Lease Obligations (continued)**

The approximate present value of future minimum lease payments as of December 31, 2019 is as follows:

Year	Amount
2020	\$ 41,300
2021	70,800
2022	74,300
2023	79,400
2024	30,000
Thereafter	-
Total	\$ 295,800

**Note 8 - Liquidity and Availability**

The following reflects the Organization's financial assets as of December 31, 2019, respectively, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

	2019
Cash	\$ 54,994
Accounts receivable	10,877
Contributions receivable	30,275
Unconditional promises to give	15,500
Subtotal financial assets	111,646
Less amount unavailable for general expenditures within one year:	
Net assets with donor restrictions	(33,807)
Financial assets available to meet general expenditures within one year	\$ 77,839

As part of the Organization's liquidity management, the Organization maintains cash balances equal to one month of operating expenses currently, with the goal to increase the reserves to three months of operating expenses by the end of 2021.

**The Friendship Circle, Inc.**  
**Notes to Financial Statements**  
**Year Ended December 31, 2019**

**Note 9 - Subsequent Events**

Management has evaluated the effects of the COVID-19 pandemic through the date of the audit report. Because the Organization does not maintain investments, the decline in the stock market did not impact the Organization. Additionally, contributions have increased during the pandemic so the overall impact on the Organization has been minimal. One of Friendship Circle's main programs, the Walk 4 Friendship, was forced to be cancelled. However, another program, the Bike 4 Friendship, is still on schedule and is pulling in more donations than expected. The Organization's Friendship Bakery program experienced a temporary shutdown as a result of state mandate but has surpassed pre-COVID-19 operating levels since re-opening.

On April 13, 2020, the Organization received loan proceeds in the amount of \$44,392 under the Paycheck Protection Program ("PPP"), which was established as part of the Coronavirus Aid, Relief and Economic Security Act. The loan and accrued interest are forgivable after 24 weeks as long as the borrower uses the loan proceeds for eligible purposes, including payroll, certain employee benefits, and utilities, with not more than 40% of the forgiven amount being used for non-payroll costs. The amount of loan forgiveness will also be reduced if the borrower does not maintain its payroll levels or reduces salaries during the 24-week period.

The unforgiven portion of the PPP loan is payable over eighteen months years at an interest rate of 1%, with a deferral of payments for the first six months. The Organization intends to use the proceeds for purposes consistent with the PPP. While the Organization currently believes that its use of the loan proceeds will meet the conditions for forgiveness of the loan, there is no assurance that actions will not be taken that could cause the Organization to be ineligible for forgiveness of the loan, in whole or in part.

The Company has also received in 2020 an emergency grant of \$10,000 and a loan in the amount of \$401,200 through the SBA Economic Injury Disaster Loan Program (EIDL). The loan will be paid back over 30 years at an interest rate of 2.75%.

2022 SPECIAL PILOT COMMUNITY ENHANCEMENTS GRANT  
APPLICATION

**Organization Information**

A. **Tax Identification Number: 46-5021867**

B. **Organization Information**

1. Name of Organization: GiGi's Playhouse Milwaukee, LLC
2. Mailing Address: 8685 North Port Washington Road, Fox Point, WI 53217
3. Contact Person
  - a. Name: Sarah Koehn, Advisory Committee Member and Former Board President
  - b. E-mail address: milwaukee@gigisplayhouse.org
  - c. Phone: 414-797-0522

C. **Fiscal Sponsor Information, if using a Fiscal Sponsor – Not applicable**

1. Name of Sponsor Organization NA
2. Mailing Address NA
3. Contact Person NA
  - a. Name
  - b. E-mail address
  - c. Phone

D. **Organization Mission**

Please provide your organization's mission statement and brief overview

Organization Mission Statement: GiGi's Playhouse Milwaukee is changing the way the world views Down syndrome by providing FREE inclusive programming to help our families achieve their Best of All.

Brief overview: At GiGi's Playhouse Milwaukee we envision a world where individuals with Down syndrome are accepted and embraced in their families, schools and communities – working to overcome the stigma, discrimination and challenges faced by people with intellectual/cognitive disabilities. We are making this vision a reality by offering FREE educational, therapeutic, and social programming specially designed for individuals with Down syndrome. Our inclusive and lifelong approach supports families of individuals with Down syndrome and other disabilities, and our mostly volunteer-led, free programs help kids, teens and adults develop, learn and grow, and address the physical and mental challenges they face to live a healthy life, helping them achieve their Best of All and greater independence.

GiGi's Playhouse Milwaukee is one of 50+ brick and mortar locations across the United States and Mexico. We are part of the national GiGi's Playhouse Down Syndrome Achievement Centers organization, who provides us a franchise model, program design, and resources for operations. However, 100% of our funding comes from local charitable sources and our programming is provided by local volunteers and business/college partnerships.

GiGi's Playhouse Milwaukee opened on World Down Syndrome Day in 2015. Our Playhouse, located in Fox Point, is an inspirational and dedicated place for families to celebrate Down

syndrome. Our research-driven, results-based programs teach life skills, motor skills, health and wellness, reading, math, speech and language, social skills, and more. Most recently, with the advent of COVID-19, our organization was able to quickly pivot and provide virtual on-demand and live programming, as well as in-person offerings.

**E. Organizational Accomplishments**

Please provide examples (no more than two) of projects or work your organization has done to enhance the quality of life for residents in the Village of Fox Point

Community school partnerships: One of the ways GiGi's Playhouse Milwaukee spreads a message of inclusion and acceptance is through our collaboration with local K-12 schools. Recent examples of this include a partnership with Stormonth School fourth-graders for a service learning project where students learned about inclusion and acceptance of their fellow students with disabilities through our Generation G program and pledge. The students formed a team for our annual GiGiFIT Acceptance Challenge 5K run/walk to raise money supporting our programming. In another partnership, Nicolet High School's special education students have used our Playhouse facilities and kitchen for their transition program over the last three years. The students meal plan, shop, and use the Playhouse kitchen to learn cooking and food preparation skills. This program serves approximately 16 Nicolet students annually with 25 instructional hours throughout the year.

Economic and community enhancement: Our prominent location at Riverpoint Village Shopping Center brings hundreds of volunteers, participants and their families to Fox Point on a regular basis. On average, we have 16 mostly weekly programs with multiple sessions throughout the year. While participants are attending programs, oftentimes their family members run errands and shop at nearby stores, bringing intrinsic economic value to the village. Moreover, when we host events and fundraisers, we utilize and incorporate many local businesses, restaurants, and services into our event planning. This goes above and beyond the economic and community enhancement our programming provides by ensuring the disabled individuals we serve gain skills needed for employment, independence and prosperity to lead full-filled and happy lives.

**F. Organizational Challenges**

Please describe any major challenges your organization has faced in the past year and how the organization has addressed them

One of the largest and most recent challenges has been the COVID-19 pandemic, which closed our doors for a short period of time in 2020. Our organization was able to quickly pivot to provide virtual on-demand and live programming (GiGi's At Home), in addition to our in-person programming with increased safety measures and COVID mitigation practices. With individuals with disabilities disproportionately affected by COVID-19, our participants were left without many of their connections to therapies, school and friends. The pandemic limited access to school and medical services, and distance schooling added barriers to learning for students with disabilities. The services and programs we provide are COVID relief, helping to fill the gaps and make up for lost time learning, growing and keeping healthy.

**G. Organizational Changes**

Please describe any major changes to your organization in the past year and/or anticipates in the coming year

Now in our seventh year, we are focused on growth of our organization. Our plans in 2022 support the work of our small staff in executing the following objectives:

- Strong, accessible programming to meet the needs of all age groups.
- Expanding our reach and awareness throughout the community to serve more individuals
- Building upon our solid community partnerships and support

To accomplish these objectives, our small but dedicated staff of a full-time Operations Director (a former special education director/teacher) and part-time Marketing Coordinator work together to plan, organize and publicize programming. A new full-time Program/Volunteer Coordinator (in process of hiring) will work to plan and organize our programs, train volunteers, and equip each signature program with GiGi's materials and lesson plans. We are continuing to build our presence in the community through marketing, inter-agency contact and collaboration with other nonprofits, educational organizations, and colleges & universities to broaden our offerings and reach.

**H. Board of Directors**

Please provide a current list of the Board of Directors of your organization, or fiscal sponsor organization, if applicable – See list attached

**I. Financial Information**

Please provide the following documents of your organization, or fiscal sponsor, if applicable

- a. Most recently completed 990 – See attachment (as a subordinate, or information is incorporated into our national organization's 990)
- b. Most recently completed Audited Financial Statement – See attachment (as a subordinate, or information is incorporated into our national organization's audit)

**J. Fiscal Year Information**

Please provide the following information for your organization, or fiscal sponsor, if applicable

- a. Date on which current fiscal year ends: 12/31/2022
- b. Organization Budget for Fiscal Year 2021 – See attachment
- c. Organization Budget for Fiscal Year 2022 – See attachment

## **Proposal Information**

### **A. Proposal Information**

Please answer the type of support your organization is requesting – i.e., general operations or project support

If your organization is seeking project support, please provide the project name

We are seeking general operations support for our programming.

### **B. Grant Funding Request (Amount): \$5,000**

### **C. Organizational or Project Overview**

Please identify the general nature of the operations for which the grant would be used and provide an overview of how your organization accomplishes its mission (for gen ops requests) or an overview of the project you are requesting support for (word limit 1,000)

Our Playhouse is an inspirational and dedicated place for families to celebrate Down syndrome and benefit from free programs that unleash joy, confidence, and continuous improvement. Our research-driven, results-based programs offer academic support/achievement, healthy development and economic achievement from birth through adulthood. Our programs (designed by experts to address common challenges for individuals with DS) teach life/career skills, gross & fine motor skills, health & wellness, reading, math, STEAM, speech & language, behavioral & social-emotional skills, and more.

While our focus is on individuals with Down syndrome, our inclusive programming benefits participants with multiple diagnoses, their parents, siblings and friends in the community. Even with the effects of COVID, 120 unique participants with DS attended our 16 purposeful programs in 2021, serving a total of 333 unique participants and 154 families for the year. Our participants were very engaged throughout the year with an average of 90 unique participants in programming each month. We also added 50 new families to our contacts in 2021, for a total of 451 families in our database. This year, we had 119 volunteers providing 3,195 hours to ensure our organization is ready to serve our families.

Despite continued challenges related to the pandemic, we continue to grow our Playhouse and expand our services, with a goal to serve more individuals with Down syndrome in underserved populations. Since the beginning of the pandemic, we have added several new programs, to include GiGiFIT (a weekly physical fitness program specially designed for individuals with Down syndrome at all age levels), Music Therapy (provided by students from Carroll University), GiGi Kitchen (a virtual program that teaches food prep and cooking skills), and GiGi Prep, an adult program that teaches career-based skills.

Current programming includes (see program videos here – watch to see our COVID relief come to life: <https://gigisplayhouse.org/milwaukee/video/>):

- **One-on-One Literacy and Math Tutoring** supports the increase of sight word recognition, vocabulary, comprehension, articulation, math skills, problem solving, critical thinking, self-esteem, speech clarity and fine motor skills (ages 3+)
- **Destination Discovery** supports fine motor, gross motor, social skills and language through purposeful play and peer to peer interaction, focusing on STEM activities (all ages)
- **Amina Grace One-on-One Speech & Language** supports clarity of speech, enunciation, word order, message meaning and comprehension, which benefits self-confidence, school and social

readiness, increased independence and overall quality of life (led by Marquette University's Speech Pathology and Audiology Department) (ages 2-12)

- **Art Explosion** provides hands-on experience with multiple art media and an outlet to express themselves, build confidence and socialize with peers (led by art therapist) (all ages)
- **Music Therapy** supports the increase of self-confidence, social skills, communication, and motor skills (led by students in the Carroll University Music Therapy program) (all ages)
- **GiGi Kitchen** age-level programs emphasize health and wellness through nutrition, kitchen safety, and food preparation. (teen+)
- **GiGiFIT** age-level programs combine physical therapy with a strong fitness focus and an ultimate goal of improved movement. Created in collaboration with skilled Physical Therapists, programs address common issues for individuals with DS including hypotonia, excessive joint laxity, and decreased balance. GiGiFIT is offered both in the Playhouse for youngest participants (led by a pediatric Physical Therapist) and out in the community for our older participants, at Balance Fitness and D1 Training Center. Having a partnership with these professional gyms allows our participants to take advantage of their gym space and equipment, but also shows the community that our participants are just like them – seeking health, wellness and fitness at the local gym. (all age groups)
- **Early Childhood programs:** LMNOP (0-4) guides parents and young children through basic sign language and other forms of communication while using music and language-based activities (led by a UWM professor that teaches sign language); Leaps & Bounds (3-5) focuses on success in preschool and kindergarten, following routines, small group participation, movement and interaction with their environment (led by Marquette University Occupational Therapy Department)
- **School-Age programs:** Playhouse Pals (5-8) and Kids Club (9-12) Kids Club support the development of social skills and language through peer-to-peer interaction, gross motor, fine motor and self-help skills (led by Marquette University Occupational Therapy Department)
- **Teen and Adult programs:** Teen Tastic (13-17) focuses on social skills with friends with and without DS. Fantastic Friends (18+) supports social skills and language through peer interaction.
- **GiGi Prep:** New in 2021, this career development program has an emphasis on building communication skills, money management, customer service skills, team building and wellness. This program is an application-based program with high expectations to motivate adults with DS. (Led by Mount Mary OT students)

#### D. **Project Partners**

If your proposal includes project partners, please identify each partner and provide details about the relationship

We have made great strides in creating partnerships with institutions such as Marquette University, Carroll University, UW-Milwaukee, Cardinal Stritch, Alverno, Mount Mary, and Concordia to increase volunteerism for tutors and program leaders. A highlight of this effort is the collaboration we have with Marquette's graduate speech pathology school for our weekly speech program at our Fox Point Playhouse. This 1:1 program pairs our participants with a graduate speech student, overseen and organized by a licensed Speech and Language Pathologist. The graduate students earn clinical hours for their work with our participants – a win-win situation. The Marquette collaboration was the subject of a recent feature on TMJ4 News: <https://www.tmj4.com/news/local-news/marquette-partners-with-gigis-playhouse-to-provide-free-speech-services-for-kids-with-special-needs>. We are now modeling other programs similar to this for physical and occupational therapy, including a partnership with Carroll University's music therapy, physical therapy, occupational therapy and nursing programs to lead

satellite programs near their location in Waukesha, expanding our footprint to serve a larger base of participants. Additional potential partnerships and connections have been made with St. Ann's, YMCA, the Jewish Community Center Rainbow Day Camp, United Community Center – Centro de la Comunida Unida, ASSEW-Autism Society of South West WI, Down Syndrome Association of Wisconsin, Life Navigators, The Friendship Circle/Bakery, and St. Francis Children's Center. Partnerships such as these have been transformational for GiGi's Playhouse Milwaukee in expanding our ability to serve the DS community – purposeful programming is our reason for existence. All of our programming is free (no registration, materials fees, etc.), removing the barrier of cost for our families.

E. **Project Budget** (if applicable): See attached programming budget

F. **Goals, Objectives, Outcomes, Evaluation**

For both general operations and project proposals, please list a minimum of 1 and maximum of 3 goal(s), objective(s), projected outcome(s) and evaluation strategy for the grant period.

Note:

1. Goal: A "goal" is a broad statement that answers the questions, "What does your project hope to accomplish/" or "What do you hope to accomplish with general operating support?" Goals are typically general, conceptual and abstract, often including visionary words like promote, provide, expand, etc.
2. Objective: An "objective" answers the question "What steps will be taken to accomplish a goal?" Objectives often begin with the word "to" and tend to be tangible, specific and concrete.
3. Projective Outcome: A "project outcome" is the anticipated result or consequence that will occur through the achievement of the objective(s).
4. Evaluation Strategy: An "evaluation strategy" will outline measures and mechanisms that will determine whether a goal is achieved, including data on how it will be collected

Goal 1: Expand the reach of our organization.

Objective: To serve more individuals with Down syndrome and other disabilities, and their families.

Outcome: Group our participation by at least 10% year over year.

Evaluation strategy: Participation in our programming is tracked electronically through our registration and check-in processes.

Goal 2: Provide quality, research-driven programming to meet the needs of our participants and families.

Objective: To maintain or grow programs offered in the calendar year and track participant outcomes to ensure progress is based on individual program goals.

Outcome: Offer at least 16 programs in each session with tracked participant outcomes.

Evaluation strategy: Program offerings are tracked our calendar, and participant outcomes are tracked by program leaders.

Goal 3: Leverage our community/college/business partnerships for adequate volunteer support.

Objective: To grow volunteer support to properly run our programming.

Outcome: Grow volunteer base and volunteer hours by 10% year over year.

Evaluation strategy: Volunteer support and hours are tracked electronically through our registration and check-in processes.

**GiGi's Playhouse Milwaukee Board of Directors**

<b>Name</b>	<b>Title on Board of Directors</b>	<b>Occupation</b>	<b>Employer</b>	<b>Residence</b>
Susanne Griscom Pelikan	President and Programming Committee Lead	(At home)	N/A	Cedarburg, WI
Barry Goldman	Vice President	CPA	Principal, Barry J. Goldman, CPA LLC	Bayside, WI
Mike Wachter	Treasurer	CFA	Principal and the Director of Fixed Income, Reinhart Partners, Inc.	Cedarburg, WI
Erin Anderson	Secretary and Marketing Committee Lead	Communications	Johnson Controls, Inc.	Whitefish Bay, WI
Ann Jasen	Member and Donor Relations Committee Lead	(At home)	N/A	West Bend, WI
Kristen Byers	Member	Teacher	West Bend School District	Fredonia, WI

**GiGi's Playhouse Milwaukee Advisory Board**

<b>Name</b>	<b>Title</b>	<b>Occupation</b>	<b>Employer</b>	<b>Residence</b>
Sarah Koehn	Advisory Board and Former Board President	Operations Team Member	Health Care Technology Contract	Fox Point, WI
Andi Zimmerman	Advisory Board and Former Board Member	Bookkeeper	Mequon-Theinsville Education Foundation	Mequon, WI
Susan Waldkirch	Advisory Board and Former Board Member	(At home)	N/A	Cedarburg, WI
Chris VandenHouten	Advisory Board and Former Board Officer	(At home)	N/A	Cedarburg, WI
Terri Peckerman-Stein	Advisory Board and Former Board Member	Therapist	North Shore Center	Mequon, WI

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GIGI 'S PLAYHOUSE ALLIANCE</b>		<b>D</b> Employer identification number <b>46-2014837</b>
	Doing business as		<b>E</b> Telephone number <b>(847) 885-7529</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>9,733,673.</b>
	2350 W HIGGINS ROAD		<b>H(a)</b> Is this a group return <b>STMT 1</b> for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>HOFFMAN ESTATES, IL 60169</b>		<b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>NANCY GIANNI</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶ <b>5402</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.GIGISPLAYHOUSE.ORG</b>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INCREASE POSITIVE AWARENESS OF DOWN SYNDROME THROUGH NATIONAL CAMPAIGNS, EDUCATIONAL (SEE SCH O)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>408</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>381</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>95</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>6030</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,926,170.</b>	<b>7,016,049.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>35,699.</b>	<b>30,140.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,918,942.</b>	<b>1,489,833.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,880,811.</b>	<b>8,536,022.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,806,954.</b>	<b>3,120,353.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,073,821.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,338,924.</b>	<b>4,374,147.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,145,878.</b>	<b>7,494,500.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,734,933.</b>	<b>1,041,522.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>10,178,040.</b>	<b>11,597,212.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,494,110.</b>	<b>1,929,193.</b>
		<b>8,683,930.</b>	<b>9,668,019.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>NANCY GIANNI, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's address ▶	Firm's EIN ▶	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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: TO INCREASE POSITIVE AWARENESS OF DOWN SYNDROME THROUGH NATIONAL CAMPAIGNS, EDUCATIONAL PROGRAMS, AND BY EMPOWERING INDIVIDUALS WITH DOWN SYNDROME, THEIR FAMILIES, AND THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,422,412. including grants of \$ ) (Revenue \$ ) GIGI'S AT HOME PROGRAM PROVIDES ACCESS FOR THE FAMILIES FOR THE CRITICAL PROGRAMMING AND SUPPORT THEY NEED. THIS PROGRAM IS OFFERED ONLINE, INCLUDING VIDEOS AND LIVE PROGRAMS THAT HELP CREATE OPPORTUNITIES FOR INDIVIDUALS WITH DOWN SYNDROME AND THEIR FAMILIES TO ENGAGE WITH OTHER PARTICIPANTS AS WELL AS INSTRUCTORS AND GIGI'S STAFF. ALL OTHER PROGRAMS OFFERED BY GIGI'S PLAYHOUSE, SUCH AS LITERACY & MATH, SPEECH PROGRAM, GIGI PREP, GIGI UNIVERSITY, GIGI PROFESSIONAL, AND GIGI FILE WERE CONDUCTED THROUGH GIGI'S AT HOME PROGRAM.

4b (Code: ) (Expenses \$ 602,490. including grants of \$ ) (Revenue \$ ) HUGS & MUS IS A SERVICE RETAIL, SPECIALTY COFFEE AND GELATO CAFE RUN BY ADULT INTERNS WITH DOWN SYNDROME WHO HAVE GRADUATED FROM GIGI PREP AND GIGI UNIVERSITY AND HAVE RECEIVED 12 WEEKS OF INDIVIDUALIZED HANDS-ON CAREER TRAINING DESIGNED TO HELP THEM ACHIEVE THEIR PERSONAL BEST.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,024,902.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a 408		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 381		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL, IL, IN, NJ, NY, TN, WI, GA, OH, MN, UT, ND**
- 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) 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 interest policy, and financial 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 **NANCY GIANNI - (847) 885-7529**  
**2350 W HIGGINS ROAD, HOFFMAN ESTATES, IL 60169**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER RODRIGUEZ - SYR BOARD MEMBER	13.00	X					0.	47,029.	0.	
(2) KIM ECKERT - ANN PRESIDENT	20.00	X		X			0.	0.	0.	
(3) CATHY FONFARA - ANN VICE PRESIDENT	4.00	X		X			0.	0.	0.	
(4) BECKY BERGER - ANN SECRETARY	2.00	X		X			0.	0.	0.	
(5) DEE BRANT - ANN TREASURER	5.00	X		X			0.	0.	0.	
(6) MARY KENION - ANN MEMBER-FUNDRAISING	6.00	X					0.	0.	0.	
(7) SARA BROWN - ANN MEMBER-YOUTH BOARD/VP	6.00	X					0.	0.	0.	
(8) MARIMARGARET REICHERT - ANN MEMBER-COMMUNICATION/PR	18.00	X					0.	0.	0.	
(9) FLORENCE AUGUST - ANN MEMBER-PROGRAMS	10.00	X					0.	0.	0.	
(10) VICTORIA ZAPATA - ANN MEMBER-INCLUSION/DIVERSITY	1.00	X					0.	0.	0.	
(11) KATHERINE SOMOK - ANN MEMBER-PROGRAMS COORDINATOR	1.00	X					0.	0.	0.	
(12) JENNIFER WINSLOW - ANN MEMBER-PROGRAMS 13+	1.00	X					0.	0.	0.	
(13) ANGIE CHAMPSAUR - ATL PRESIDENT	4.00	X		X			0.	0.	0.	
(14) SCOTT JEFFRIES - ATL PAST PRESIDENT	2.00	X		X			0.	0.	0.	
(15) JOHN LELAND - ATL TREASURER	2.00	X		X			0.	0.	0.	
(16) EMILEE MANNING - ATL SECRETARY	2.00	X		X			0.	0.	0.	
(17) SYDNEY SHINE - ATL BOARD MEMBER	4.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADRIENNE MULLIGAN - ATL BOARD MEMBER	1.00	X						0.	0.	0.
(19) ORIT LEVY-DOR - ATL BOARD MEMBER	2.00	X						0.	0.	0.
(20) ALLYSON MIZE - ATL BOARD MEMBER	1.00	X						0.	0.	0.
(21) GRETCHEN LEHANE - ATL BOARD MEMBER	3.00	X						0.	0.	0.
(22) NICOLE BERNE - ATL BOARD MEMBER	3.00	X						0.	0.	0.
(23) SEAN MAHYARI - ATL BOARD MEMBER	1.00	X						0.	0.	0.
(24) MARTI BLINCOE - ATL BOARD MEMBER	3.00	X						0.	0.	0.
(25) EILEEN SCOFIELD - ATL ADVISORY BOARD MEMBER	0.25	X						0.	0.	0.
(26) HOWIE ROSENBERG - ATL EXECUTIVE DIRECTOR	1.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								0.	47,029.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	47,029.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CORTNEY BESSANT - BBA PRESIDENT	10.00	X		X				0.	0.	0.
(28) WILL MONDSCHIEIN - BUF PRESIDENT	5.00	X		X				0.	0.	0.
(29) GREG HALL - BUF VICE PRESIDENT	1.00	X		X				0.	0.	0.
(30) HEATHER MCENTARFER - BUF SECRETARY	1.00	X		X				0.	0.	0.
(31) JENNIFER ZOLNOWSKI - BUF INTERIM SECRETARY	1.00	X		X				0.	0.	0.
(32) CONNIE STIVES - BUF TREASURER	1.00	X		X				0.	0.	0.
(33) ANITA BALLOW - BUF BOARD MEMBER	1.00	X						0.	0.	0.
(34) DEBBIE GARDINER - BUF BOARD MEMBER	1.00	X						0.	0.	0.
(35) DEBBIE ROSS - BUF BOARD MEMBER	1.00	X						0.	0.	0.
(36) CHRISTINA ZIGA-BUDD - CAN PRESIDENT	20.00	X		X				0.	0.	0.
(37) STACY JACKSON - CAN VICE PRESIDENT	20.00	X		X				0.	0.	0.
(38) LISA ELIOPOULOS - CAN TREASURER	20.00	X		X				0.	0.	0.
(39) LISA DOYLE - CAN DIRECTOR	8.00	X						0.	0.	0.
(40) GENNY BOJA - CAN DIRECTOR	8.00	X						0.	0.	0.
(41) SAMATHA TAYLOR - CAN DIRECTOR	8.00	X						0.	0.	0.
(42) NICK DOYLE - CAN DIRECTOR	8.00	X						0.	0.	0.
(43) CHARLES DEAR - CAN DIRECTOR	8.00	X						0.	0.	0.
(44) BENJAMIN MORRETT - CAN DIRECTOR	8.00	X						0.	0.	0.
(45) ELENA BELL - CAN DIRECTOR	8.00	X						0.	0.	0.
(46) JADE WOODARD - CAN DIRECTOR	8.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) KIM HANNA - CHA PRESIDENT	10.00	X		X				0.	0.	0.
(48) JOE TARULLI - CHA VICE PRESIDENT	2.00	X		X				0.	0.	0.
(49) ELLEN LINARES - CHA TREASURER	2.00	X		X				0.	0.	0.
(50) CARIN COX MILLER - CHA TEEN BOARD CHAIR	2.00	X						0.	0.	0.
(51) LAUREN HUNT - CHA FUNDRAISING CHAIR	2.00	X						0.	0.	0.
(52) DENISE FAULKNER - CHA MARKETING	2.00	X						0.	0.	0.
(53) NATHAN HEALY - CHA MARKETING CHAIR	2.00	X						0.	0.	0.
(54) DANIELLE FLETCHER - CHA EVENTS	2.00	X						0.	0.	0.
(55) JESSICA ALLEN - CHA PAST PRESIDENT	30.00	X		X				0.	0.	0.
(56) LAUREN MADDEX - CHA OUTREACH	2.00	X						0.	0.	0.
(57) EILEEN WALSH-MIOT - CHA FUNDRAISING	2.00	X						0.	0.	0.
(58) JENNIFER SEDLAK - CHA TREASURER	2.00	X		X				0.	0.	0.
(59) LINDSAY MANERS - CHA PARENT COUNCIL	2.00	X		X				0.	0.	0.
(60) JOHN FISHER - CHA PAST TREASURER	2.00	X		X				0.	0.	0.
(61) JOSH CASKEY - CHA PAST PRESIDENT	10.00	X		X				0.	0.	0.
(62) SHANIQUE HERBERT - CHA PAST SECRETARY	2.00	X		X				0.	0.	0.
(63) EVGUENIA POPOVA - CHG PRESIDENT	5.00	X		X				0.	0.	0.
(64) FREDERICK BATES - CHG VICE PRESIDENT	5.00	X		X				0.	0.	0.
(65) MARY MANGAN - CHG TREASURER	7.00	X		X				0.	0.	0.
(66) CHERYL BANE - CHG SECRETARY	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) AMANDA ZAHORAK - CHG COMMUNICATIONS CO-CHAIR	7.00	X						0.	0.	0.
(68) JENNIFER CASEY - CHG OUTREACH CO-CHAIR	5.00	X						0.	0.	0.
(69) VIVIAN VILLAGES - CHG FUNDRAISING CO-CHAIR	2.00	X						0.	0.	0.
(70) DANIEL LOIZZO - CHG FUNDRAISING CO-CHAIR	2.00	X						0.	0.	0.
(71) ABBEY MELLING - CHG PROGRAMS CO-CHAIR	3.00	X						0.	0.	0.
(72) ANNA MACHUGA - CHG COMMUNICAITON & PROGRAMS	6.00	X						0.	0.	0.
(73) JULIE CHOATE - CHG FUNDRAISING CHAIR	2.00	X						0.	0.	0.
(74) MARK CHOATE - CHG FINANCE CHAIR	2.00	X						0.	0.	0.
(75) SUZY SYLVESTER - CLV PRESIDENT	6.00	X		X				0.	0.	0.
(76) EMILY MONTELEONE - CLV VICE PRESIDENT	2.00	X		X				0.	0.	0.
(77) CONSTANCE CUSMA - CLV TREASURER	4.00	X		X				0.	0.	0.
(78) AMY BARKER - CLV SECRETARY	1.00	X		X				0.	0.	0.
(79) TINA HERICKS - CLV PROGRAMS CHAIR	1.00	X						0.	0.	0.
(80) PAULA HEINE - CLV COMMITTEE MEMBER	0.30	X						0.	0.	0.
(81) DAN HOPKINS - CLV COMMITTEE MEMBER	1.00	X						0.	0.	0.
(82) BRIAN KILBANE - CLV HONORARY CHAIRMAN	1.00	X						0.	0.	0.
(83) EMILY MONTELEONE - CLV BOARD MEMBER	2.00	X						0.	0.	0.
(84) JEANNE MULLIN - CLV AT LARGE	0.30	X						0.	0.	0.
(85) BRIAN DAW - CLV BOARD MEMBER	1.00	X						0.	0.	0.
(86) GINA NICOLA - CLV BOARD MEMBER	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) BEN MEISENZAHL - CLV DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(88) EILEEN DAVERN - CLV OUTREACH	0.30	X						0.	0.	0.
(89) MOLLY MOSER - CLV BOARD MEMBER	1.00	X						0.	0.	0.
(90) JIM ATKINS - CLV BOARD MEMBER	1.00	X						0.	0.	0.
(91) LIZ THORN - DRF PRESIDENT	3.00	X		X				0.	0.	0.
(92) ELIZABETH RAY - DRF VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(93) SHANDA KAISER - DRF SECRETARY	2.00	X		X				0.	0.	0.
(94) ERIN KAMINSKY - DRF BOARD MEMBER	3.00	X						0.	0.	0.
(95) GHITA MUELLER - DRF BOARD MEMBER	1.00	X						0.	0.	0.
(96) CHAD NOYES - DRF BOARD MEMBER	2.00	X						0.	0.	0.
(97) JILL RABIN - DRF BOARD MEMBER	12.00	X						0.	0.	0.
(98) LISA STRONS - DRF BOARD MEMBER	2.00	X						0.	0.	0.
(99) MARISA DUNN - DRF BOARD MEMBER	3.00	X						0.	0.	0.
(100) KATHRY EIRING - DRF BOARD MEMBER	2.00	X						0.	0.	0.
(101) HENRY VELEZ - DRF BOARD MEMBER	2.00	X						0.	0.	0.
(102) ALYSE MASTRODONATO - DRF BOARD MEMBER	2.00	X						0.	0.	0.
(103) ELIZABETH JEUB - DVR PRESIDENT	2.00	X		X				0.	0.	0.
(104) AGUSTINA BOROWY - DVR VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(105) CASSIE SUDBECK - DVR SECRETARY	2.00	X		X				0.	0.	0.
(106) KARI VANDERWAL - DVR MARKETING DIRECTOR	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) SHANONA VARGO - DVR EVENTS COMMITTEE ADVISOR	2.00	X						0.	0.	0.
(108) MEGHAN KOBES - DSM PRESIDENT	25.00	X		X				0.	0.	0.
(109) JESSICA PARSONS - DSM VICE PRESIDENT	10.00	X		X				0.	0.	0.
(110) GREG PERMAN - DSM PAST TREASURER	10.00	X		X				0.	0.	0.
(111) BEN HERBST - DSM PAST TREASURER	10.00	X		X				0.	0.	0.
(112) HEIDI LUETT - DSM BOARD MEMBER	2.00	X						0.	0.	0.
(113) KATIE NASET - DSM BOARD MEMBER	2.00	X						0.	0.	0.
(114) DR. WILLIAM HOWARD - DSM ADVISORY	1.00	X						0.	0.	0.
(115) PATRICK BELL - DSM BOARD MEMBER	1.00	X						0.	0.	0.
(116) AMBER ROBINSON - DSM BOARD MEMBER	1.00	X						0.	0.	0.
(117) PATTY SNEDDON-KISTING - DSM SECRETARY	1.00	X		X				0.	0.	0.
(118) AMY MEYER - DSM BOARD MEMBER	1.00	X						0.	0.	0.
(119) LISA KOCAB - DTR PRESIDENT	30.00	X		X				0.	0.	0.
(120) DENISE MOORE - DTR VICE-PRESIDENT	30.00	X		X				0.	0.	0.
(121) HEATHER SULLIVAN - DTR TREASURER	30.00	X		X				0.	0.	0.
(122) AMY TYRRELL - DTR SECRETARY	30.00	X		X				0.	0.	0.
(123) COLLEEN HOLMES - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(124) WENDY ARABO - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(125) DAVID KOCAB - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(126) ELIZABETH HOLMES - DTR BOARD MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) JOCELYN COOK - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(128) JEFF HARPER - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(129) LUKE TYRRELL - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(130) LATONYA MORGAN - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(131) ELIZABETH LARSON - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(132) TAYLOR JOHNSON - DTR BOARD MEMBER	2.00	X						0.	0.	0.
(133) WILLIAM MOODY - ELP PRESIDENT	10.00	X		X				0.	0.	0.
(134) BERUMEN LINZUI VICE PRESIDENT	4.00	X		X				0.	0.	0.
(135) CESAR PORRAS - ELP TREASURER	5.00	X		X				0.	0.	0.
(136) DAVID AUSTIN - ELP BOARD MEMBER	5.00	X						0.	0.	0.
(137) LISA AYOUB-RODRIGUEZ - ELP BOARD MEMBER	2.00	X						0.	0.	0.
(138) LEIGHA PARRA - ELP BOARD MEMBER	4.00	X						0.	0.	0.
(139) CARMEN PEREZ - ELP BOARD MEMBER	4.00	X						0.	0.	0.
(140) SHARI SHWARTZ - ELP BOARD MEMBER	2.00	X						0.	0.	0.
(141) SUZY MOODY - ELP BOARD MEMBER	4.00	X						0.	0.	0.
(142) KELLIE HAMRE - FND PRESIDENT	8.00	X		X				0.	0.	0.
(143) NIKKI KNODEL - FND PAST VICE PRESIDENT/BOARD MEMBER	5.00	X		X				0.	0.	0.
(144) JENNI PETERS - FND TREASURER	5.00	X		X				0.	0.	0.
(145) KRISTIN NELSEN - FND BOARD MEMBER	2.50	X						0.	0.	0.
(146) ANDREA HENSRUD - FND BOARD MEMBER	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) JORDAN SCHROEER - FND BOARD MEMBER	5.00	X						0.	0.	0.
(148) KYLE VOLTIN - FND TREASURER	5.00	X		X				0.	0.	0.
(149) JILL STROUP - FND BOARD MEMBER	5.00	X						0.	0.	0.
(150) KARLY PIERCE LYNSTAND - FND BOARD MEMBER	5.00	X						0.	0.	0.
(151) KATIE TASTAD - FND BOARD MEMBER	5.00	X						0.	0.	0.
(152) LINDSEY MUSCHA- FND BOARD MEMBER	5.00	X						0.	0.	0.
(153) BRAD JESSEN - FMF PRESIDENT	4.00	X		X				0.	0.	0.
(154) LINDSAY SCHWANDNER - FMF SECRETARY	5.00	X		X				0.	0.	0.
(155) YOLANDA NUNEZ - FMF TREASURER	10.00	X		X				0.	0.	0.
(156) STUART MORGENSTEIN - FMF MEMBER	5.00	X						0.	0.	0.
(157) HEATHER SNAPP - FMF MEMBER	5.00	X						0.	0.	0.
(158) HARRY ALBERTI - FMF MEMBER	5.00	X						0.	0.	0.
(159) SAMANTHA NUNEZ - FMF MEMBER	5.00	X						0.	0.	0.
(160) JENNIFER ANTHONY - FMF MEMBER	5.00	X						0.	0.	0.
(161) SERGIO NUNEZ - FMF MEMBER	5.00	X						0.	0.	0.
(162) DOUG ATKINSON - FTW PRESIDENT	3.00	X		X				0.	0.	0.
(163) JENNIFER MIHUC - FTW VICE PRESIDENT	1.00	X		X				0.	0.	0.
(164) JASON RICE - FTW TREASURER	1.00	X		X				0.	0.	0.
(165) LORRI MEYER - FTW SECRETARY	2.00	X		X				0.	0.	0.
(166) KATIE WATSON - FTW BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) CINDY ATKINSON - FTW BOARD MEMBER	3.00	X						0.	0.	0.
(168) STEVE FIACABLE - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(169) JASON MARTIN - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(170) STACIE CHRISTLE - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(171) SANDY WHITMORE - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(172) KATIE CHRISTMAN - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(173) AMY GUILLIAM - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(174) MELISSA REUILLE - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(175) STEVE MIKULSKI - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(176) EMILY COOK - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(177) KYLE DAWALT - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(178) CHRISTY GRANNAN - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(179) JENNIFER JEWELL - FTW BOARD MEMBER	1.00	X						0.	0.	0.
(180) FRANK CATALANO - FVA PRESIDENT	15.00	X		X				0.	0.	0.
(181) BRET SHANNON - FVA PAST PRESIDENT	15.00	X		X				0.	0.	0.
(182) ANDY DOYLE - FVA VICE PRESIDENT	5.00	X		X				0.	0.	0.
(183) JOE CATALANO - FVA VICE PRESIDENT	5.00	X		X				0.	0.	0.
(184) CHARLES PERRECONE - FVA TREASURER	5.00	X		X				0.	0.	0.
(185) MARY CATALANO - FVA SECRETARY	2.00	X		X				0.	0.	0.
(186) KATY FINKE - FVA SECRETARY	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) KATHRYN SMITH - FVA DIRECTOR	2.00	X						0.	0.	0.
(188) LAUREN CHISZAR - FVA DIRECTOR	2.00	X						0.	0.	0.
(189) EMILY CHEN - FVA DIRECTOR	2.00	X						0.	0.	0.
(190) JOE CATALANO - FVA DIRECTOR	2.00	X						0.	0.	0.
(191) EMILY ROSENBERG - FVA DIRECTOR	2.00	X						0.	0.	0.
(192) LILLY BELL - GVF VICE PRESIDENT	15.00	X		X				0.	0.	0.
(193) ERIKA QUIRK - GVF PROGRAMS COORDINATOR	15.00	X		X				0.	0.	0.
(194) BARBARA MISENER - GVF TREASURER	10.00	X		X				0.	0.	0.
(195) CHRIS SARABIA - GVF BOARD MEMBER	10.00	X						0.	0.	0.
(196) RADLEY RUDLAND - GVF BOARD MEMBER	10.00	X						0.	0.	0.
(197) PHILIP TURNER - GVF BOARD MEMBER	1.00	X						0.	0.	0.
(198) COLIN MCMULLEN - HNJ PRESIDENT	3.00	X		X				0.	0.	0.
(199) CHRISTY BOUZIOTUS - HNJ VICE PRESIDENT	3.00	X		X				0.	0.	0.
(200) ANDREA MAIO - HNJ SECRETARY	1.50	X		X				0.	0.	0.
(201) MELISSA DIAZ - HNJ TREASURER	1.50	X		X				0.	0.	0.
(202) ERIN MORRIS - HNJ MANAGER	2.00	X						0.	0.	0.
(203) DANIEL EDELSTEIN - HNJ MANAGER	2.00	X						0.	0.	0.
(204) MARY PEREZ - HNJ MANAGER	2.00	X						0.	0.	0.
(205) JENNIFER ORLICK - HNJ MANAGER	2.00	X						0.	0.	0.
(206) JENNIFER STRAHAN - HNJ MANAGER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) RICH MISTOSKI - HNJ MANAGER	2.00	X						0.	0.	0.
(208) AMY MCDONALD - HST PRESIDENT	2.00	X		X				0.	0.	0.
(209) AMANDA KRESHOVER - HST VICE PRESIDENT	2.00	X		X				0.	0.	0.
(210) NATALIE HINKLEY - HST TREASURER	2.00	X		X				0.	0.	0.
(211) NHUNG NGUYEN - HST SECRETARY	2.00	X		X				0.	0.	0.
(212) KRISTEN SWECK - HST DIRECTOR	2.00	X						0.	0.	0.
(213) JACKIE FURLOW - HST DIRECTOR	2.00	X						0.	0.	0.
(214) AUBREY HONER - HST DIRECTOR	2.00	X						0.	0.	0.
(215) BRADLEY HONER - HST DIRECTOR	2.00	X						0.	0.	0.
(216) TERESA FERRUZZO - HST DIRECTOR	2.00	X						0.	0.	0.
(217) MARISSA KIEFER - IND PRESIDENT	1.00	X		X				0.	0.	0.
(218) MEGAN CHAFFEE - IND SECRETARY	1.00	X		X				0.	0.	0.
(219) KYLE MEEHAN - IND TREASURER	1.00	X		X				0.	0.	0.
(220) ANGELA TOUSEULL - IND BOARD MEMBER	1.00	X						0.	0.	0.
(221) CHRISTINA MOUNGEY - IND BOARD MEMBER	1.00	X						0.	0.	0.
(222) TERRELL NEWMAN - IND BOARD MEMBER	1.00	X						0.	0.	0.
(223) KELLI CAUGHMAN - IND BOARD MEMBER	1.00	X						0.	0.	0.
(224) ANGIE SWENSON - IND BOARD MEMBER	1.00	X						0.	0.	0.
(225) LACEY KOTTKAMP - IND BOARD MEMBER	1.00	X						0.	0.	0.
(226) KIM ZODER-MARTELL - IND BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(227) LEWIS DOMKE - IND PAST SECRETARY	1.00	X		X				0.	0.	0.
(228) STEPHANIE QUIMBY - IND PAST PRESIDENT	1.00	X		X				0.	0.	0.
(229) TOM MAYER - IND PAST TREASURER	1.00	X		X				0.	0.	0.
(230) KIM KIM - LNC PRESIDENT	4.00	X		X				0.	0.	0.
(231) JESS AULT - LNC VICE PRESIDENT	4.00	X		X				0.	0.	0.
(232) JEN VOSCHELL - LNC SECRETARY	4.00	X		X				0.	0.	0.
(233) SUSAN BAKER - LNC TREASURER	6.00	X		X				0.	0.	0.
(234) BRITTANIE FLINT - LYT PAST PRESIDENT	3.00	X		X				0.	0.	0.
(235) COLE ARNOLD - LYT TREASURER	3.00	X		X				0.	0.	0.
(236) DANIELLE CRANER - LYT BOARD MEMBER	1.00	X						0.	0.	0.
(237) LESLIE SHURTLIFF - LYT PRESIDENT	3.00	X		X				0.	0.	0.
(238) DARCY WENDLER - LYT BOARD MEMBER	3.00	X						0.	0.	0.
(239) ALEX HARRIS - LYT BOARD MEMBER	1.00	X						0.	0.	0.
(240) CRAIG WENDLER - LYT BOARD MEMBER	1.00	X						0.	0.	0.
(241) CELESTE CONNOR - LTR PRESIDENT	6.00	X		X				0.	0.	0.
(242) SUZANNE HEUTTER - LTR VICE PRESIDENT	10.00	X		X				0.	0.	0.
(243) TRICIA AMBEAU - LTR TREASURER	5.00	X		X				0.	0.	0.
(244) AMANDA BLACK - LTR SECRETARY	3.00	X		X				0.	0.	0.
(245) BEKKA WILKERSON - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(246) BRADLEY BINNS, ESQ. - LTR BOARD MEMBER	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(247) BREANNE DAVIS - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(248) MARK CEKORIC - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(249) STEVEN KAHLER - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(250) TRACY MCAULIFFE - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(251) MICHAEL CHRISTIAN - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(252) BETH STAMP - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(253) BRITTANY BOCCHER - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(254) DENNIS DIXON - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(255) JENINE STAFFORD - LTR BOARD MEMBER	3.00	X						0.	0.	0.
(256) MICHAEL CIRIGLIANO - LNY PRESIDENT	3.00	X		X				0.	0.	0.
(257) ANGELIQUE STERNBERGER - LNY SECRETARY	3.00	X		X				0.	0.	0.
(258) JOE PEDONE - LNY TREASURER	3.00	X		X				0.	0.	0.
(259) DONNA MCKEON - LNY BOARD MEMBER	2.00	X						0.	0.	0.
(260) JENNIFER NETTER - LNY BOARD MEMBER	2.00	X						0.	0.	0.
(261) KARYN DEGNAN - LNY BOARD MEMBER	2.00	X						0.	0.	0.
(262) AMANDA WOOD - LNY BOARD MEMBER	2.00	X						0.	0.	0.
(263) LIZ RAHNE - LNY BOARD MEMBER	2.00	X						0.	0.	0.
(264) WILLIAM HENRY - MDS PRESIDENT	15.00	X		X				0.	0.	0.
(265) JULIE BYRNES - MDS VICE PRESIDENT	10.00	X		X				0.	0.	0.
(266) KEITH LEHNHERR - MDS TREASURER	10.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(267) AMY ULRICH - MDS SECRETARY	10.00	X		X				0.	0.	0.
(268) JOE DAGUANNO - MDS BOARD MEMBER	1.00	X						0.	0.	0.
(269) TOM PURNELL - MDS BOARD MEMBER	1.00	X						0.	0.	0.
(270) ZANE TORGRUDE - MDS BOARD MEMBER	1.00	X						0.	0.	0.
(271) KIMBERLY ARNDT - MDS BOARD MEMBER	1.00	X						0.	0.	0.
(272) BRIAN FISCHER - MDS BOARD MEMBER	1.00	X						0.	0.	0.
(273) KATRINA MCGUIE - MCH PRESIDENT	1.00	X		X				0.	0.	0.
(274) MELISSA HAMILTON - MCH VICE PRESIDENT	1.00	X		X				0.	0.	0.
(275) ZEC JAGMIN - MCH TREASURER	1.00	X		X				0.	0.	0.
(276) ANDREW HAMILTON - MCH SECRETARY	1.00	X		X				0.	0.	0.
(277) LAURA COOK - MCH BOARD MEMBER	1.00	X						0.	0.	0.
(278) KATHY JUSTEN - MCH BOARD MEMBER	1.00	X						0.	0.	0.
(279) SCOTT PERLMAN - MCH BOARD MEMBER	1.00	X						0.	0.	0.
(280) MATTHEW KOSTECKI - MCH BOARD MEMBER	1.00	X						0.	0.	0.
(281) CLARIMAR ZELEDON - MFL PRESIDENT	3.00	X		X				0.	0.	0.
(282) YASSER HEYAIME - MFL VICE PRESIDENT	3.00	X		X				0.	0.	0.
(283) ELIANA MOSCOSO - MFL SECRETARY	3.00	X		X				0.	0.	0.
(284) STACEY BROWN - MFL TREASURER	3.00	X		X				0.	0.	0.
(285) CANDICE HEYAIME - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(286) KEVIN MULLER - MFL BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(287) SANDRA ANGULO - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(288) MELANIE NEGUEREULA - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(289) KENYA VELAZQUEZ - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(290) ASHLEY ZIEMANN - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(291) DEREK GONZALEZ - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(292) LISA GONZALEZ - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(293) SCOTT LEHMAN - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(294) MICHELLE GONCALVES - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(295) ISABEL LOPEZ - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(296) ADELA CASTELLANO - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(297) PAULA GONZALEZ - MFL BOARD MEMBER	1.00	X						0.	0.	0.
(298) SUE PELIKAN - MLW PRESIDENT	10.00	X		X				0.	0.	0.
(299) BARRY GOLDMAN - MLW VICE PRESIDENT	8.00	X		X				0.	0.	0.
(300) ERIN ANDERSON - MLW SECRETARY	1.00	X		X				0.	0.	0.
(301) MIKE WACHTER - MLW TREASURER	3.00	X		X				0.	0.	0.
(302) KARI DYER - MLW BOARD MEMBER	5.00	X						0.	0.	0.
(303) SUSAN WALDKIRCH - MLW BOARD MEMBER	1.00	X						0.	0.	0.
(304) ANN JASEN - MLW BOARD MEMBER	1.00	X						0.	0.	0.
(305) GRIFFIN GROSS - MLW BOARD MEMBER	1.00	X						0.	0.	0.
(306) SEAN FARRELL - NSH PRESIDENT	15.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(307) MEGAN HEIM - NSH VICE PRESIDENT	3.00	X		X				0.	0.	0.
(308) VALERIE BAYHAM - NSH PAST PRESIDENT	3.00	X		X				0.	0.	0.
(309) KEVIN HEATH - NSH TREASURER	2.00	X		X				0.	0.	0.
(310) EMILY WHITSON - NSH SECRETARY	8.00	X		X				0.	0.	0.
(311) KIM COURE - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(312) TIFFANY WENZLER - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(313) DANIEL CAGE - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(314) KRISTY OFFITT - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(315) JULIE GALLINA - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(316) GERD PETERS - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(317) OLIVIA BANE - NSH BOARD MEMBER	1.00	X						0.	0.	0.
(318) SANDY JUAREZ - NOL PRESIDENT	15.00	X		X				0.	0.	0.
(319) ROBERT KIMBRO - NOL VICE PRESIDENT	3.00	X		X				0.	0.	0.
(320) LORY LEWIS - NOL TREASURER	3.00	X		X				0.	0.	0.
(321) LISA DIRE HARRIS - NOL SECRETARY	2.00	X		X				0.	0.	0.
(322) EMILY GUMMER - NOL BOARD MEMBER	1.00	X						0.	0.	0.
(323) KAREN KERSTING - NOL BOARD MEMBER	1.00	X						0.	0.	0.
(324) KATIE COX - NOL BOARD MEMBER	1.00	X						0.	0.	0.
(325) ASHLEY KIEFER - NOL BOARD MEMBER	1.00	X						0.	0.	0.
(326) MICHAEL TODD - NOL BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(327) SHALANDA BIBBINS - NOL BOARD MEMBER	1.00	X						0.	0.	0.
(328) FRANK SAWYER - NYC PRESIDENT	30.00	X		X				0.	0.	0.
(329) JANE PROVIDENTI - NYC CO-VICE-PRESIDENT	10.00	X		X				0.	0.	0.
(330) YAMIRA SIU - NYC CO-VICE-PRESIDENT	7.00	X		X				0.	0.	0.
(331) MARY HAVERHALS STUART - NYC TREASURER	10.00	X		X				0.	0.	0.
(332) RUTH ERICKSON - NYC SECRETARY	4.00	X		X				0.	0.	0.
(333) SAUDIA ALLY - NYC BOARD MEMBER	1.00	X						0.	0.	0.
(334) DANIELA BERGER POLLACK - NYC BOARD MEMBER	2.00	X						0.	0.	0.
(335) MARGRET DITOLLA - NYC BOARD MEMBER	1.00	X						0.	0.	0.
(336) CAROL FALCINELLI - NYC BOARD MEMBER	2.00	X						0.	0.	0.
(337) LIZA GALLER - NYC BOARD MEMBER	1.00	X						0.	0.	0.
(338) JOYCE GOTTBETTER - NYC BOARD MEMBER	7.00	X						0.	0.	0.
(339) DAVID KOTLER - NYC GOVERNANCE CHAIR	7.00	X						0.	0.	0.
(340) GARY MCCANN - NYC BOARD MEMBER	1.00	X						0.	0.	0.
(341) AMY ROMERO - NYC BOARD MEMBER	7.00	X						0.	0.	0.
(342) KRYSTINA SPADEA - NYC BOARD MEMBER	5.00	X		X				0.	0.	0.
(343) MICHAEL TORRES - NYC BOARD MEMBER	7.00	X						0.	0.	0.
(344) STEPHANIE GAGE - PHX PAST PRESIDENT	7.80	X		X				0.	0.	0.
(345) JENNIFER GAGE - PHX FOUNDER/PRESIDENT EMERITUS	17.80	X		X				0.	0.	0.
(346) JENNIFER MARBLE - PHX PRESIDENT	6.30	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(347) CINDY MARIE JUDY - PHX DIRECTOR OF PROGRAMS	30.00	X						0.	0.	0.
(348) BRETT SCHATZMAN - PHX HONORARY BOARD MEMBER	4.00	X						0.	0.	0.
(349) LAURA CURRIER - PHX DIRECTOR OF MEDICAL OUTREA	3.50	X						0.	0.	0.
(350) CRISTEL BAKER - PHX DIRECTOR OF ADULT LEARNING	9.00	X						0.	0.	0.
(351) NICOLE ABBOTT - PHX TREASURER	2.70	X		X				0.	0.	0.
(352) MARLENE SCHATZMAN - PHX BOARD MEMBER	7.00	X						0.	0.	0.
(353) LISA MELINE - PHX BOARD MEMBER	1.10	X						0.	0.	0.
(354) DAMON WAKE - PHX BOARD MEMBER	0.63	X						0.	0.	0.
(355) ROBIN-LEA AMOS - PHX BOARD MEMBER	0.50	X						0.	0.	0.
(356) ELENA WANDLER - PHX BOARD MEMBER	2.00	X						0.	0.	0.
(357) BRIANA BARCLAY - QCI BOARD MEMBER	0.50	X						0.	0.	0.
(358) JOHN GARLOCK - QCI SELF ADVOCATE	0.50	X						0.	0.	0.
(359) KATE HOLSEN - QCI SELF ADVOCATE	0.50	X						0.	0.	0.
(360) CHAD JOHNSON - QCI BOARD MEMBER	1.00	X						0.	0.	0.
(361) TIM GULBRANSON - QCI PRESIDENT	0.50	X		X				0.	0.	0.
(362) NATHAN BATES - QCI TREASURER	1.00	X		X				0.	0.	0.
(363) MATT SWEENEY - QCI BOARD MEMBER	1.00	X						0.	0.	0.
(364) PAULA LUND - QCI BOARD MEMBER	0.50	X						0.	0.	0.
(365) JENNIFER PARSONS - QCI SECRETARY	1.00	X		X				0.	0.	0.
(366) KIM NIMRICK - QCI BOARD MEMBER	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) BRIAN GIRSKIS - QCI BOARD MEMBER	0.50	X						0.	0.	0.
(368) MICHELLE PHEIFFER - RAL PRESIDENT	30.00	X		X				0.	0.	0.
(369) JEANHEE HOFFMAN - RAL EXECUTIVE DIRECTOR	30.00	X		X				0.	0.	0.
(370) MICHELLE SCHWAB - RAL VICE PRESIDENT	10.00	X		X				0.	0.	0.
(371) MARIA ROMANO - RAL NEW FAMILY COORDINATOR	10.00	X		X				0.	0.	0.
(372) RACHEL GEER - RAL SECRETARY/FAMILY COMMITTEE	3.00	X		X				0.	0.	0.
(373) JASON GOLD - RAL TREASURER	10.00	X		X				0.	0.	0.
(374) JOHN 'BO' WALKER - RAL BOARD MEMBER	3.00	X						0.	0.	0.
(375) LAUREN KILPATRICK LEEPER - RAL BOARD MEMBER	3.00	X						0.	0.	0.
(376) RAVEN BRYNE - RAL BOARD MEMBER	3.00	X						0.	0.	0.
(377) ANITA SPENCE - RAL BOARD MEMBER	3.00	X						0.	0.	0.
(378) GLENN WOLFE - RAL BOARD MEMBER	3.00	X						0.	0.	0.
(379) MARK CLARK - RAL BOARD MEMBER	3.00	X						0.	0.	0.
(380) JENNIFER BUSTAMANTE - RCH PRESIDENT	6.00	X		X				0.	0.	0.
(381) KIM GUERRIERI - RCH VICE PRESIDENT	5.00	X		X				0.	0.	0.
(382) MICHELLE RUSH - RCH SECRETARY	5.00	X		X				0.	0.	0.
(383) GINA CLARK - RCH TREASURER	7.00	X		X				0.	0.	0.
(384) CHRIS TUMMINELLI - RCH MEMBER	2.00	X						0.	0.	0.
(385) CARRIELYN BERTINO - RCH MEMBER	11.00	X						0.	0.	0.
(386) TOM O'NEILL - RCH MEMBER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(387) KATIE PEGLOW - RCH MEMBER	1.00	X						0.	0.	0.
(388) CARRIE BERGERON - RCH MEMBER	4.00	X						0.	0.	0.
(389) JEFF DONLON - RCH MEMBER	4.00	X						0.	0.	0.
(390) PENNY WIRTJES - RFD PRESIDENT	50.00	X		X				0.	0.	0.
(391) NICOLE MORIG - RFD VICE PRESIDENT	5.00	X		X				0.	0.	0.
(392) ELLEN POPPEN - RFD TREASURER	10.00	X		X				0.	0.	0.
(393) JERRY GUINANE - RFD SECRETARY	5.00	X		X				0.	0.	0.
(394) MIKE DALKE - RFD PAST PRESIDENT	5.00	X		X				0.	0.	0.
(395) FRED MUEHLFELDER - RFD BOARD MEMBER	5.00	X						0.	0.	0.
(396) TOM MCMAHON - RFD BOARD MEMBER	5.00	X						0.	0.	0.
(397) JULIE GUSTAFSON - RFD BOARD MEMBER	0.50	X						0.	0.	0.
(398) BEN BERNSTEIN - RFD BOARD MEMBER	0.50	X						0.	0.	0.
(399) SCOTT FREEMAN - RFD BOARD MEMBER	5.00	X						0.	0.	0.
(400) JEFF KLARMAN - RFD BOARD MEMBER	10.00	X						0.	0.	0.
(401) EUGENE SVOBODA - RFD BOARD MEMBER	5.00	X						0.	0.	0.
(402) NICOLE HARRIGAN - SCR PRESIDENT	5.00	X		X				0.	0.	0.
(403) APRIL DAVILA - SCR VICE PRESIDENT	5.00	X		X				0.	0.	0.
(404) CATHIE CONNER - SCR TREASURER	5.00	X		X				0.	0.	0.
(405) BROOKE JACKSON - SCR BOARD MEMBER	1.00	X						0.	0.	0.
(406) ASHLEY LASITER - SCR BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(407) OLIVIA GOAD - SCR BOARD MEMBER	1.00	X						0.	0.	0.
(408) DANIELLE CONFORTI - SCR BOARD MEMBER	1.00	X						0.	0.	0.
(409) LISA MAYBERRY - SCR BOARD MEMBER	1.00	X						0.	0.	0.
(410) NICOLE DETERS - SCR BOARD MEMBER	1.00	X						0.	0.	0.
(411) KAREN FALK - SDG PRESIDENT	20.00	X		X				0.	0.	0.
(412) BETH MCPHERSON - SDG TREASURER	6.00	X		X				0.	0.	0.
(413) STEPHANIE RAIS ORTIZ - SDG BOARD MEMBER	20.00	X						0.	0.	0.
(414) KELCI WILNER - SDG BOARD MEMBER	6.00	X						0.	0.	0.
(415) EVAN WILLIAMS - SDG BOARD MEMBER	2.00	X						0.	0.	0.
(416) MARY KING - SDG BOARD MEMBER	6.00	X						0.	0.	0.
(417) APRIL VILLAFANA - SDG BOARD MEMBER	6.00	X						0.	0.	0.
(418) CINDY RUNNING - SCI INTERIM PRESIDENT	0.63	X		X				0.	0.	0.
(419) JODI SPEIDEL - SCI VICE PRESIDENT	0.70	X		X				0.	0.	0.
(420) MARY MOTZ - SCI SECRETARY	0.50	X		X				0.	0.	0.
(421) JENNIFER DENNE - SCI BOARD MEMBER	0.14	X						0.	0.	0.
(422) NOEL TOLVANEN - SCI BOARD MEMBER	0.10	X						0.	0.	0.
(423) LINDA HOKE - SOT PRESIDENT	10.00	X		X				0.	0.	0.
(424) ANNA BRUCE - SOT VICE PRESIDENT	20.00	X		X				0.	0.	0.
(425) FAITH RITTENBURG - SOT TREASURER	5.00	X		X				0.	0.	0.
(426) KATIE SIMEK - SOT SECRETARY	5.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(427) TAYNA WALKER - SOT BOARD MEMBER	1.00	X						0.	0.	0.
(428) BRAD BRUCE - SOT BOARD MEMBER	10.00	X						0.	0.	0.
(429) TRACY LYMAN - SOT BOARD MEMBER	3.00	X						0.	0.	0.
(430) BIRDIE RITTENBURG - SOT BOARD MEMBER	5.00	X						0.	0.	0.
(431) JEANNIE POST - SOT BOARD MEMBER	5.00	X						0.	0.	0.
(432) ANNE LAUBISCH - SOT BOARD MEMBER	12.00	X						0.	0.	0.
(433) LAURIE BOWEN - SOT BOARD MEMBER	3.00	X						0.	0.	0.
(434) SONIA STORER - SGR PRESIDENT	37.00	X		X				0.	0.	0.
(435) CODI BOUKNIGHT - SGR VICE-PRESIDENT	50.00	X		X				0.	0.	0.
(436) LILLY RAMIREZ - SGR TREASURER	11.00	X		X				0.	0.	0.
(437) MANDY CANCINO - SGR SECRETARY	12.00	X		X				0.	0.	0.
(438) PAIGE BAIRD - SGR BOARD MEMBER	7.00	X						0.	0.	0.
(439) ROBIN BEATTY- SGR BOARD MEMBER	13.00	X						0.	0.	0.
(440) PAUL HALPIN - SGR BOARD MEMBER	1.00	X						0.	0.	0.
(441) AMANDA HUDSON - SGR BOARD MEMBER	13.00	X						0.	0.	0.
(442) AMBER MCDONALD - SGR BOARD MEMBER	25.00	X						0.	0.	0.
(443) TARA MCWHIRTER - SGR BOARD MEMBER	1.00	X						0.	0.	0.
(444) KRISTI ROSS - SGR BOARD MEMBER	5.00	X						0.	0.	0.
(445) LYNNE SPIWAK - SGR BOARD MEMBER	9.00	X						0.	0.	0.
(446) SHAWN TRACEY - SGR BOARD MEMBER	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(447) MARY-JO KLEIN - SYR PRESIDENT	2.00	X		X				0.	0.	0.
(448) GLENN MACINTOSH - SYR VICE PRESIDENT	1.00	X		X				0.	0.	0.
(449) KAREN KIMITRIJEVSKI - SYR SECRETARY	1.00	X		X				0.	0.	0.
(450) BRITTANY LIGHTHALL - SYR TREASURER	2.50	X		X				0.	0.	0.
(451) JODI D'AUGUSTINE - SYR BOARD MEMBER	1.00	X						0.	0.	0.
(452) KARA STEFFEN - SYR BOARD MEMBER	5.00	X						0.	0.	0.
(453) JASON RYAN - SYR BOARD MEMBER	1.00	X						0.	0.	0.
(454) MICHAEL SULLIVAN - TMP PRESIDENT	10.00	X		X				0.	0.	0.
(455) MARIA BALDERAS - TMP VICE PRESIDENT	10.00	X		X				0.	0.	0.
(456) JESSICA VENTURA LACK - TMP SECRETARY	10.00	X		X				0.	0.	0.
(457) JODY BLOCKER - TMP TREASURER	10.00	X		X				0.	0.	0.
(458) KIER COOPER - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(459) CHRISTOPHER STEELE - TMP BOARD MEMBER	10.00	X						0.	0.	0.
(460) KATHRYN BARRETT - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(461) ED SPINKS - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(462) JASON SIZEMORE - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(463) JULIE STEINBRENNER - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(464) MARIA MENDIVIL - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(465) GABRIELA ROSELLO - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(466) SYNTHIA FAIRMAN - TMP BOARD MEMBER	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(467) KORY SPREHE - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(468) JANET RENALDI - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(469) MICHAEL BUCALO - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(470) FRED HIEBER - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(471) JORDAN WILLIAMS - TMP BOARD MEMBER	5.00	X						0.	0.	0.
(472) FRAN FABRIZIO - TWM PRESIDENT	3.00	X		X				0.	0.	0.
(473) DEB CORHOUSE - TWM VICE PRESIDENT	3.00	X		X				0.	0.	0.
(474) ROWAN BROYLES - TWM TREASURER	1.00	X		X				0.	0.	0.
(475) KELLY FERMOYLE - TWM SECRETARY	1.00	X		X				0.	0.	0.
(476) JULIE BAKER - TWM BOARD MEMBER	2.00	X						0.	0.	0.
(477) DAVID POWELL - TWM BOARD MEMBER	1.00	X						0.	0.	0.
(478) PETE LEACOCK - TWM BOARD MEMBER	1.00	X						0.	0.	0.
(479) SHANNON MURPHY ROBINSON - TWM BOARD MEMBER	1.00	X						0.	0.	0.
(480) TODD COGAN - TWM BOARD MEMBER	1.00	X						0.	0.	0.
(481) SEAN GRIFFIN - TWM BOARD MEMBER	1.00	X						0.	0.	0.
(482) KRYSTAL JULIUS - TWM BOARD MEMBER	1.00	X		X				0.	0.	0.
(483) PAUL KAPSNER - TWM BOARD MEMBER	2.00	X		X				0.	0.	0.
(484) JASON PASS - TWM BOARD MEMBER	3.00	X						0.	0.	0.
(485) ASHLEY STOHL - TWM BOARD MEMBER	1.00	X						0.	0.	0.
(486) TARA FERGUSON - TWM BOARD MEMBER	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(487) RICH FACKO - TNL PRESIDENT	5.00	X		X				0.	0.	0.
(488) TOM OLOFSSON- TNL SECRETARY	1.00	X		X				0.	0.	0.
(489) CHRIS KIMBLE - TNL TREASURER	4.00	X		X				0.	0.	0.
(490) BILL GRADY - TNL TREASURER	5.00	X		X				0.	0.	0.
(491) DIANE HUSAR - TNL BOARD MEMBER	10.00	X						0.	0.	0.
(492) TRACI RZESZUTKO - TNL BOARD MEMBER	3.00	X						0.	0.	0.
(493) KELLI ELZER - TNL BOARD MEMBER	5.00	X						0.	0.	0.
(494) LAURA SAVANT - TNL BOARD MEMBER	3.00	X						0.	0.	0.
(495) NANCY MINES - TNL BOARD MEMBER	5.00	X						0.	0.	0.
(496) BRIAN DUMAIS - TNL BOARD MEMBER	1.00	X						0.	0.	0.
(497) ERICA ERDMAN - WAU PRESIDENT	32.24	X		X				0.	0.	0.
(498) ALLY PETERS - WAU VICE PRESIDENT	7.21	X		X				0.	0.	0.
(499) DAWN FOLLENDORF - WAU SECRETARY	13.57	X		X				0.	0.	0.
(500) KAREN APFELBECK - WAU TREASURER	6.51	X		X				0.	0.	0.
(501) REBECCA BEARJAR - WAU BOARD MEMBER	3.41	X						0.	0.	0.
(502) KRIS SCHIRMACHER - WAU BOARD MEMBER	5.66	X						0.	0.	0.
(503) KEVIN HUCHAUSEN - WAU BOARD MEMBER	1.98	X						0.	0.	0.
(504) ALISON VLIETSTRA - WAU BOARD MEMBER	2.56	X						0.	0.	0.
(505) CORY DURBIN - WAU BOARD MEMBER	4.69	X						0.	0.	0.
(506) COURTNEY BUMBER - WAU BOARD MEMBER	2.87	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	3,142,400.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,873,649.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		7,016,049.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		30,140.		30,140.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
	<b>d</b>	Net gain or (loss)					
<b>8 a</b>	Gross income from fundraising events (not including \$ 3,142,400. of contributions reported on line 1c). See Part IV, line 18		2,611,704.				
		<b>8 b</b>	Less: direct expenses	1,180,219.			
<b>c</b>	Net income or (loss) from fundraising events		1,431,485.		1,431,485.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19		27,334.				
		<b>9 b</b>	Less: direct expenses	6,596.			
<b>c</b>	Net income or (loss) from gaming activities		20,738.		20,738.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances		39,213.				
		<b>10 b</b>	Less: cost of goods sold	10,836.			
		<b>c</b>	Net income or (loss) from sales of inventory		28,377.		28,377.
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	900099	9,233.		9,233.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		9,233.			
<b>12</b>	<b>Total revenue.</b> See instructions		8,536,022.	0.	0.	1,519,973.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, 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) .....				
7 Other salaries and wages .....	3,120,353.	2,527,486.	156,018.	436,849.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	250,370.	205,303.	12,519.	32,548.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	179,036.	95,281.	30,422.	53,333.
12 Advertising and promotion .....	40,499.	32,804.	2,025.	5,670.
13 Office expenses .....	215,608.	174,643.	10,780.	30,185.
14 Information technology .....	282,351.	228,704.	14,118.	39,529.
15 Royalties .....				
16 Occupancy .....	2,322,332.	1,881,089.	116,117.	325,126.
17 Travel .....	4,995.	4,046.	250.	699.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	24,081.	21,097.	785.	2,199.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	347,856.	281,763.	17,393.	48,700.
23 Insurance .....	72,821.	58,985.	3,641.	10,195.
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.)				
a <b>PROGRAM EXPENSES</b>	211,787.	171,548.	10,589.	29,650.
b <b>MISCELLANEOUS EXPENSE</b>	160,087.	129,671.	8,004.	22,412.
c <b>PRINTING</b>	99,016.	80,203.	4,951.	13,862.
d <b>SERVICE FEES</b>	77,849.	63,058.	3,892.	10,899.
e All other expenses	85,459.	69,221.	4,273.	11,965.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>7,494,500.</b>	<b>6,024,902.</b>	<b>395,777.</b>	<b>1,073,821.</b>
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,456,327.	<b>1</b>	7,045,065.
	<b>2</b> Savings and temporary cash investments .....	914,464.	<b>2</b>	693,823.
	<b>3</b> Pledges and grants receivable, net .....	34,143.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	117,359.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	50,450.	<b>8</b>	53,822.
	<b>9</b> Prepaid expenses and deferred charges .....	241,398.	<b>9</b>	202,579.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,731,153.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,431,483.		
		3,293,642.	<b>10c</b>	3,299,670.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	187,616.	<b>15</b>	184,894.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	10,178,040.	<b>16</b>	11,597,212.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	450,714.	<b>17</b>	179,465.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	501,597.	<b>19</b>	556,194.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	298,814.	<b>24</b>	277,474.
	<b>25</b> 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 .....	242,985.	<b>25</b>	916,060.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,494,110.	<b>26</b>	1,929,193.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,842,134.	<b>27</b>	8,478,448.
	<b>28</b> Net assets with donor restrictions .....	841,796.	<b>28</b>	1,189,571.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,683,930.	<b>32</b>	9,668,019.
	<b>33</b> Total liabilities and net assets/fund balances .....	10,178,040.	<b>33</b>	11,597,212.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,536,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,494,500.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,041,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,683,930.
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	738,620.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-796,053.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,668,019.

**Part XII Financial Statements and Reporting**

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

- 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 Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a 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? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

<b>Name of the organization</b> <p style="text-align: center;"><b>GIGI 'S PLAYHOUSE ALLIANCE</b></p>	<b>Employer identification number</b> <p style="text-align: center;"><b>46-2014837</b></p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4997324.	6215170.	7486055.	6926170.	7016049.	32640768.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	40,214.	39,083.	47,026.	67,415.	39,213.	232,951.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	5037538.	6254253.	7533081.	6993585.	7055262.	32873719.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	200,834.	30,393.	19,038.	32,766.	31,769.	314,800.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	200,834.	30,393.	19,038.	32,766.	31,769.	314,800.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						32558919.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	5037538.	6254253.	7533081.	6993585.	7055262.	32873719.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	106.	3,190.	9,942.	35,699.	30,140.	79,077.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	106.	3,190.	9,942.	35,699.	30,140.	79,077.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		7,309.	45,711.	50,485.	36,557.	140,062.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	5037644.	6264752.	7588734.	7079769.	7121959.	33092858.

**14 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	98.39 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	97.91 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.24 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	.17 %

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

FORM 990

LINE H(B) - LIST OF AFFILIATED  
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
GIGI'S PLAYHOUSE - TINLEY PARK, LLC	16800 OAK PARK AVE - TINLEY PARK, IL 60477	30-0778689
GIGI'S PLAYHOUSE - CHICAGO, LLC	3948 N. LINCOLN AVE - CHICAGO, IL 60613	45-0648741
GIGI'S PLAYHOUSE - NASHVILLE, LLC	1724 CAROTHERS PARKWAY, STE 400 - BRENTWOOD, TN 37027	46-3149167
GIGI'S PLAYHOUSE - EL PASO, LLC	960 CHELSEA ST., SUITE B - EL PASO, TX 79903	35-2523225
GIGI'S PLAYHOUSE - FARGO, LLC	3224 20TH ST. S - FARGO, ND 58104	37-1776920
GIGI'S PLAYHOUSE - WESTCHESTER, LLC	720 SAW MILL RIVER ROAD - ARDSLEY, NY 10502	47-1993324
GIGI'S PLAYHOUSE - HILLSBOROUGH, LLC	409 RT. 206, SUITE B2 - HILLSBOROUGH, NJ 08844	47-1594759
GIGI'S PLAYHOUSE - SUGAR LAND, LLC	14015 SW FREEWAY, BUILDING 11 - SUGARLAND, TX 77478	47-5408975
GIGI'S PLAYHOUSE - LAYTON, LLC	471 HERITAGE PARK BLVD, STE 4 - LAYTON, UT 84041	47-2725035
GIGI'S PLAYHOUSE - GAINESVILLE, LLC	3345 SW 34TH ST. - GAINESVILLE, FL 32608	47-4530223
GIGI'S PLAYHOUSE - FORT WAYNE, LLC	6081 N. CLINTON ST. - FORT WAYNE, IN 46825	47-4861688
GIGI'S PLAYHOUSE - CLEVELAND, LLC	15316 DETROIT AVE - LAKEWOOD, OH 44107	47-4179667
GIGI'S PLAYHOUSE - PHOENIX, LLC	9160 E SHEA BLVD., SUITE 103B - SCOTTSDALE, AZ 85260	47-1746104

GIGI'S PLAYHOUSE ALLIANCE46-2014837

GIGI'S PLAYHOUSE - MILWAUKEE, LLC	8685 N PORT WASHINGTON RD - FOX POINT, WI 53217	46-5021867
GIGI'S PLAYHOUSE - SIOUX CITY, LLC	835B GORDON DR. STE 7 - SIOUX CITY, IA 50324	80-0350067
GIGI'S PLAYHOUSE - INDIANAPOLIS, LLC	5909 E. 86TH STREET - INDIANAPOLIS, IN 46250	47-1293329
GIGI'S PLAYHOUSE - CEDAR RAPIDS, LLC	985 VALLEYVIEW DR. - MARION, IA 52402	46-5641124
GIGI'S PLAYHOUSE - MADISON, LLC	4104 MONONA DR. - MADISON, WI 53716	46-3445347
GIGI'S PLAYHOUSE - ATLANTA, LLC	549 AMSTERDAM AVE., NE, STE 1 - ATLANTA, GA 30092	27-4831142
GIGI'S PLAYHOUSE - TWIN CITIES, LLC	4740 PARK GLEN ROAD - MINNEAPOLIS, MN 55416	90-0870251
GIGI'S PLAYHOUSE - DES MOINES, LLC	6507 UNIVERSITY AVENUE - WINDSON HEIGHTS, IA 53024	61-1611262
GIGI'S PLAYHOUSE - NEW YORK CITY, LLC	106 W. 117TH ST. - NEW YORK, NY 10026	27-2919866
GIGI'S PLAYHOUSE - SYRACUSE, LLC	5885 E CIRCLE DR., UNIT 250 - CICERO, NY 13039	38-3877315
GIGI'S PLAYHOUSE - QUAD CITIES, LLC	3906 38TH AVE. - MOLINE, IA 61265	45-2777850
GIGI'S PLAYHOUSE - ROCKFORD, LLC	8801 N 2ND ST, STE 2 - MACHESNEY PARK, IL 61115	27-2251844
GIGI'S PLAYHOUSE - MCHENRY, LLC	5404 W. ELM ST., STE A - MCHENRY, IL 60050	80-0323070
GIGI'S PLAYHOUSE - BRADLEY, LLC	265 STEBBINGS CT., STE 1 - BRADLEY, IL 60915	90-0853610
GIGI'S PLAYHOUSE - FOX VALLEY, LLC	4024 FOX VALLEY CENTER DR. - AURORA, IL 60504	80-0323086

GIGI'S PLAYHOUSE ALLIANCE46-2014837

GIGI'S PLAYHOUSE - RALEIGH, LLC	2887 JONES FRANKLIN RD - RALEIGH, NC 27606	81-1482925
GIGI'S PLAYHOUSE - ROCHESTER, LLC	372 N. GOODMAN STREET - ROCHESTER, NY 14607	81-2764361
GIGI'S PLAYHOUSE - SAN DIEGO, LLC	4761 CASS ST - SAN DIEGO, CA 92109	82-0971778
GIGI'S PLAYHOUSE - FT. MYERS, LLC	1901 BRANTLEY RD., UNIT 11 - FT. MYERS, FL 33907	82-1124956
GIGI'S PLAYHOUSE - TAMPA, LLC	3611 W HILLSBOROUGH AVE., SUITE 200 - TAMPA, FL 33614	82-3283444
GIGI'S PLAYHOUSE - ANNAPOLIS, LLC	129 LUBRANO DRIVE, STE L104 - ANNAPOLIS, MD 21401	82-3220127
GIGI'S PLAYHOUSE - HOUSTON, LLC	1704 SEAMIST DRIVE, SUITE 400 - HOUSTON, TX 77008	83-0764238
GIGI'S PLAYHOUSE - DETROIT, LLC	19799 WEST 12 MILE - SOUTHFIELD, MI 48076	83-0796761
GIGI'S PLAYHOUSE - DEERFIELD, LLC	2511 WAUKEGAN ROAD, UNIT 106/107 - BANNOCKBURN, IL 60015	83-1975036
GIGI'S PLAYHOUSE - CANTON, LLC	4061 BRADLEY CIRCLE NW - CANTON, OH 44718	83-3194471
GIGI'S PLAYHOUSE - LITTLE ROCK, LLC	301 N SHACKLEFORD SUITE D2 - LITTLE ROCK, AR 72211	83-3490540
GIGI'S PLAYHOUSE - SOUTHERN TIER, LLC	732 VESTAL PARKWAY EAST - VESTAL, NY 13850	32-0601376
GIGI'S PLAYHOUSE - CHARLOTTE, LLC	9101 KINGS PARADE BLVD - CHARLOTTE, NC 28273	83-2557550
GIGI'S PLAYHOUSE - MIAMI, LLC	16451 NW 67TH AVE - MIAMI LAKES, FL 33014	85-3006103

GIGI'S PLAYHOUSE ALLIANCE

46-2014837

GIGI'S PLAYHOUSE - DENVER, LLC	12228 N IVY WAY - DENVER, CO 80602	85-3874604
GIGI'S PLAYHOUSE - LONG ISLAND, LLC	100 AUSTIN STREET, SUITE 3 - PATCHAGUE, NY 11772	85-3874715
GIGI'S PLAYHOUSE - WAUSAU, LLC	3910 SCHOFIELD AVE., SUITE 3 - WESTON, WI 54476	84-4407884
GIGI'S PLAYHOUSE - NEW ORLEANS, LLC	1023 RIDGEWOOD DR., SUITE 2 - METAIRIE, LA 70001	85-0503069
GIGI'S PLAYHOUSE - LANCASTER, LLC	2503 OREGON PIKE - LANCASTER, PA 17601	84-3214187
GIGI'S PLAYHOUSE - SACRAMENTO, LLC	1701 SANTA CLARA DRIVE, SUITE 170 - ROSEVILLE, CA 95661	84-3447309
GIGI'S PLAYHOUSE - BUFFALO, LLC	326 KENMORE AVE. - BUFFALO, NY 14223	84-1992875

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **GIGI'S PLAYHOUSE ALLIANCE** Employer identification number **46-2014837**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 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 ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 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) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		845,381.	33,112.	812,269.
c Leasehold improvements		3,021,054.	764,083.	2,256,971.
d Equipment		864,718.	634,288.	230,430.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>3,299,670.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DUE TO DUE FROM RELATED PARTY</b>	237,467.
(3) <b>REFUNDABLE ADVANCE</b>	678,593.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	916,060.

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,103,741.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,105,540.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,197,651.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,303,191.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,800,550.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	735,472.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	735,472.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	8,536,022.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,828,272.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,105,540.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,228,232.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,333,772.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,494,500.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,494,500.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND THE CONTINUED TAX EXEMPT STATUS OF VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). AT DECEMBER 31, 2020 AND 2019, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES 1,180,219.

**Part XIII** Supplemental Information (continued)

COST OF GOODS SOLD 10,836.

GAMING EXP 6,596.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,197,651.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY EXPENSE 735,472.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 1,180,189.

COST OF GOODS SOLD 10,836.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,228,232.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

GIGI'S PLAYHOUSE ALLIANCE

Employer identification number

46-2014837

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA-TWN (event type)	GALA-PHOENIX (event type)	2 (total number)	
Revenue	1	476,165.	379,972.	4,897,967.	5,754,104.
	2	273,065.	174,032.	2,695,303.	3,142,400.
	3	203,100.	205,940.	2,202,664.	2,611,704.
Direct Expenses	4				
	5	2,332.	2,268.	38,565.	43,165.
	6	100,699.	46,619.	208,139.	355,457.
	7	2,404.	1,569.	184,674.	188,647.
	8	4,840.	33,323.	26,941.	65,104.
	9	25,132.	19,556.	483,158.	527,846.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				1,431,485.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	27,334.			27,334.
Direct Expenses	2				
	3				
	4	2,575.			2,575.
	5	4,021.			4,021.
	6	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			6,596.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			20,738.

9 Enter the state(s) in which the organization conducts gaming activities: IL

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

GIGI'S PLAYHOUSE ALLIANCE

Employer identification number

46-2014837

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

PROGRAMS, AND BY EMPOWERING INDIVIDUALS WITH DOWN SYNDROME, THEIR  
FAMILIES, AND THE COMMUNITY.

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

THERE ARE BOARD MEMBERS FROM INDIVIDUAL LOCATIONS THAT ARE MARRIED OR ARE  
RELATED OR HAVE BUSINESS RELATIONSHIPS.

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

THE FORM 990 IS SENT TO EACH GOVERNING BOARD MEMBER VIA E-MAIL. EACH  
MEMBER IS ASKED FOR QUESTIONS AND COMMENTS THROUGH THE TREASURER.

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

EVERY JANUARY THE WRITTEN CONDUCT AND CONFLICT OF INTEREST POLICY IS  
DISTRIBUTED TO AND REVIEWED BY ALL BOARD MEMBERS AND EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

FL, IL, IN, NJ, NY, TN, WI, GA, OH, MN, UT, ND, CA, AR, MD, MI, NC

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO MANAGEMENT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY TRANSFERS -37,207.

INTERCOMPANY TRANSFERS -735,472.

IMMATERIAL ADJUSTMENT TO ENDING BALANCE ON FS -30,000.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GIGI'S PLAYHOUSE ALLIANCE	Employer identification number 46-2014837
---	--

FUNDRAISING EXPENSE 6,596.

ADJUSTMENT 30.

TOTAL TO FORM 990, PART XI, LINE 9 -796,053.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION  
PROCESS DURING THE TAX YEAR.

GROUP RETURN

GIGI'S PLAYHOUSE ALLIANCE, EIN: 46-2014837, IS THE CONSOLIDATED GROUP  
RETURN FOR THE SUBORDINATE ORGANIZATIONS TO GIGI'S PLAYHOUSE INC. THE  
FOLLOWING SUBORDINATE ORGANIZATIONS ARE INCLUDED IN THE GROUP EXEMPTION  
5402 AND THE SUBORDINATE ORGANIZATION'S FINANCIAL INFORMATION IS  
REPORTED

GIGI'S PLAYHOUSE - TINLEY PARK, LLC 30-0778689

GIGI'S PLAYHOUSE - CHICAGO, LLC 45-0648741

GIGI'S PLAYHOUSE - NASHVILLE, LLC 46-3149167

GIGI'S PLAYHOUSE - EL PASO, LLC 35-2523225

GIGI'S PLAYHOUSE - FARGO, LLC 37-1776920

GIGI'S PLAYHOUSE - WESTCHESTER, LLC 47-1993324

GIGI'S PLAYHOUSE - HILLSBOROUGH, LLC 47-1594759

GIGI'S PLAYHOUSE - SUGAR LAND, LLC 47-5408975

GIGI'S PLAYHOUSE - LAYTON, LLC 47-2725035

GIGI'S PLAYHOUSE - GAINESVILLE, LLC 47-4530223

GIGI'S PLAYHOUSE - FORT WAYNE, LLC 47-4861688

GIGI'S PLAYHOUSE - CLEVELAND, LLC 47-4179667

GIGI'S PLAYHOUSE - PHOENIX, LLC 47-1746104

Name of the organization	Employer identification number
GIGI'S PLAYHOUSE ALLIANCE	46-2014837
GIGI'S PLAYHOUSE - MILWAUKEE, LLC	46-5021867
GIGI'S PLAYHOUSE - SIOUX CITY, LLC	80-0350067
GIGI'S PLAYHOUSE - INDIANAPOLIS, LLC	47-1293329
GIGI'S PLAYHOUSE - CEDAR RAPIDS, LLC	46-5641124
GIGI'S PLAYHOUSE - MADISON, LLC	46-3445347
GIGI'S PLAYHOUSE - ATLANTA, LLC	27-4831142
GIGI'S PLAYHOUSE - TWIN CITIES, LLC	90-0870251
GIGI'S PLAYHOUSE - DES MOINES, LLC	61-1611262
GIGI'S PLAYHOUSE - NEW YORK CITY, LLC	27-2919866
GIGI'S PLAYHOUSE - SYRACUSE, LLC	38-3877315
GIGI'S PLAYHOUSE - QUAD CITIES, LLC	45-2777850
GIGI'S PLAYHOUSE - ROCKFORD, LLC	27-2251844
GIGI'S PLAYHOUSE - MCHENRY, LLC	80-0323070
GIGI'S PLAYHOUSE - BRADLEY, LLC	90-0853610
GIGI'S PLAYHOUSE - FOX VALLEY, LLC	80-0323086
GIGI'S PLAYHOUSE - RALEIGH, LLC	81-1482925
GIGI'S PLAYHOUSE - ROCHESTER, LLC	81-2764361
GIGI'S PLAYHOUSE - SAN DIEGO, LLC	82-0971778
GIGI'S PLAYHOUSE - FT. MYERS, LLC	82-1124956
GIGI'S PLAYHOUSE - TAMPA, LLC	82-3283444
GIGI'S PLAYHOUSE - ANNAPOLIS, LLC	82-3220127
GIGI'S PLAYHOUSE - HOUSTON, LLC	83-0764238
GIGI'S PLAYHOUSE - DETROIT, LLC	83-0796761
GIGI'S PLAYHOUSE - DEERFIELD, LLC	83-1975036
GIGI'S PLAYHOUSE - CANTON, LLC	83-3194471
GIGI'S PLAYHOUSE - LITTLE ROCK, LLC	83-3490540
GIGI'S PLAYHOUSE - SOUTHERN TIER, LLC	32-0601376
GIGI'S PLAYHOUSE - CHARLOTTE, LLC	83-2557550



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **GIGI'S PLAYHOUSE ALLIANCE** Employer identification number **46-2014837**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GIGI'S PLAYHOUSE, INC. - 20-0058563 2350 W HIGGINS RD HOFFMAN ESTATES, IL 60169	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - FOX VALLEY - 80-0323086 4024 FOX VALLEY CENTER DR. AURORA, IL 60504	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - MCHENRY, LLC - 80-0323070 5404 W. ELM ST., STE A MCHENRY, IL 60050	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - BRADLEY, LLC - 90-0853610 2150 S ROUTE 45/52 SUITE A KANKAKEE, IL 60901	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X

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

Schedule R (Form 990) 2020

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GIGI'S PLAYHOUSE - CHICAGO, LLC - 45-0648741 3948 N. LINCOLN AVE CHICAGO, IL 60613	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - TINLEY PARK, LLC (OAK FOREST) - 30-0778689, 16800 OAK PARK AVE., TINLEY PARK, IL 60477	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - QUAD CITIES, LLC - 45-2777850, 3906 38TH AVE., MOLINE, IA 61265	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - ROCKFORD, LLC - 27-2251844, 8801 N 2ND ST, STE 2, MACHESNEY PARK, IL 61115	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - ATLANTA, LLC - 27-4831142 549 AMSTERDAM AVE., NE, STE 1 ATLANTA, GA 30092	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - CEDAR RAPIDS, LLC - 46-5641124, 985 VALLEYVIEW DR., MARION, IA 52402	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - SIOUX CITY, LLC - 80-0350067, 835B GORDON DR. STE 7, SIOUX CITY, IA 51101	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - DES MOINES, LLC - 61-1611262, 6507 UNIVERSITY AVENUE, WINDSOR HEIGHTS, IA 50324	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - EL PASO, LLC - 35-2523225 960 CHELSEA ST., SUITE B EL PASO, TX 79903	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - HILLSBOROUGH, LLC - 47-1594759, 409 RT. 206, SUITE B2, HILLSBOROUGH, NJ 08844	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - INDIANAPOLIS, LLC - 47-1293329, 5909 E. 86TH STREET, INDIANAPOLIS, IN 46250	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - MADISON, LLC - 46-3445347 4104 MONONA DR. MADISON, WI 53716	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GIGI'S PLAYHOUSE - MILWAUKEE, LLC - 46-5021867, 8685 N PORT WASHINGTON RD, FOX POINT, WI 53217	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - NASHVILLE, LLC - 46-3149167, 1724 CAROTHERS PARKWAY, STE 400, BRENTWOOD, TN 37027	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - PHOENIX, LLC - 47-1746104 9160 E SHEA BLVD., SUITE 103B SCOTTSDALE, AZ 85260	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - NEW YORK CITY, LLC - 27-2919866, 106 W. 117TH ST., NEW YORK, NY 10026	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - WESTCHESTER, LLC - 47-1993324, 720 SAW MILL RIVER ROAD, ARDSLEY, NY 10502	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - SYRACUSE, LLC - 38-3877315, 5885 E CIRCLE DR., UNIT 250, CICERO, NY 13039	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - TWIN CITIES, LLC - 90-0870251, 4740 PARK GLEN ROAD, MINNEAPOLIS, MN 55416	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - CLEVELAND, LLC - 47-4179667, 15316 DETROIT AVE, LAKEWOOD, OH 44107	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - FARGO, LLC - 37-1776920 3224 20TH ST. S FARGO, ND 58104	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - FORT WAYNE, LLC - 47-4861688, 6081 N. CLINTON ST., FORT WAYNE, IN 46825	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - GAINESVILLE, LLC - 47-4530223, 3345 SW 34TH ST., GAINESVILLE, FL 32608	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - LAYTON, LLC - 47-2725035 471 HERITAGE PARK BLVD, STE 4 LAYTON, UT 84041	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GIGI'S PLAYHOUSE - SUGAR LAND, LLC - 47-5408975, 14015 SW FREEWAY, BUILDING 11, SUGARLAND, TX 77478	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - RALEIGH, LLC - 81-1482925 2887 JONES FRANKLIN ROAD RALEIGH, NC 27606	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - ROCHESTER, LLC - 81-2764361, 372 N. GOODMAN ST., ROCHESTER, NY 14607	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - SAN DIEGO, LLC - 82-0971778, 4761 CASS ST., SAN DIEGO, CA 92109	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - FT. MYERS, LLC - 82-1124956, 1901 BRANTLEY RD., UNIT 11, FT. MYERS, FL 33907	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - TAMPA LLC - 82-3283444 3611 WEST HILLSBOROUGH AVE, STE 200 TAMPA, FL 33614	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - ANNAPOLIS - 82-3220127 129 LUBRANO DRIVE, STE L104 ANNAPOLIS, MD 21401	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - DEERFIELD - 83-1975036 2511 WAUKEGAN ROAD UNIT 106/107 BANNOCKBURN, IL 60015	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - DETROIT - 83-0796761 19799 W. 12 MILE ROAD, SUITE L15 SOUTHFIELD, MI 48076	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - HOUSTON - 83-0764238 1704 SEAMIST DR., SUITE 400 HOUSTON, TX 77008	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - BUFFALO - 84-1992875 326 KENMORE AVENUE BUFFALO, NY 14223	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - CANTON - 83-3194471 4061 BRADLEY CIRCLE NW CANTON, OH 44718	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GIGI'S PLAYHOUSE - CHARLOTTE - 83-2557550 9101 KINGS PARADE BLVD CHARLOTTE, NC 28273	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - LANCASTER - 84-3214187 2503 OREGON PIKE LANCASTER, PA 17601	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - SOUTHERN TIER - 32-0601376, 732 VESTAL PARKWAY EAST, VESTAL, NY 13850	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - WAUSAU - 84-4407884 3910 SCHOFIELD AVE., SUITE 3 WESTON, WI 54476	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - SACRAMENTO - 84-3447309 1701 SANTA CLARA DRIVE, SUITE 170 ROSEVILLE, CA 95661	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - LITTLE ROCK - 83-3490540 301 N SHACKLEFORD STE D2 LITTLE ROCK, AR 72211	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - NEW ORLEANS - 85-0503069 1023 RIDGEWOOD DR., SUITE 2 METAIRIE, LA 70001	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - MIAMI - 85-3006103 16451 NW 67TH AVE MIAMI LAKES, FL 33014	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - LONG ISLAND, LLC - 85-3874715, 100 AUSTIN ST., SUITE 3, PATCHAGUE, NY 11772	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X
GIGI'S PLAYHOUSE - DENVER - 85-3874604 12228 N IVY WAY BRIGHTON, CO 80602	DOWN SYNDROME AWARENESS	ILLINOIS	501(C)(3)	LINE 10	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GIGI 'S PLAYHOUSE - CANTON	S	23,027.	CASH
(2) GIGI 'S PLAYHOUSE - BUFFALO	S	226,983.	CASH
(3) GIGI 'S PLAYHOUSE - NEW ORLEANS	S	77,500.	CASH
(4) GIGI 'S PLAYHOUSE - WAUSAU	S	85,000.	CASH
(5) GIGI 'S PLAYHOUSE - SACRAMENTO	S	114,090.	CASH
(6) GIGI 'S PLAYHOUSE - MIAMI	S	73,805.	CASH

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) GIGI'S PLAYHOUSE - DENVER	S	113,990.	CASH
(8) GIGI'S PLAYHOUSE - LONG ISLAND	S	140,849.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

# **GiGi's Playhouse, Inc. and Subsidiaries**

Consolidated Financial Statements  
and Supplementary Information

December 31, 2020 and 2019

# Gigi's Playhouse, Inc. and Subsidiaries

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December 31, 2020 and 2019

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## **Independent Auditors' Report**

To the Board of Directors of  
GiGi's Playhouse, Inc. and Subsidiaries

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of GiGi's Playhouse, Inc. and Subsidiaries (the Organization), which comprise the consolidated statements of financial position as of December 31, 2020 and 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of GiGi's Playhouse, Inc. and Subsidiaries as of December 31, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Emphasis of Matter**

### ***Report on Consolidating and Supplementary Information***

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information beginning on page 19 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and changes in net assets of the individual organizations and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*Baker Tilly US, LLP*

Chicago, Illinois  
June 22, 2021

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidated Statements of Financial Position

December 31, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Assets</b>						
<b>Current Assets</b>						
Cash and cash equivalents	\$ 7,182,603	\$ 1,496,999	\$ 8,679,602	\$ 6,044,311	\$ 1,017,112	\$ 7,061,423
Certificates of deposit	693,823	-	693,823	914,464	-	914,464
Accounts receivable, net	117,359	-	117,359	-	-	-
Pledges receivable	135,000	-	135,000	34,143	-	34,143
Inventories	91,756	-	91,756	97,951	-	97,951
Prepaid expenses	245,316	-	245,316	306,753	-	306,753
Other current assets	-	-	-	1,225	-	\$ 1,225
Total current assets	<u>8,465,857</u>	<u>1,496,999</u>	<u>9,962,856</u>	<u>7,398,847</u>	<u>1,017,112</u>	<u>8,415,959</u>
<b>Property and Equipment</b>						
Buildings	845,381	-	845,381	601,850	-	601,850
Furniture and equipment	1,253,723	-	1,253,723	1,201,089	-	1,201,089
Leasehold improvements	4,091,491	-	4,091,491	4,033,776	-	4,033,776
Total	6,190,595	-	6,190,595	5,836,715	-	5,836,715
Less accumulated depreciation	<u>1,983,225</u>	<u>-</u>	<u>1,983,225</u>	<u>1,556,843</u>	<u>-</u>	<u>1,556,843</u>
Total property and equipment, net	<u>4,207,370</u>	<u>-</u>	<u>4,207,370</u>	<u>4,279,872</u>	<u>-</u>	<u>4,279,872</u>
<b>Deposits</b>						
	<u>205,146</u>	<u>-</u>	<u>205,146</u>	<u>206,130</u>	<u>-</u>	<u>206,130</u>
Total assets	<u>\$ 12,878,373</u>	<u>\$ 1,496,999</u>	<u>\$ 14,375,372</u>	<u>\$ 11,884,849</u>	<u>\$ 1,017,112</u>	<u>\$ 12,901,961</u>

See notes to consolidated financial statements

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidated Statements of Financial Position

December 31, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Liabilities and Net Assets</b>						
<b>Current Liabilities</b>						
Accounts payable	\$ 97,165	\$ -	\$ 97,165	\$ 75,954	\$ -	\$ 75,954
Accrued payroll, payroll taxes, and other	242,595	-	242,595	117,047	-	117,047
Deferred revenue	288,537	-	288,537	576,247	-	576,247
Deferred rent	398,743	-	398,743	366,177	-	366,177
Line of credit	100,000	-	100,000	-	-	-
Current maturities of long term debt	16,826	-	16,826	16,080	-	16,080
Refundable advance	1,231,861	-	1,231,861	-	-	-
Total current liabilities	2,375,727	-	2,375,727	1,151,505	-	1,151,505
<b>Long-Term Debt, Net</b>	260,648	-	260,648	298,814	-	298,814
Total liabilities	2,636,375	-	2,636,375	1,450,319	-	1,450,319
<b>Net Assets</b>	10,241,998	1,496,999	11,738,997	10,434,530	1,017,112	11,451,642
Total liabilities and net assets	\$ 12,878,373	\$ 1,496,999	\$ 14,375,372	\$ 11,884,849	\$ 1,017,112	\$ 12,901,961

See notes to consolidated financial statements

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidated Statements of Activities

Years Ended December 31, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Income</b>						
Contributions	\$ 2,572,256	\$ 1,497,290	\$ 4,069,546	\$ 3,214,196	\$ 1,401,753	\$ 4,615,949
Grants	1,550,690	307,428	1,858,118	1,231,363	96,600	1,327,963
Merchandise income	395,749	-	395,749	167,146	-	167,146
In-kind contributions	409,072	-	409,072	856,752	-	856,752
Special events in-kind contributions	805,526	-	805,526	1,099,154	-	1,099,154
Special events	6,769,844	-	6,769,844	8,271,950	-	8,271,950
Miscellaneous revenue	48,931	-	48,931	44,406	-	44,406
Investment return	46,232	-	46,232	37,150	-	37,150
Net assets released from restrictions	1,324,831	(1,324,831)	-	1,713,984	(1,713,984)	-
Total income	13,923,131	479,887	14,403,018	16,636,101	(215,631)	16,420,470
<b>Expenses</b>						
Bad debt expense	29,150	-	29,150	850	-	850
Computer and software	524,906	-	524,906	260,070	-	260,070
Conference fees	16,991	-	16,991	211,491	-	211,491
Cost of goods sold	37,669	-	37,669	54,661	-	54,661
Depreciation	426,384	-	426,384	338,075	-	338,075
Dues and subscriptions	21,512	-	21,512	24,880	-	24,880
Entertainment	115	-	115	2,253	-	2,253
Equipment and equipment rental	23,061	-	23,061	30,531	-	30,531
Filing fees	35,623	-	35,623	37,307	-	37,307
Food and beverage	22,196	-	22,196	66,470	-	66,470
Awareness	1,473,128	-	1,473,128	2,427,989	-	2,427,989
Insurance	74,044	-	74,044	78,665	-	78,665
Maintenance	4,720	-	4,720	9,357	-	9,357
Marketing	83,523	-	83,523	104,611	-	104,611

See notes to consolidated financial statements

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidated Statements of Activities

Years Ended December 31, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Expenses (cont.)</b>						
Miscellaneous	\$ 219,274	\$ -	\$ 219,274	\$ 196,715	\$ -	\$ 196,715
In-kind expenses	409,072	-	409,072	856,752	-	856,752
Special events in-kind expenses	805,526	-	805,526	1,099,154	-	1,099,154
Office supplies	237,631	-	237,631	254,574	-	254,574
Payroll and benefits	5,466,564	-	5,466,564	4,775,229	-	4,775,229
Payroll taxes	186,365	-	186,365	164,940	-	164,940
Postage and delivery	42,070	-	42,070	29,119	-	29,119
Printing and reproduction	131,141	-	131,141	139,635	-	139,635
Professional fees	933,100	-	933,100	852,645	-	852,645
Program	244,371	-	244,371	573,986	-	573,986
Rent	2,235,093	-	2,235,093	2,067,001	-	2,067,001
Service fees	102,122	-	102,122	84,833	-	84,833
Travel	24,271	-	24,271	87,622	-	87,622
Property taxes	12,675	-	12,675	11,211	-	11,211
Utilities	293,366	-	293,366	269,066	-	269,066
Total expenses	14,115,663	-	14,115,663	15,109,692	-	15,109,692
Change in net assets	(192,532)	479,887	287,355	1,526,409	(215,631)	1,310,778
<b>Net Assets, Beginning</b>	10,434,530	1,017,112	11,451,642	8,908,121	1,232,743	10,140,864
<b>Net Assets, Ending</b>	\$ 10,241,998	\$ 1,496,999	\$ 11,738,997	\$ 10,434,530	\$ 1,017,112	\$ 11,451,642

See notes to consolidated financial statements

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidated Statements of Functional Expenses  
 Years Ended December 31, 2020 and 2019

	2020				2019			
	Program Services	General and Administrative	Fundraising	Total	Program Services	General and Administrative	Fundraising	Total
<b>Expenses</b>								
Bad debt expense	\$ 24,778	\$ 1,457	\$ 2,915	\$ 29,150	\$ 680	\$ 51	\$ 119	\$ 850
Computer and software	446,169	26,246	52,491	524,906	208,056	15,604	36,410	260,070
Conference fees	14,442	849	1,700	16,991	169,193	12,689	29,609	211,491
Cost of goods sold	32,018	1,884	3,767	37,669	43,728	3,280	7,653	54,661
Depreciation	362,426	21,319	42,639	426,384	270,459	20,285	47,331	338,075
Dues and subscriptions	18,285	1,075	2,152	21,512	19,904	1,493	3,483	24,880
Entertainment	97	6	12	115	1,803	135	315	2,253
Equipment and equipment rental	19,602	1,153	2,306	23,061	24,425	1,832	4,274	30,531
Filing fees	30,279	1,781	3,563	35,623	29,846	2,238	5,223	37,307
Food and beverage	18,866	1,110	2,220	22,196	53,176	3,988	9,306	66,470
Awareness	1,252,159	73,656	147,313	1,473,128	1,942,392	145,679	339,918	2,427,989
Insurance	62,938	3,702	7,404	74,044	62,932	4,720	11,013	78,665
Maintenance	4,012	236	472	4,720	7,486	561	1,310	9,357
Marketing	70,995	4,176	8,352	83,523	83,688	6,277	14,646	104,611
Miscellaneous	187,199	10,692	21,383	219,274	157,372	11,803	27,540	196,715
In-kind expenses	348,112	20,320	40,640	409,072	685,402	51,405	119,945	856,752
Special events in-kind expenses	684,698	40,276	80,552	805,526	879,323	65,949	153,882	1,099,154
Office supplies	201,986	11,882	23,763	237,631	203,660	15,274	35,640	254,574
Payroll and benefits	4,646,579	273,329	546,656	5,466,564	3,820,183	286,514	668,532	4,775,229
Payroll taxes	158,410	9,318	18,637	186,365	131,952	9,896	23,092	164,940
Postage and delivery	35,760	2,103	4,207	42,070	23,295	1,747	4,077	29,119
Printing and reproduction	111,469	6,557	13,115	131,141	111,708	8,378	19,549	139,635
Professional fees	793,135	46,655	93,310	933,100	682,116	51,159	119,370	852,645
Program	207,716	12,218	24,437	244,371	459,189	34,439	80,358	573,986
Rent	1,899,829	111,755	223,509	2,235,093	1,653,601	124,020	289,380	2,067,001
Service fees	86,804	5,106	10,212	102,122	67,866	5,090	11,877	84,833
Travel	20,630	1,213	2,428	24,271	70,098	5,257	12,267	87,622
Property taxes	10,773	634	1,268	12,675	8,968	673	1,570	11,211
Utilities	249,361	14,668	29,337	293,366	215,253	16,144	37,669	269,066
<b>Total expenses</b>	<b>\$ 11,999,527</b>	<b>\$ 705,376</b>	<b>\$ 1,410,760</b>	<b>\$ 14,115,663</b>	<b>\$ 12,087,754</b>	<b>\$ 906,580</b>	<b>\$ 2,115,358</b>	<b>\$ 15,109,692</b>

See notes to consolidated financial statements

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidated Statements of Cash Flows  
Years Ended December 31, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Cash Flows From Operating Activities</b>						
Change in net assets	\$ (192,532)	\$ 479,887	\$ 287,355	\$ 1,526,409	\$ (215,631)	\$ 1,310,778
Adjustments to reconcile change in net assets to net cash flows from operating activities:						
Depreciation	426,384	-	426,384	338,075	-	338,075
Unrealized gain on certificates of deposit	(8,006)	-	(8,006)	(3,433)	-	(3,433)
Changes in assets and liabilities:						
Pledges receivable	(100,857)	-	(100,857)	544,016	-	544,016
Accounts receivable	(117,359)	-	(117,359)	-	-	-
Inventory	6,195	-	6,195	(20,969)	-	(20,969)
Prepaid expenses	61,437	-	61,437	(43,986)	-	(43,986)
Deposits	984	-	984	20,868	-	20,868
Other current assets	1,225	-	1,225	(1,015)	-	(1,015)
Accounts payable	21,211	-	21,211	(58,508)	-	(58,508)
Accrued payroll, payroll taxes and other	125,548	-	125,548	10,790	-	10,790
Deferred revenue	(287,710)	-	(287,710)	(13,232)	-	(13,232)
Deferred rent	32,566	-	32,566	38,189	-	38,189
Refundable advance	1,231,861	-	1,231,861	-	-	-
Net cash flows from operating activities	1,200,947	479,887	1,680,834	2,337,204	(215,631)	2,121,573
<b>Cash Flows From Investing Activities</b>						
Proceeds from certificates of deposit	228,647	-	228,647	-	-	-
Purchase of certificates of deposit	-	-	-	(317,760)	-	(317,760)
Proceeds from sale of marketable securities	-	-	-	5,040	-	5,040
Purchase of property and equipment	(353,879)	-	(353,879)	(433,279)	-	(433,279)
Net cash flows from investing activities	(125,232)	-	(125,232)	(745,999)	-	(745,999)

See notes to consolidated financial statements

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidated Statements of Cash Flows  
Years Ended December 31, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Cash Flows From Financing Activities</b>						
Proceeds on long term debt	\$ -	\$ -	\$ -	\$ 18,372	\$ -	\$ 18,372
Payments on long term debt	(37,423)	-	(37,423)	(14,431)	-	(14,431)
Proceeds from line of credit	100,000	-	100,000	-	-	-
Net cash flows from financing activities	62,577	-	62,577	3,941	-	3,941
Net change in cash and cash equivalents	1,138,292	479,887	1,618,179	1,595,146	(215,631)	1,379,515
<b>Cash and Cash Equivalents, Beginning</b>	6,044,311	1,017,112	7,061,423	4,449,165	1,232,743	5,681,908
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 7,182,603</u>	<u>\$ 1,496,999</u>	<u>\$ 8,679,602</u>	<u>\$ 6,044,311</u>	<u>\$ 1,017,112</u>	<u>\$ 7,061,423</u>
	<b>2020</b>	<b>2019</b>				
<b>Supplemental Cash Flow Disclosures</b>						
Cash paid for interest	<u>\$ 14,249</u>	<u>\$ 16,089</u>				

See notes to consolidated financial statements

# GiGi's Playhouse, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

## 1. Nature of Activities

GiGi's Playhouse, Inc. and Subsidiaries (the Organization) are Down syndrome achievement and educational centers. The Organization provides national awareness campaigns, educational programs, activities, resources and support for individuals of all ages with Down syndrome, their families and the community free of any charges.

## 2. Summary of Significant Accounting Policies

### Basis of Presentation

These consolidated financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of externally (donor) imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

*Net Assets Without Donor Restrictions.* Net assets not subject to donor-imposed stipulations.

*Net Assets With Donor Restrictions.* Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

### Principles of Consolidation

All significant intercompany balances and transactions are eliminated in consolidation. As of and for the years ended December 31, 2020 and 2019, the Organization consolidated financial information on an annual basis.

The accompanying consolidated financial statements of the Organization as of and for the years ended December 31, 2020 and 2019 include the activities of the following playhouses:

### Open Playhouses

GiGi's Playhouse-Annapolis, LLC, GiGi's Playhouse-Atlanta, LLC, GiGi's Playhouse-Bradley, LLC, GiGi's Playhouse-Cedar Rapids, LLC, GiGi's Playhouse-Chicago, LLC, GiGi's Playhouse-Cleveland, LLC, GiGi's Playhouse-Des Moines, LLC, GiGi's Playhouse-El Paso, LLC, GiGi's Playhouse-Fargo, LLC, GiGi's Playhouse-Fort Myers, LLC, GiGi's Playhouse-Fort Wayne, LLC, GiGi's Playhouse-Fox Valley, LLC, GiGi's Playhouse-Gainesville, LLC, GiGi's Playhouse-Hillsborough, LLC, GiGi's Playhouse-Hoffman Estates, LLC, GiGi's Playhouse-Houston, LLC, GiGi's Playhouse-Indianapolis, LLC, GiGi's Playhouse-Layton, LLC, GiGi's Playhouse-Madison, LLC, GiGi's Playhouse-McHenry, LLC, GiGi's Playhouse-Milwaukee, LLC, GiGi's Playhouse-Nashville, LLC, GiGi's Playhouse-New York City, LLC, GiGi's Playhouse-Phoenix, LLC, GiGi's Playhouse-Quad Cities, LLC, GiGi's Playhouse-Raleigh, LLC, GiGi's Playhouse-Rochester, LLC, GiGi's Playhouse-Rockford, LLC, GiGi's Playhouse-San Diego, LLC, GiGi's Playhouse-Sioux City, LLC, GiGi's Playhouse-Sugar Land, LLC, GiGi's Playhouse-Syracuse, LLC, GiGi's Playhouse-Tampa Bay, LLC, GiGi's Playhouse-Tinley Park, LLC, GiGi's Playhouse-Twin Cities, LLC, GiGi's Playhouse-Westchester, LLC, GiGi's Playhouse-Little Rock, LLC, GiGi's Playhouse-Southern Tier, LLC, GiGi's Playhouse-Canton, LLC, GiGi's Playhouse-Charlotte, LLC, GiGi's Playhouse-Detroit, LLC, GiGi's Playhouse-Deerfield, LLC, GiGi's Playhouse-Buffalo, LLC, GiGi's Playhouse-Lancaster, LLC, GiGi's Playhouse-Denver, LLC, GiGi's Playhouse-Miami, LLC, GiGi's Playhouse-Long Island, LLC, GiGi's Playhouse-New Orleans, LLC, GiGi's Playhouse-Sacramento, LLC, GiGi's Playhouse-Sugarland, LLC, and GiGi's Playhouse-Wausau, LLC.

## **GiGi's Playhouse, Inc. and Subsidiaries**

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Notes to Consolidated Financial Statements

December 31, 2020 and 2019

### **Developing Playhouses**

GiGi's Playhouse-Albuquerque, GiGi's Playhouse-Lincoln, GiGi's Playhouse-Orange County, GiGi's Playhouse-Portland, GiGi's Playhouse-Cincinnati, GiGi's Playhouse-Las Vegas, and GiGi's Playhouse-Tulsa.

### **Cash and Cash Equivalents**

The Organization considers cash on hand and all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

The Organization places its cash with high quality credit institutions. At times, such cash may be greater than the Federal Depository Insurance Corporation insurance limit. The Organization routinely assesses the financial strength of its banking institution and believes that its cash credit risk exposure is limited. As of December 31, 2020 and 2019, the Company had cash and cash equivalents with donor restrictions of \$1,496,999 and \$1,017,112, respectively, committed to developing playhouses and peer-to-peer support.

### **Certificates of Deposit**

The Organization has investments in certificates of deposit at December 31, 2020 and 2019. The certificates of deposit are recorded at cost plus accrued interest, which approximates fair value.

### **Accounts Receivable**

Accounts receivable are recorded at the invoiced amount and do not bear interest.

An allowance for doubtful accounts is maintained at a level the Organization believes is sufficient to cover potential losses based on historical trends and known current factors impacting the Organizations. When all collectability efforts have been exhausted, receivables are written off when deemed uncollectible and recoveries of receivables previously written off are recorded when received. No allowance was deemed necessary by the Organization as of December 31, 2020 and 2019.

### **Pledges Receivable**

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected over periods in excess of one year are recorded at the present value of the estimated cash flows beyond one year. The discounts on those amounts are computed using the expected rate of return of a market participant applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. As of December 31, 2020 and 2019, all pledges receivable were expected to be collected within one year of the consolidated statement of financial position.

## GiGi's Playhouse, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

### Inventories

Inventories are stated at the lower of cost or net realizable value. Cost is determined based upon the first-in-first-out method. Inventories are recorded for the Organization's stock of logo merchandise items such as t-shirts, sweatshirts and hats as well as calendars and are considered finished goods. These items are held for resale to provide additional fundraising for the Organization as well as to further promote positive awareness and other aspects of the Organization's mission. If considered necessary, a provision for potentially obsolete or slow moving inventory would be estimated and recorded based on inventory levels and management's judgment. No such provision was recorded at December 31, 2020 or 2019.

### Property and Equipment

Property and equipment are stated at cost, if purchased, or at estimated fair market value on the date received if donated, less accumulated depreciation. Major improvements and renewals are capitalized, while maintenance and repairs which do not improve or extend the life of the respective assets, are expensed currently. For financial reporting purposes, depreciation is computed using the straight-line method over the estimated useful lives of the assets as follows:

	<u>Years</u>
Buildings	10 - 39
Furniture and equipment	3 - 15
Leasehold improvements	Lessor of useful life or remaining lease term

The Organization typically capitalizes purchases of property and equipment with a cost of over \$1,000.

### Impairment of Long-Lived Assets

The Organization reviews long-lived assets, including property and equipment, for impairment whenever events or changes in business circumstances indicate that the carrying amount of an asset may not be fully recoverable. An impairment loss would be recognized when the estimated future cash flows from the use of the asset are less than the carrying amount of that asset. To date, there have been no such losses.

### Refundable Advance

On various dates throughout 2020, the Organization received loan proceeds in the amount of \$1,231,861 under the Paycheck Protection Program (PPP) which was established as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and is administered through the Small Business Administration (SBA). The PPP provides loans to qualifying non-profit organizations in amounts up to 2.5 times their average monthly payroll expenses and was designed to provide a direct financial incentive for qualifying non-profit organizations to keep their workforce employed during the Coronavirus crisis. PPP loans are uncollateralized and guaranteed by the SBA and are forgivable after a "covered period" (eight or twenty-four weeks) as long as the borrower maintains its payroll levels and uses the loan proceeds for eligible expenses, including payroll, benefits, mortgage interest, rent and utilities. The forgiveness amount will be reduced if the borrower terminates employees or reduces salaries and wages more than 25 percent during the covered period.

## GiGi's Playhouse, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

The Organization initially recorded the funds as a refundable advance and will record the forgiveness in accordance with guidance for conditional contributions when there is no longer a measurable performance or other barrier and a right of return of the PPP loan, or when such conditions are explicitly waived. Any unforgiven portion is payable over 2 years if issued before, or 5 years if issued after, June 5, 2020 at an interest rate of 1 percent with payments deferred until the SBA remits the borrower's loan forgiveness amount to the lender, or, if the borrower does not apply for forgiveness, ten months after the end of the covered period. The Organization may request to repay the loan over five years and the request is subject to the approval of the lender. PPP loan terms provide for customary events of default, including payment defaults, breaches of representations and warranties, and insolvency events and may be accelerated upon the occurrence of one or more of these events of default. Additionally, PPP loan terms do not include prepayment penalties.

Various playhouses of the Organization met the PPP's loan forgiveness requirements and, therefore, applied for forgiveness on various dates in 2020 and subsequently received legal releases from the SBA for some of the loans in 2021. Therefore, the Organization will record the amounts forgiven, \$665,000, as income in its statement of activities for the year ending December 31, 2021.

The SBA reserves the right to audit any PPP loan, regardless of size. These audits may occur after forgiveness has been granted. In accordance with the CARES Act, all borrowers are required to maintain their PPP loan documentation for six years after the PPP loan was forgiven or repaid in full and to provide that documentation to the SBA upon request.

### Income Taxes

GiGi's Playhouse, Inc. and Subsidiaries, an Illinois not-for-profit corporation, is exempt from income tax under Section 501 (c)(3) of the U.S. Internal Revenue Code and applicable state law, except for taxes pertaining to unrelated business income, if any. The Organization has been classified as a publicly supported organization that is not a private foundation under Section 509 (a) of the Code. For the years ended December 31, 2020 and 2019, the Organization has no taxable unrelated business income.

The Organization follows the provisions of Accounting Standards Codification (ASC) Topic 740, *Income Taxes, Accounting for Uncertainty in Income Taxes*, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Examples of tax positions include the tax-exempt status of the Organization and the continued tax exempt status of various positions related to the potential sources of unrelated business taxable income (UBIT). At December 31, 2020 and 2019, there are no unrecognized tax benefits identified or recorded as liabilities.

### Revenue Recognition

The Organization recognizes revenue when control of a good or service promised in a contract (i.e., a performance obligation) is transferred. Control is obtained when a customer has the ability to direct the use of and obtain substantially all of the remaining benefits from that good or service. The Organization's revenues for merchandise are recognized at a point in time as control is transferred at a distinct point in time. When the right of return exists, revenues are reduced at the time of sale to reflect expected product returns that are estimated based on historical experience. In order to support the Organization's mission, the Organization receives donations, grants and in-kind revenue and holds special events to fundraise. Revenue related to contributions and grants is recognized in the year of receipt. Special event income is recognized at a point in time upon the special event being held. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

## **GiGi's Playhouse, Inc. and Subsidiaries**

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

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### **Deferred Revenue**

Certain revenue related to special events is deferred and subsequently recognized once the event takes place. Expenses are recognized in the same period as the revenue.

### **Contributions**

Contributions, including unconditional promises to give, are generally available for unrestricted use in the related year unless specifically restricted by the donor. Contributions restricted by donors are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

Contributions of donated noncash assets are recorded at their estimated fair market values in the year received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by those individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at their fair values in the year received. In-kind expenses are recorded in the same amount as the contribution as a decrease in net assets.

For the years ended December 31, 2020 and 2019, in-kind contributions includes \$175,543 and \$182,240 of contributed services, respectively, and \$233,529 and \$674,512 of contributed goods, respectively. For the years ended December 31, 2020 and 2019, special events in-kind contributions includes \$60,001 and \$108,329 of contributed services, respectively, and \$745,525 and \$990,825 of contributed goods, respectively.

Approximately 6,000 and 11,800 people volunteered at the various locations for the years ended December 31, 2020 and 2019, respectively. Community members volunteer as administrative assistants, advisors, event coordinators, teachers, etc. A dollar valuation of their effort is not reflected in the consolidated financial statements because it does not meet the criteria for recognition. The value of these services is not readily determinable.

### **Special Event Income**

During the years ended December 31, 2020 and 2019, the Organization held various special events. The events included galas, run/walk events, golf outings, fashion shows, bike rides, wine tastings, bingo, dance-a-thons, bowl-a-thons and other similar events.

### **Advertising**

Advertising/marketing costs are charged to expense in the period incurred. Advertising expense was \$83,523 and \$104,611 for the years ended December 31, 2020 and 2019, respectively.

### **Expense Allocation**

The costs of providing various programs and other activities have been summarized on a functional basis in the consolidated statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services identified. The types of expenses that are allocated include rent and depreciation and amortization, which are allocated on a square footage or units of service basis, as well as salaries and wages, employee benefits, payroll taxes, contract services and accounting fees, which are allocated based on estimated time and effort.

# GiGi's Playhouse, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

## Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. For example, in these consolidated financial statements, estimates are used for the value of donated goods and services and for the useful life of depreciable assets.

## Subsequent Events

The Company has evaluated subsequent events occurring through June 22, 2021, the date the financial statements were available to be issued, and has determined that all subsequent events have been appropriately recognized and disclosed in the accompanying consolidated financial statements.

## Recent Accounting Pronouncements

During February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 requires lessees to recognize the assets and liabilities that arise from leases on the balance sheet. A lessee should recognize in the consolidated balance sheet a liability to make lease payments (the lease liability) and a right-of-use asset representing its right to use the underlying asset for the lease term. During 2019, the FASB issued ASU No. 2019-01, *Leases (Topic 842): Codification Improvements*, which delayed the effective date for certain entities. Topic 842 (as amended) is effective for annual periods beginning after December 15, 2021, and interim periods within fiscal years beginning after December 15, 2022. Early adoption is permitted. The Organization is currently assessing the effect that Topic 842 (as amended) will have on its results of operations, financial position and cash flows.

## 3. Investment Return

The following schedule summarizes the investment return on certificates of deposits and its classification in the consolidated statements of activities for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Interest income	\$ 38,226	\$ 33,717
Unrealized gains	8,006	3,433
Investment return	<u>\$ 46,232</u>	<u>\$ 37,150</u>

## 4. Long-Term Debt

On October 28, 2014, the Organization entered into a mortgage loan agreement with a revolving line of credit for \$400,000 with a bank for the purchase of a building in Des Moines, Iowa. The note matured on October 28, 2019 and was subsequently renewed in the amount of \$329,579. The interest rate on this note was 4.25 percent at December 31, 2020 and 2019. The principal and interest on the note shall be repaid in monthly installments of \$2,491 through the maturity date, when a final installment will be due in the amount necessary to repay any unpaid principal and accrued interest not yet paid. The outstanding balance on the mortgage loan was \$277,474 and \$314,894 as of December 31, 2020 and 2019, respectively. Interest expense incurred for the years ended December 31, 2020 and 2019 was \$13,812 and \$16,089, respectively.

## GiGi's Playhouse, Inc. and Subsidiaries

### Notes to Consolidated Financial Statements

December 31, 2020 and 2019

At December 31, 2020 and 2019, the Organization was not subject to any compliance requirements associated with restrictive financial covenants of its bank loan.

Annual maturities of long-term debt outstanding at December 31, 2020 are as follows:

2021	\$	16,826
2022		17,566
2023		18,338
2024		<u>224,744</u>
Total	\$	<u>277,474</u>

#### 5. Operating Leases

The Organization has noncancelable operating leases for buildings and office equipment. These leases expire at various dates through March 2028. Rental expense for the years ended December 31, 2020 and 2019 was \$2,235,093 and \$2,067,001, respectively.

At December 31, 2020, future minimum rental payments related to these leases are as follows:

2021	\$	1,644,099
2022		1,330,076
2023		1,075,329
2024		710,813
2025		568,483
Thereafter		<u>614,167</u>
	\$	<u>5,942,967</u>

#### 6. Line of Credit

The Organization has a revolving line of credit agreement with Barrington Bank & Trust Company, N.A. (the Bank). Under the revolving line of credit agreement, the Organization has total maximum available borrowings of approximately \$750,000 as of December 31, 2020 and 2019. Interest is payable monthly and the interest rate is variable based on the prime rate. The interest rates as of December 31, 2020 and 2019 were 5.00 percent. Under the agreement with the Bank, the Organization is not subject to any covenants.

The line of credit agreement was renewed on July 7, 2020 and is set to expire on July 31, 2021. The Organization had \$100,000 and \$0 borrowings under this agreement as of December 31, 2020 and 2019, respectively. The line of credit is collateralized by substantially all of the Organization's assets.

#### 7. Fair Value Measurements

Fair value is defined in the guidance as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the assets or liability in an orderly transaction between market participants at the measurement date. Under this guidance, a three-level hierarchy is used for fair value measurements which are based on the transparency of information, such as the pricing source, used in the valuation of an asset or liability as of the measurement date.

## GiGi's Playhouse, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

Financial instruments measured and reported at fair value are classified and disclosed in one of the following three categories.

Level 1 - Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity can access at the measurement date.

Level 2 - Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. This includes quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, or market-corroborated inputs.

Level 3 - Inputs are unobservable for the asset or liability. Unobservable inputs reflect the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) using the best information available in the circumstances, which may include using the reporting entity's own data.

The following table presents information about the Organization's assets measured at fair value on a recurring basis as of December 31, 2020 and 2019 based upon the three-tier hierarchy:

	2020			
	Total	Level 1	Level 2	Level 3
Certificates of deposit	\$ 693,823	\$ 693,823	\$ -	\$ -
Total	\$ 693,823	\$ 693,823	\$ -	\$ -
	2019			
	Total	Level 1	Level 2	Level 3
Certificates of deposit	\$ 914,464	\$ 914,464	\$ -	\$ -
Total	\$ 914,464	\$ 914,464	\$ -	\$ -

### 8. Liquidity and Availability

Financial assets available for general expenditure within one year of the date of the consolidated statements of financial position consist of the following as of December 31:

	2020	2019
Cash and cash equivalents	\$ 8,679,602	\$ 7,061,423
Accounts receivable	117,359	-
Pledges receivable	135,000	34,143
Certificates of deposit	693,823	914,464
Total	\$ 9,625,784	\$ 8,010,030

Additionally, the Organization has an available balance of \$650,000 and \$750,000 on its line of credit as of December 31, 2020 and 2019, respectively.

## GiGi's Playhouse, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2020 and 2019

### 9. Net Assets

Net assets with donor restrictions consist of the following at December 31:

	<u>2020</u>	<u>2019</u>
Programs (speech, literacy, math, etc)	\$ 1,156,519	\$ 774,659
GiGi University	43,160	140,346
Hugs and Mugs	75,000	52,107
GiGi's Kitchen	75,000	-
GiGi's Professional	66,427	-
Other donor designations	80,893	50,000
	<u>80,893</u>	<u>50,000</u>
Total	<u>\$ 1,496,999</u>	<u>\$ 1,017,112</u>

During the course of the year, net assets whose use by the Organization were subject to donor-imposed restrictions were fulfilled by actions of the Organization pursuant to those restrictions, the expiration of time, or the designation of law. These assets are shown in the statements of activities as a release of net assets with donor restrictions. A detail of the net assets released from restrictions for the years ended December 31, 2020 and 2019 is as follows:

	<u>2020</u>	<u>2019</u>
Programs (salaries, learning materials)	\$ 869,091	\$ 834,899
Events	5,649	9,677
Grants	380,917	334,276
Other donor designated spending	69,174	535,132
	<u>69,174</u>	<u>535,132</u>
Total	<u>\$ 1,324,831</u>	<u>\$ 1,713,984</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse, Inc. (Illinois)	GiGi's Playhouse - Fox Valley, LLC (Illinois)	GiGi's Playhouse - Bradley, LLC (Illinois)	GiGi's Playhouse - Chicago, LLC (Illinois)	GiGi's Playhouse - McHenry, LLC (Illinois)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 1,634,537	\$ 80,305	\$ 33,356	\$ 227,583	\$ 107,941
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	135,000	-	-	-	-
Inventories	37,934	170	-	-	132
Due from (due to) related party	237,467	(1,317)	(10,878)	(11,119)	(1,569)
Prepaid expenses	42,737	-	850	-	-
Other current assets	-	-	-	-	-
Total current assets	<u>2,087,675</u>	<u>79,158</u>	<u>23,328</u>	<u>216,464</u>	<u>106,504</u>
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	389,005	41,071	4,359	9,553	17,318
Leasehold improvements	1,070,437	31,184	26,056	163,101	11,841
Total	<u>1,459,442</u>	<u>72,255</u>	<u>30,415</u>	<u>172,654</u>	<u>29,159</u>
Less accumulated depreciation	<u>551,742</u>	<u>64,759</u>	<u>30,415</u>	<u>31,901</u>	<u>20,339</u>
Total property and equipment, net	<u>907,700</u>	<u>7,496</u>	<u>-</u>	<u>140,753</u>	<u>8,820</u>
<b>Deposits</b>	<u>20,252</u>	<u>-</u>	<u>-</u>	<u>3,816</u>	<u>1,800</u>
Total assets	<u>\$ 3,015,627</u>	<u>\$ 86,654</u>	<u>\$ 23,328</u>	<u>\$ 361,033</u>	<u>\$ 117,124</u>
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 28,342	\$ 2,681	\$ 850	\$ 546	\$ -
Accrued payroll, payroll taxes, and other	131,953	1,096	488	6,343	1,719
Deferred revenue	99,970	-	-	-	-
Deferred rent	31,116	-	-	2,218	425
Line of credit	100,000	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	553,268	5,300	8,492	-	11,833
Total current liabilities	<u>944,649</u>	<u>9,077</u>	<u>9,830</u>	<u>9,107</u>	<u>13,977</u>
<b>Long-Term Debt, Net</b>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>944,649</u>	<u>9,077</u>	<u>9,830</u>	<u>9,107</u>	<u>13,977</u>
<b>Net Assets</b>					
Without donor restrictions	1,763,550	70,391	13,156	343,926	63,934
With donor restrictions	307,428	7,186	342	8,000	39,213
Total net assets	<u>2,070,978</u>	<u>77,577</u>	<u>13,498</u>	<u>351,926</u>	<u>103,147</u>
Total liabilities and net assets	<u>\$ 3,015,627</u>	<u>\$ 86,654</u>	<u>\$ 23,328</u>	<u>\$ 361,033</u>	<u>\$ 117,124</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - Rockford, LLC (Illinois)	GiGi's Playhouse - Quad Cities, LLC (Illinois)	GiGi's Playhouse - Tinley Park, LLC (Illinois)	GiGi's Playhouse - Syracuse, LLC (New York)	GiGi's Playhouse - New York City, LLC (New York)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 173,517	\$ 132,790	\$ 254,449	\$ 48,272	\$ 194,537
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	6,047	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	2,611	432	-	3,419	721
Due from (due to) related party	(7,358)	(83)	(3,752)	(5,959)	(13,766)
Prepaid expenses	-	4,325	16,305	-	42,993
Other current assets	-	-	-	-	-
Total current assets	174,817	137,464	267,002	45,732	224,485
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	74,330	18,630	13,776	37,391	8,243
Leasehold improvements	350,544	5,661	308,589	10,868	6,265
Total	424,874	24,291	322,365	48,259	14,508
Less accumulated depreciation	126,763	18,141	69,404	47,182	12,730
Total property and equipment, net	298,111	6,150	252,961	1,077	1,778
<b>Deposits</b>					
Total assets	\$ 472,928	\$ 145,531	\$ 566,504	\$ 48,309	\$ 226,263
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 3,665	\$ 186	\$ 1,890	\$ -	\$ 5,970
Accrued payroll, payroll taxes, and other	12,245	2,498	4,473	1,580	-
Deferred revenue	-	5,000	-	-	-
Deferred rent	-	-	87,669	5,800	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	26,400	-	20,413	6,969	-
Total current liabilities	42,310	7,684	114,445	14,349	5,970
<b>Long-Term Debt, Net</b>					
Total liabilities	42,310	7,684	114,445	14,349	5,970
<b>Net Assets</b>					
Without donor restrictions	382,987	131,375	437,059	27,710	177,494
With donor restrictions	47,631	6,472	15,000	6,250	42,799
Total net assets	430,618	137,847	452,059	33,960	220,293
Total liabilities and net assets	\$ 472,928	\$ 145,531	\$ 566,504	\$ 48,309	\$ 226,263

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - De Moines, LLC (Iowa)	GiGi's Playhouse - Sioux City, LLC (Iowa)	GiGi's Playhouse - Twin Cities, LLC (Minnesota)	GiGi's Playhouse - Atlanta, LLC (Georgia)	GiGi's Playhouse - Madison, LLC (Wisconsin)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 25,200	\$ 34,819	\$ 428,956	\$ 69,679	\$ 169,474
Certificates of deposit	-	-	104,163	-	-
Accounts receivable, net	-	(193)	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	4,987	-	1,983	264	232
Due from (due to) related party	(16,066)	(8,927)	804	(16,372)	(2,604)
Prepaid expenses	1,825	-	750	23,068	-
Other current assets	-	-	-	-	-
Total current assets	<u>15,946</u>	<u>25,699</u>	<u>536,656</u>	<u>76,639</u>	<u>167,102</u>
<b>Property and Equipment</b>					
Building	672,381	-	-	-	-
Furniture and equipment	131,995	19,863	51,999	2,634	11,576
Leasehold improvements	-	41,329	331,158	79,167	51,445
Total	<u>804,376</u>	<u>61,192</u>	<u>383,157</u>	<u>81,801</u>	<u>63,021</u>
Less accumulated depreciation	<u>230,948</u>	<u>27,713</u>	<u>117,096</u>	<u>22,333</u>	<u>22,220</u>
Total property and equipment, net	<u>573,428</u>	<u>33,479</u>	<u>266,061</u>	<u>59,468</u>	<u>40,801</u>
<b>Deposits</b>					
Total assets	<u>\$ 589,374</u>	<u>\$ 61,543</u>	<u>\$ 808,521</u>	<u>\$ 136,107</u>	<u>\$ 210,759</u>
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 494	\$ 18,920	\$ -	\$ -	\$ 102
Accrued payroll, payroll taxes, and other	17,269	-	7,035	4,723	-
Deferred revenue	4,500	-	60,862	19,500	-
Deferred rent	-	-	8,320	13,033	23,135
Line of credit	-	-	-	-	-
Current maturities of long-term debt	16,826	-	-	-	-
Refundable advance	24,100	7,625	-	32,629	9,800
Total current liabilities	<u>63,189</u>	<u>26,545</u>	<u>76,217</u>	<u>69,885</u>	<u>33,037</u>
<b>Long-Term Debt, Net</b>					
Total liabilities	<u>260,648</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>323,837</u>	<u>26,545</u>	<u>76,217</u>	<u>69,885</u>	<u>33,037</u>
<b>Net Assets</b>					
Without donor restrictions	254,354	30,607	732,304	63,722	142,796
With donor restrictions	11,183	4,391	-	2,500	34,926
Total net assets	<u>265,537</u>	<u>34,998</u>	<u>732,304</u>	<u>66,222</u>	<u>177,722</u>
Total liabilities and net assets	<u>\$ 589,374</u>	<u>\$ 61,543</u>	<u>\$ 808,521</u>	<u>\$ 136,107</u>	<u>\$ 210,759</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - Nashville, LLC (Tennessee)	GiGi's Playhouse - Cedar Rapids, LLC (Iowa)	GiGi's Playhouse - Indianapolis, LLC (Indiana)	GiGi's Playhouse - Milwaukee, LLC (Wisconsin)	GiGi's Playhouse - El Paso, LLC (Texas)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 348,012	\$ -	\$ 428,353	\$ 82,313	\$ 112,660
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	-	-	-	-	804
Due from (due to) related party	(2,184)	(739)	(8,594)	(1,931)	(5,071)
Prepaid expenses	6,986	-	2,209	-	-
Other current assets	-	-	-	-	-
Total current assets	352,814	(739)	421,968	80,382	108,393
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	43,442	-	14,443	18,477	6,948
Leasehold improvements	27,910	-	78,552	67,482	1,700
Total	71,352	-	92,995	85,959	8,648
Less accumulated depreciation	66,925	-	33,381	27,114	7,347
Total property and equipment, net	4,427	-	59,614	58,845	1,301
<b>Deposits</b>	6,768	-	440	-	2,200
Total assets	\$ 364,009	\$ (739)	\$ 482,022	\$ 139,227	\$ 111,894
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ -	\$ -	\$ 5,902	\$ -	\$ 412
Accrued payroll, payroll taxes, and other	5,732	-	4,912	3,584	-
Deferred revenue	-	-	500	-	-
Deferred rent	1,569	-	23,501	-	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	21,397	-	-	10,400	4,000
Total current liabilities	28,698	-	34,815	13,984	4,412
<b>Long-Term Debt, Net</b>					
Total liabilities	28,698	-	34,815	13,984	4,412
<b>Net Assets</b>					
Without donor restrictions	325,174	(739)	419,945	72,197	88,383
With donor restrictions	10,137	-	27,262	53,046	19,099
Total net assets	335,311	(739)	447,207	125,243	107,482
Total liabilities and net assets	\$ 364,009	\$ (739)	\$ 482,022	\$ 139,227	\$ 111,894

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - Hillsborough, LLC (New Jersey)	GiGi's Playhouse - Phoenix, LLC (Arizona)	GiGi's Playhouse - Westchester, LLC (New York)	GiGi's Playhouse - Layton, LLC (Utah)	GiGi's Playhouse - Cleveland, LLC (Ohio)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 80,855	\$ 370,871	\$ 216,027	\$ 43,208	\$ 151,553
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	2,473	316	-	312	2,528
Due from (due to) related party	(26,575)	(18,441)	(7,387)	(3,389)	(9,597)
Prepaid expenses	2,009	16,293	12,250	5,006	-
Other current assets	-	-	-	-	-
Total current assets	58,762	369,039	220,890	45,137	144,484
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	17,041	32,291	11,034	16,000	8,932
Leasehold improvements	6,666	290,456	18,812	11,922	149,208
Total	23,707	322,747	29,846	27,922	158,140
Less accumulated depreciation	16,789	64,149	11,334	22,594	24,106
Total property and equipment, net	6,918	258,598	18,512	5,328	134,034
<b>Deposits</b>					
	234	7,300	10,735	3,754	7,500
Total assets	\$ 65,914	\$ 634,937	\$ 250,137	\$ 54,219	\$ 286,018
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ -	\$ 324	\$ -	\$ 88	\$ 120
Accrued payroll, payroll taxes, and other	1,989	-	2,237	-	2,550
Deferred revenue	-	3,500	-	-	-
Deferred rent	4,201	29,567	2,540	2,779	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	112,577	-	120,558	-	12,900
Total current liabilities	118,767	33,391	125,335	2,867	15,570
<b>Long-Term Debt, Net</b>					
	-	-	-	-	-
Total liabilities	118,767	33,391	125,335	2,867	15,570
<b>Net Assets</b>					
Without donor restrictions	(61,836)	446,577	114,388	50,121	182,071
With donor restrictions	8,983	154,969	10,414	1,231	88,377
Total net assets	(52,853)	601,546	124,802	51,352	270,448
Total liabilities and net assets	\$ 65,914	\$ 634,937	\$ 250,137	\$ 54,219	\$ 286,018

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - Fargo, LLC (North Dakota)	GiGi's Playhouse - Gainesville, LLC (Florida)	GiGi's Playhouse - Fort Wayne, LLC (Indiana)	GiGi's Playhouse - Sugar Land, LLC (Texas)	GiGi's Playhouse - Raleigh, LLC Carolina)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 130,275	\$ 28,139	\$ 293,247	\$ 351,617	\$ 176,031
Certificates of deposit	-	-	-	102,419	361,815
Accounts receivable, net	-	-	585	20,920	-
Pledges receivable	-	-	-	-	-
Inventories	-	595	5,873	689	-
Due from (due to) related party	(1,443)	(3,911)	(17,110)	(5,904)	(7,355)
Prepaid expenses	4,363	-	1,975	4,500	1,825
Other current assets	-	-	-	-	-
Total current assets	133,195	24,823	284,570	474,241	532,316
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	51,651	-	20,213	24,601	52,222
Leasehold improvements	287,276	-	116,239	17,773	55,552
Total	338,927	-	136,452	42,374	107,774
Less accumulated depreciation	72,488	-	20,287	22,390	38,892
Total property and equipment, net	266,439	-	116,165	19,984	68,882
<b>Deposits</b>					
Total assets	\$ 399,634	\$ 24,823	\$ 402,891	\$ 504,386	\$ 601,514
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 1,025	\$ -	\$ 2,059	\$ 742	\$ -
Accrued payroll, payroll taxes, and other	4,937	-	(139)	5,223	-
Deferred revenue	1,105	-	-	44,000	-
Deferred rent	19,406	772	-	2,845	349
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	11,833	26,000	20,295	20,802	-
Total current liabilities	38,306	26,772	22,215	73,612	349
<b>Long-Term Debt, Net</b>					
Total liabilities	38,306	26,772	22,215	73,612	349
<b>Net Assets</b>					
Without donor restrictions	345,967	(21,999)	332,798	400,702	500,749
With donor restrictions	15,361	20,050	47,878	30,072	100,416
Total net assets	361,328	(1,949)	380,676	430,774	601,165
Total liabilities and net assets	\$ 399,634	\$ 24,823	\$ 402,891	\$ 504,386	\$ 601,514

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - Fort Myers, LLC (Florida)	GiGi's Playhouse - Rochester, LLC (New York)	GiGi's Playhouse - Annapolis, LLC (Maryland)	GiGi's Playhouse - Houston, LLC (Texas)	GiGi's Playhouse - San Diego, LLC (California)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 44,373	\$ 208,989	\$ 253,554	\$ 149,443	\$ 91,365
Certificates of deposit	125,426	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	1,265	-	3,474	354	-
Due from (due to) related party	(1,430)	(8,711)	(6,078)	1,178	(2,950)
Prepaid expenses	3,980	8,000	3,943	-	11,033
Other current assets	-	-	-	-	-
Total current assets	173,614	208,278	254,893	150,975	99,448
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	5,080	32,484	8,109	3,717	1,556
Leasehold improvements	7,282	83,319	22,461	9,278	4,608
Total	12,362	115,803	30,570	12,995	6,164
Less accumulated depreciation	6,592	27,117	8,904	4,641	1,918
Total property and equipment, net	5,770	88,686	21,666	8,354	4,246
<b>Deposits</b>					
Total assets	\$ 181,884	\$ 300,402	\$ 276,559	\$ 159,329	\$ 103,694
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ -	\$ -	\$ -	\$ -	\$ -
Accrued payroll, payroll taxes, and other	1,687	-	3,265	-	3,131
Deferred revenue	5,000	-	-	-	-
Deferred rent	5,715	2,010	-	-	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	14,047	7,900	10,300	5,650	10,037
Total current liabilities	26,449	9,910	13,565	5,650	13,168
<b>Long-Term Debt, Net</b>					
Total liabilities	26,449	9,910	13,565	5,650	13,168
<b>Net Assets</b>					
Without donor restrictions	155,435	244,518	214,496	134,399	75,526
With donor restrictions	-	45,974	48,498	19,280	15,000
Total net assets	155,435	290,492	262,994	153,679	90,526
Total liabilities and net assets	\$ 181,884	\$ 300,402	\$ 276,559	\$ 159,329	\$ 103,694

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2020

	GiGi's Playhouse - Tampa Bay, LLC (Florida)	GiGi's Playhouse - Little Rock, LLC (Arkansas)	GiGi's Playhouse - Southern Tier, LLC (New York)	GiGi's Playhouse - Canton, LLC (Ohio)	GiGi's Playhouse - Charlotte, LLC (North Carolina)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 259,404	\$ 48,062	\$ 58,853	\$ 48,096	\$ 121,858
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	-	3,337	743	4,646	2,294
Due from (due to) related party	(2,795)	(6,020)	(995)	(900)	(1,591)
Prepaid expenses	7,121	-	-	-	-
Other current assets	-	-	-	-	-
Total current assets	263,730	45,379	58,601	51,842	122,561
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	12,832	-	-	10,838	9,863
Leasehold improvements	171,612	18,488	1,615	5,950	13,870
Total	184,444	18,488	1,615	16,788	23,733
Less accumulated depreciation	32,308	5,968	897	2,706	7,295
Total property and equipment, net	152,136	12,520	718	14,082	16,438
<b>Deposits</b>	4,851	-	-	-	6,347
Total assets	\$ 420,717	\$ 57,899	\$ 59,319	\$ 65,924	\$ 145,346
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 118	\$ -	\$ 4,840	\$ -	\$ 10,454
Accrued payroll, payroll taxes, and other	2,712	1,344	918	-	2,473
Deferred revenue	44,250	-	-	-	-
Deferred rent	19,028	5,789	-	1,404	76,203
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	8,927	57,399	7,500	4,800	8,800
Total current liabilities	75,035	64,532	13,258	6,204	97,930
<b>Long-Term Debt, Net</b>					
Total liabilities	75,035	64,532	13,258	6,204	97,930
<b>Net Assets</b>					
Without donor restrictions	331,088	(20,493)	30,261	56,720	47,416
With donor restrictions	14,594	13,860	15,800	3,000	-
Total net assets	345,682	(6,633)	46,061	59,720	47,416
Total liabilities and net assets	\$ 420,717	\$ 57,899	\$ 59,319	\$ 65,924	\$ 145,346

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
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	GiGi's Playhouse - Detroit, LLC (Michigan)	GiGi's Playhouse - Deerfield, LLC (Illinois)	GiGi's Playhouse - Buffalo, LLC (New York)	GiGi's Playhouse - Lancaster, LLC (Pennsylvania)	GiGi's Playhouse - New Orleans, LLC (Louisiana)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 81,110	\$ 59,490	\$ 127,276	\$ 57,095	\$ 35,117
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	2,000	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	521	2,079	915	3,219	250
Due from (due to) related party	12,109	(6,877)	(4,519)	1,825	1,025
Prepaid expenses	1,500	-	-	-	9,435
Other current assets	-	-	-	-	-
Total current assets	97,240	54,692	123,672	62,139	45,827
<b>Property and Equipment</b>					
Building	-	-	167,490	-	-
Furniture and equipment	2,999	-	17,207	-	-
Leasehold improvements	58,458	36,193	11,584	-	29,580
Total	61,457	36,193	196,281	-	29,580
Less accumulated depreciation	20,356	4,643	35,788	-	1,845
Total property and equipment, net	41,101	31,550	160,493	-	27,735
<b>Deposits</b>	10,920	22,485	-	-	3,000
Total assets	\$ 149,261	\$ 108,727	\$ 284,165	\$ 62,139	\$ 76,562
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ -	\$ 602	\$ -	\$ 5,273	\$ 275
Accrued payroll, payroll taxes, and other	-	2,173	50	1,014	1,381
Deferred revenue	-	-	-	350	-
Deferred rent	19,727	3,496	-	158	5,968
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	7,910	10,800	10,200	-	-
Total current liabilities	27,637	17,071	10,250	6,795	7,624
<b>Long-Term Debt, Net</b>	-	-	-	-	-
Total liabilities	27,637	17,071	10,250	6,795	7,624
<b>Net Assets</b>					
Without donor restrictions	89,038	86,656	234,664	55,148	68,938
With donor restrictions	32,586	5,000	39,251	196	-
Total net assets	121,624	91,656	273,915	55,344	68,938
Total liabilities and net assets	\$ 149,261	\$ 108,727	\$ 284,165	\$ 62,139	\$ 76,562

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
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	Gigi's Playhouse - Sacramento, LLC (California)	Gigi's Playhouse - Long Island, LLC (New York)	Gigi's Playhouse - Denver, LLC (Colorado)	Gigi's Playhouse - Miami, LLC (Florida)	GiGi's Playhouse - Wausau, LLC (Wisconsin)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 205,899	\$ 143,314	\$ 115,911	\$ 62,326	\$ 79,491
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	88,000	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	420	-	1,764	-	-
Due from (due to) related party	(10,373)	(626)	5,300	(1,007)	14,565
Prepaid expenses	6,436	-	-	-	3,599
Other current assets	-	-	-	-	-
Total current assets	290,382	142,688	122,975	61,319	97,655
<b>Property and Equipment</b>					
Building	-	-	-	-	5,510
Furniture and equipment	-	-	-	-	-
Leasehold improvements	-	-	-	-	-
Total	-	-	-	-	5,510
Less accumulated depreciation	-	-	-	-	765
Total property and equipment, net	-	-	-	-	4,745
<b>Deposits</b>	5,190	-	-	8,000	-
Total assets	\$ 295,572	\$ 142,688	\$ 122,975	\$ 69,319	\$ 102,400
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ -	\$ -	\$ -	\$ -	\$ 1,285
Accrued payroll, payroll taxes, and other	-	-	-	-	-
Deferred revenue	-	-	-	-	-
Deferred rent	-	-	-	-	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Refundable advance	-	-	-	-	-
Total current liabilities	-	-	-	-	1,285
<b>Long-Term Debt, Net</b>					
Total liabilities	-	-	-	-	1,285
<b>Net Assets</b>					
Without donor restrictions	207,572	142,688	122,975	69,319	65,771
With donor restrictions	88,000	-	-	-	35,344
Total net assets	295,572	142,688	122,975	69,319	101,115
Total liabilities and net assets	\$ 295,572	\$ 142,688	\$ 122,975	\$ 69,319	\$ 102,400

**GiGi's Playhouse, Inc. and Subsidiaries**Consolidating Schedule of Financial Position  
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	Eliminations	Total
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ -	\$ 8,679,602
Certificates of deposit	-	693,823
Accounts receivable, net	-	117,359
Pledges receivable	-	135,000
Inventories	-	91,756
Due from (due to) related party	-	-
Prepaid expenses	-	245,316
Other current assets	-	-
Total current assets	-	9,962,856
<b>Property and Equipment</b>		
Building	-	845,381
Furniture and equipment	-	1,253,723
Leasehold improvements	-	4,091,491
Total	-	6,190,595
Less accumulated depreciation	-	1,983,225
Total property and equipment, net	-	4,207,370
<b>Deposits</b>	-	205,146
Total assets	\$ -	\$ 14,375,372
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ -	\$ 97,165
Accrued payroll, payroll taxes, and other	-	242,595
Deferred revenue	-	288,537
Deferred rent	-	398,743
Line of credit	-	100,000
Current maturities of long-term debt	-	16,826
Refundable advance	-	1,231,861
Total current liabilities	-	2,375,727
<b>Long-Term Debt, Net</b>	-	260,648
Total liabilities	-	2,636,375
<b>Net Assets</b>		
Without donor restrictions	-	10,241,998
With donor restrictions	-	1,496,999
Total net assets	-	11,738,997
Total liabilities and net assets	\$ -	\$ 14,375,372

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
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	GiGi's Playhouse, Inc. (Illinois)	GiGi's Playhouse - Fox Valley, LLC (Illinois)	GiGi's Playhouse - Bradley, LLC (Illinois)	GiGi's Playhouse - Chicago, LLC (Illinois)	GiGi's Playhouse - McHenry, LLC (Illinois)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 1,605,096	\$ 51,177	\$ 53,783	\$ 190,885	\$ 129,690
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	30,000
Inventories	47,501	454	-	-	563
Due from (due to) related party	242,985	(5,997)	(4,716)	(8,317)	(5,284)
Prepaid expenses	65,355	-	-	-	500
Other current assets	(513)	316	-	-	4,101
Total current assets	<u>1,960,424</u>	<u>45,950</u>	<u>49,067</u>	<u>182,568</u>	<u>159,570</u>
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	389,004	41,071	4,359	9,553	17,318
Leasehold improvements	1,070,438	31,184	26,056	166,301	11,841
Total	<u>1,459,442</u>	<u>72,255</u>	<u>30,415</u>	<u>175,854</u>	<u>29,159</u>
Less accumulated depreciation	<u>473,212</u>	<u>61,428</u>	<u>30,243</u>	<u>20,933</u>	<u>19,284</u>
Total property and equipment, net	<u>986,230</u>	<u>10,827</u>	<u>172</u>	<u>154,921</u>	<u>9,875</u>
<b>Deposits</b>	<u>20,252</u>	<u>-</u>	<u>-</u>	<u>3,816</u>	<u>1,800</u>
Total assets	<u>\$ 2,966,906</u>	<u>\$ 56,777</u>	<u>\$ 49,239</u>	<u>\$ 341,305</u>	<u>\$ 171,245</u>
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 21,986	\$ -	\$ 380	\$ 3,200	\$ 95
Accrued payroll, payroll taxes, and other	66,463	-	-	-	-
Deferred revenue	74,650	-	-	5,000	-
Deferred rent	36,095	-	-	1,636	386
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	<u>199,194</u>	<u>-</u>	<u>380</u>	<u>9,836</u>	<u>481</u>
<b>Long-Term Debt, Net</b>					
Total liabilities	<u>199,194</u>	<u>-</u>	<u>380</u>	<u>9,836</u>	<u>481</u>
<b>Net Assets</b>					
Without donor restrictions	2,592,396	49,590	48,389	329,669	113,952
With donor restrictions	175,316	7,187	470	1,800	56,812
Total net assets	<u>2,767,712</u>	<u>56,777</u>	<u>48,859</u>	<u>331,469</u>	<u>170,764</u>
Total liabilities and net assets	<u>\$ 2,966,906</u>	<u>\$ 56,777</u>	<u>\$ 49,239</u>	<u>\$ 341,305</u>	<u>\$ 171,245</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

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	GiGi's Playhouse - Rockford , LLC (Illinois)	GiGi's Playhouse - Quad Cities, LLC (Illinois)	GiGi's Playhouse - Tinley Park ,LLC (Illinois)	GiGi's Playhouse - Syracuse, LLC (New York)	GiGi's Playhouse - New York City, LLC (New York)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 75,639	\$ 102,287	\$ 246,884	\$ 41,936	\$ 133,451
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	1,846	-	-	-	-
Inventories	2,662	582	-	3,627	1,434
Due from (due to) related party	(7,294)	(1,022)	(2,911)	(926)	(10,149)
Prepaid expenses	3,400	2,825	16,607	-	15,000
Other current assets	-	-	-	-	-
Total current assets	76,253	104,672	260,580	44,637	139,736
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	71,410	16,766	13,776	37,391	8,243
Leasehold improvements	350,544	5,661	308,589	10,868	6,265
Total	421,954	22,427	322,365	48,259	14,508
Less accumulated depreciation	112,615	17,275	46,627	42,014	10,894
Total property and equipment, net	309,339	5,152	275,738	6,245	3,614
<b>Deposits</b>					
Total assets	\$ 385,592	\$ 111,741	\$ 582,859	\$ 52,382	\$ 143,350
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 837	\$ -	\$ 183	\$ 1,815	\$ 1,229
Accrued payroll, payroll taxes, and other	9,641	-	2,209	-	4,728
Deferred revenue	750	8,500	1,380	-	-
Deferred rent	114	-	93,353	4,629	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	11,342	8,500	97,125	6,444	5,957
<b>Long-Term Debt, Net</b>					
Total liabilities	11,342	8,500	97,125	6,444	5,957
<b>Net Assets</b>					
Without donor restrictions	325,588	96,653	485,734	45,938	109,869
With donor restrictions	48,662	6,588	-	-	27,524
Total net assets	374,250	103,241	485,734	45,938	137,393
Total liabilities and net assets	\$ 385,592	\$ 111,741	\$ 582,859	\$ 52,382	\$ 143,350

**GiGi's Playhouse, Inc. and Subsidiaries**

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	GiGi's Playhouse - De Moines, LLC (Iowa)	GiGi's Playhouse - Sioux City, LLC (Iowa)	GiGi's Playhouse - Twin Cities, LLC (Minnesota)	GiGi's Playhouse - Atlanta, LLC (Georgia)	GiGi's Playhouse - Madison, LLC (Wisconsin)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 25,200	\$ 26,438	\$ 225,790	\$ 76,874	\$ 102,075
Certificates of deposit	-	-	252,894	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	4,668	-	-	264	181
Due from (due to) related party	(4,341)	(4,128)	(11,966)	(2,423)	5,170
Prepaid expenses	20,603	-	17,213	10,154	-
Other current assets	-	-	(101)	70	-
Total current assets	<u>46,130</u>	<u>22,310</u>	<u>483,830</u>	<u>84,939</u>	<u>107,426</u>
<b>Property and Equipment</b>					
Building	601,850	-	-	-	-
Furniture and equipment	131,995	19,863	45,785	2,634	11,576
Leasehold improvements	44,347	41,329	331,158	79,167	51,445
Total	<u>778,192</u>	<u>61,192</u>	<u>376,943</u>	<u>81,801</u>	<u>63,021</u>
Less accumulated depreciation	<u>201,990</u>	<u>24,559</u>	<u>92,177</u>	<u>19,078</u>	<u>16,241</u>
Total property and equipment, net	<u>576,202</u>	<u>36,633</u>	<u>284,766</u>	<u>62,723</u>	<u>46,780</u>
<b>Deposits</b>	<u>-</u>	<u>2,365</u>	<u>5,804</u>	<u>3,633</u>	<u>2,856</u>
Total assets	<u>\$ 622,332</u>	<u>\$ 61,308</u>	<u>\$ 774,400</u>	<u>\$ 151,295</u>	<u>\$ 157,062</u>
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 18,221	\$ -	\$ 1,000	\$ -	\$ 13,753
Accrued payroll, payroll taxes, and other	14,362	-	1,678	73	-
Deferred revenue	12,760	21	109,450	40	-
Deferred rent	-	-	10,326	12,877	10,952
Line of credit	-	-	-	-	-
Current maturities of long-term debt	16,080	-	-	-	-
Total current liabilities	<u>61,423</u>	<u>21</u>	<u>122,454</u>	<u>12,990</u>	<u>24,705</u>
<b>Long-Term Debt, Net</b>	<u>298,814</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>360,237</u>	<u>21</u>	<u>122,454</u>	<u>12,990</u>	<u>24,705</u>
<b>Net Assets</b>					
Without donor restrictions	250,519	48,455	618,059	138,305	100,421
With donor restrictions	11,576	12,832	33,887	-	31,936
Total net assets	<u>262,095</u>	<u>61,287</u>	<u>651,946</u>	<u>138,305</u>	<u>132,357</u>
Total liabilities and net assets	<u>\$ 622,332</u>	<u>\$ 61,308</u>	<u>\$ 774,400</u>	<u>\$ 151,295</u>	<u>\$ 157,062</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
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	GiGi's Playhouse - Nashville, LLC (Tennessee)	GiGi's Playhouse - Cedar Rapids, LLC (Iowa)	GiGi's Playhouse - Indianapolis, LLC (Indiana)	GiGi's Playhouse - Milwaukee, LLC (Wisconsin)	GiGi's Playhouse - El Paso, LLC (Texas)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 370,828	\$ -	\$ 413,272	\$ 46,777	\$ 109,884
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	-	-	-	-	1,736
Due from (due to) related party	(698)	258	(14,669)	(6,345)	(7,665)
Prepaid expenses	17,969	-	6,873	2,917	-
Other current assets	(320)	-	-	-	-
Total current assets	387,779	258	405,476	43,349	103,955
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	43,442	-	12,946	18,477	6,948
Leasehold improvements	27,910	-	78,552	67,482	1,700
Total	71,352	-	91,498	85,959	8,648
Less accumulated depreciation	61,716	-	24,890	24,110	6,248
Total property and equipment, net	9,636	-	66,608	61,849	2,400
<b>Deposits</b>	6,768	-	440	-	2,200
Total assets	\$ 404,183	\$ 258	\$ 472,524	\$ 105,198	\$ 108,555
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 618	\$ -	\$ -	\$ -	\$ -
Accrued payroll, payroll taxes, and other	-	-	5,419	-	-
Deferred revenue	46,124	-	5,750	30	-
Deferred rent	2,668	-	21,105	-	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	49,410	-	32,274	30	-
<b>Long-Term Debt, Net</b>					
Total liabilities	49,410	-	32,274	30	-
<b>Net Assets</b>					
Without donor restrictions	343,429	258	419,976	102,168	89,250
With donor restrictions	11,344	-	20,274	3,000	19,305
Total net assets	354,773	258	440,250	105,168	108,555
Total liabilities and net assets	\$ 404,183	\$ 258	\$ 472,524	\$ 105,198	\$ 108,555

**GiGi's Playhouse, Inc. and Subsidiaries**

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	GiGi's Playhouse - Hillsborough, LLC (New Jersey)	GiGi's Playhouse - Phoenix, LLC (Arizona)	GiGi's Playhouse - Westchester, LLC (New York)	GiGi's Playhouse - Layton, LLC (Utah)	GiGi's Playhouse - Cleveland, LLC (Ohio)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 20,482	\$ 332,578	\$ 75,292	\$ 54,479	\$ 95,966
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	2,575	316	-	312	1,715
Due from (due to) related party	(39,801)	(8,568)	(3,276)	(7,113)	(6,268)
Prepaid expenses	3,070	25,500	12,250	8,985	5,325
Other current assets	-	2,384	-	-	-
Total current assets	(13,674)	352,210	84,266	56,663	96,738
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	17,041	24,071	11,034	16,000	8,932
Leasehold improvements	6,666	261,555	18,812	11,922	149,208
Total	23,707	285,626	29,846	27,922	158,140
Less accumulated depreciation	13,606	38,081	10,500	17,791	18,903
Total property and equipment, net	10,101	247,545	19,346	10,131	139,237
<b>Deposits</b>					
Total assets	\$ (3,573)	\$ 607,055	\$ 114,347	\$ 70,548	\$ 243,475
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ -	\$ 19	\$ -	\$ 88	\$ 3,276
Accrued payroll, payroll taxes, and other	-	-	(16)	-	-
Deferred revenue	6,834	138,600	2,250	-	-
Deferred rent	5,457	46,331	367	1,995	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	12,291	184,950	2,601	2,083	3,276
<b>Long-Term Debt, Net</b>					
Total liabilities	12,291	184,950	2,601	2,083	3,276
<b>Net Assets</b>					
Without donor restrictions	(15,942)	332,216	111,332	67,234	181,172
With donor restrictions	78	89,889	414	1,231	59,027
Total net assets	(15,864)	422,105	111,746	68,465	240,199
Total liabilities and net assets	\$ (3,573)	\$ 607,055	\$ 114,347	\$ 70,548	\$ 243,475

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
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	GiGi's Playhouse - Fargo, LLC (North Dakota)	GiGi's Playhouse - Gainesville, LLC (Florida)	GiGi's Playhouse - Fort Wayne, LLC (Indiana)	GiGi's Playhouse - Sugar Land, LLC (Texas)	GiGi's Playhouse - Raleigh, LLC Carolina)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 135,196	\$ 41,009	\$ 254,055	\$ 276,199	\$ 256,792
Certificates of deposit	-	-	-	102,230	357,517
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	-	595	5,454	1,738	4,250
Due from (due to) related party	(1,964)	(18,486)	(3,010)	(13,937)	(31,181)
Prepaid expenses	1,725	-	-	5,000	9,342
Other current assets	-	-	153	-	2
Total current assets	134,957	23,118	256,652	371,230	596,722
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	51,651	-	11,080	24,601	48,683
Leasehold improvements	269,251	-	116,239	4,808	55,552
Total	320,902	-	127,319	29,409	104,235
Less accumulated depreciation	33,109	-	14,430	15,865	27,216
Total property and equipment, net	287,793	-	112,889	13,544	77,019
<b>Deposits</b>					
Total assets	\$ 422,750	\$ 26,718	\$ 371,697	\$ 388,730	\$ 674,057
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ (1,264)	\$ -	\$ 301	\$ -	\$ -
Accrued payroll, payroll taxes, and other	-	-	7,930	-	-
Deferred revenue	10	-	-	-	94,167
Deferred rent	12,086	806	-	-	349
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	10,832	806	8,231	-	94,516
<b>Long-Term Debt, Net</b>					
Total liabilities	10,832	806	8,231	-	94,516
<b>Net Assets</b>					
Without donor restrictions	378,421	(588)	309,935	368,925	450,811
With donor restrictions	33,497	26,500	53,531	19,805	128,730
Total net assets	411,918	25,912	363,466	388,730	579,541
Total liabilities and net assets	\$ 422,750	\$ 26,718	\$ 371,697	\$ 388,730	\$ 674,057

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2019

	GiGi's Playhouse - Fort Myers, LLC (Florida)	GiGi's Playhouse - Rochester, LLC (New York)	GiGi's Playhouse - Annapolis, LLC (Maryland)	GiGi's Playhouse - Houston, LLC (Texas)	GiGi's Playhouse - San Diego, LLC (California)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 51,620	\$ 189,329	\$ 240,638	\$ 163,321	\$ 125,302
Certificates of deposit	201,823	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	-	-	-	-	-
Inventories	861	1,797	2,149	237	-
Due from (due to) related party	284	(6,416)	(8,516)	(5,801)	(6,076)
Prepaid expenses	3,951	3,419	4,160	3,058	11,033
Other current assets	-	-	-	-	-
Total current assets	258,539	188,129	238,431	160,815	130,259
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	5,080	43,457	7,034	3,717	1,556
Leasehold improvements	5,488	83,319	22,461	9,278	4,608
Total	10,568	126,776	29,495	12,995	6,164
Less accumulated depreciation	4,274	18,616	5,809	2,042	1,091
Total property and equipment, net	6,294	108,160	23,686	10,953	5,073
<b>Deposits</b>					
Total assets	\$ 267,333	\$ 299,727	\$ 262,117	\$ 171,768	\$ 135,332
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 1,780	\$ -	\$ -	\$ -	\$ 244
Accrued payroll, payroll taxes, and other	846	-	3,714	-	-
Deferred revenue	1,500	-	3,132	-	-
Deferred rent	6,398	3,692	1,289	-	-
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	10,524	3,692	8,135	-	244
<b>Long-Term Debt, Net</b>					
Total liabilities	10,524	3,692	8,135	-	244
<b>Net Assets</b>					
Without donor restrictions	256,809	242,253	251,969	168,688	120,088
With donor restrictions	-	53,782	2,013	3,080	15,000
Total net assets	256,809	296,035	253,982	171,768	135,088
Total liabilities and net assets	\$ 267,333	\$ 299,727	\$ 262,117	\$ 171,768	\$ 135,332

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2019

	GiGi's Playhouse - Tampa Bay, LLC (Florida)	GiGi's Playhouse - Little Rock, LLC (Arkansas)	GiGi's Playhouse - Southern Tier, LLC (New York)	GiGi's Playhouse - Canton, LLC (Ohio)	GiGi's Playhouse - Charlotte, LLC (North Carolina)
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 213,430	\$ 39,644	\$ 37,355	\$ 36,632	\$ 206,330
Certificates of deposit	-	-	-	-	-
Accounts receivable, net	-	-	-	-	-
Pledges receivable	2,297	-	-	-	-
Inventories	534	3,337	875	2,542	1,536
Due from (due to) related party	(2,350)	2,189	(1,557)	23,027	(5,853)
Prepaid expenses	6,645	-	1,000	6,455	11,594
Other current assets	-	-	-	-	82
Total current assets	220,556	45,170	37,673	68,656	213,689
<b>Property and Equipment</b>					
Building	-	-	-	-	-
Furniture and equipment	11,733	-	-	-	9,863
Leasehold improvements	171,612	18,488	1,615	5,950	13,870
Total	183,345	18,488	1,615	5,950	23,733
Less accumulated depreciation	18,977	2,271	359	793	3,209
Total property and equipment, net	164,368	16,217	1,256	5,157	20,524
<b>Deposits</b>	4,851	-	-	-	6,347
Total assets	\$ 389,775	\$ 61,387	\$ 38,929	\$ 73,813	\$ 240,560
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Accounts payable	\$ 2,416	\$ 3,085	\$ 2,692	\$ -	\$ -
Accrued payroll, payroll taxes, and other	-	-	-	-	-
Deferred revenue	32,530	-	-	13,736	8,253
Deferred rent	13,602	6,290	-	1,872	45,070
Line of credit	-	-	-	-	-
Current maturities of long-term debt	-	-	-	-	-
Total current liabilities	48,548	9,375	2,692	15,608	53,323
<b>Long-Term Debt, Net</b>					
Total liabilities	48,548	9,375	2,692	15,608	53,323
<b>Net Assets</b>					
Without donor restrictions	313,216	48,512	35,237	58,205	187,237
With donor restrictions	28,011	3,500	1,000	-	-
Total net assets	341,227	52,012	36,237	58,205	187,237
Total liabilities and net assets	\$ 389,775	\$ 61,387	\$ 38,929	\$ 73,813	\$ 240,560

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Financial Position  
 December 31, 2019

	GiGi's Playhouse - Detroit, LLC (Michigan)	GiGi's Playhouse - Deerfield, LLC (Illinois)	Eliminations	Total
<b>Assets</b>				
<b>Current Assets</b>				
Cash and cash equivalents	\$ 83,242	\$ 104,566	\$ -	\$ 7,061,423
Certificates of deposit	-	-	-	914,464
Accounts receivable, net	-	-	-	-
Pledges receivable	-	-	-	34,143
Inventories	250	3,206	-	97,951
Due from (due to) related party	(934)	(3,955)	-	-
Prepaid expenses	-	4,825	-	306,753
Other current assets	(124)	(4,825)	-	1,225
Total current assets	<u>82,434</u>	<u>103,817</u>	<u>-</u>	<u>8,415,959</u>
<b>Property and Equipment</b>				
Building	-	-	-	601,850
Furniture and equipment	2,999	-	-	1,201,089
Leasehold improvements	56,044	36,193	-	4,033,776
Total	<u>59,043</u>	<u>36,193</u>	<u>-</u>	<u>5,836,715</u>
Less accumulated depreciation	<u>2,137</u>	<u>2,230</u>	<u>-</u>	<u>1,556,843</u>
Total property and equipment, net	<u>56,906</u>	<u>33,963</u>	<u>-</u>	<u>4,279,872</u>
<b>Deposits</b>	<u>27,300</u>	<u>22,485</u>	<u>-</u>	<u>206,130</u>
Total assets	<u>\$ 166,640</u>	<u>\$ 160,265</u>	<u>\$ -</u>	<u>\$ 12,901,961</u>
<b>Liabilities and Net Assets</b>				
<b>Current Liabilities</b>				
Accounts payable	\$ -	\$ -	\$ -	\$ 75,954
Accrued payroll, payroll taxes, and other	-	-	-	117,047
Deferred revenue	-	10,780	-	576,247
Deferred rent	23,733	2,699	-	366,177
Line of credit	-	-	-	-
Current maturities of long-term debt	-	-	-	16,080
Total current liabilities	<u>23,733</u>	<u>13,479</u>	<u>-</u>	<u>1,151,505</u>
<b>Long-Term Debt, Net</b>	<u>-</u>	<u>-</u>	<u>-</u>	<u>298,814</u>
Total liabilities	<u>23,733</u>	<u>13,479</u>	<u>-</u>	<u>1,450,319</u>
<b>Net Assets</b>				
Without donor restrictions	113,396	146,786	-	10,434,530
With donor restrictions	29,511	-	-	1,017,112
Total net assets	<u>142,907</u>	<u>146,786</u>	<u>-</u>	<u>11,451,642</u>
Total liabilities and net assets	<u>\$ 166,640</u>	<u>\$ 160,265</u>	<u>\$ -</u>	<u>\$ 12,901,961</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse, Inc. (Illinois)	GiGi's Playhouse - Fox Valley, LLC (Illinois)	GiGi's Playhouse - Bradley, LLC (Illinois)	GiGi's Playhouse - Chicago, LLC (Illinois)	GiGi's Playhouse - McHenry, LLC (Illinois)	GiGi's Playhouse - Rockford, LLC (Illinois)
<b>Income</b>						
Contributions	\$ 1,413,015	\$ 64,583	\$ 2,667	\$ 72,415	\$ 30,924	\$ 112,001
Grants	641,000	-	800	18,500	25,000	48,238
Merchandise income	356,536	35	244	240	-	8
In-kind contributions	3,436	2,564	396	2,334	400	13,748
Special events in-kind contributions	105,622	12,460	-	16,583	3,275	13,978
Special events	988,406	100,274	2,585	177,226	42,027	182,791
Intercompany national support revenue	735,472	-	-	-	-	-
Miscellaneous revenue	39,698	-	-	-	-	-
Investment return	16,092	34	117	15	45	-
<b>Total income and contributions</b>	<b>4,299,277</b>	<b>179,950</b>	<b>6,809</b>	<b>287,313</b>	<b>101,671</b>	<b>370,764</b>
<b>Expenses</b>						
Bad debt expense	30,000	-	-	-	-	-
Computer and software	242,555	4,513	5,366	5,171	5,024	4,998
Conference fees	8,615	260	-	-	-	570
Cost of goods sold	26,833	25	-	859	-	(34)
Depreciation	78,529	3,332	173	10,969	1,055	14,148
Dues and subscriptions	5,127	683	-	343	290	625
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	-	-	-	-	-	1,122
Filing fees	(6,404)	632	424	1,258	812	349
Food and beverage	6,491	519	-	-	76	329
Awareness	292,939	34,865	(41)	26,367	14,598	24,633
Insurance	1,223	1,006	1,016	1,425	1,266	1,961
Maintenance	-	-	-	-	-	-
Intercompany national support	(37,207)	13,191	504	20,686	7,928	27,202
Marketing	43,024	-	-	-	-	49
Miscellaneous	71,184	4,024	1,076	3,046	5,545	1,893
In-kind expenses	3,436	2,564	396	2,334	400	13,748
Special events in-kind expenses	105,622	12,460	-	16,583	3,275	13,978
Office supplies	42,687	1,654	295	716	1,842	938
Payroll and benefits	2,346,211	32,314	12,505	102,346	62,511	140,407
Payroll taxes	186,365	-	-	-	-	-
Postage and delivery	21,406	55	-	127	182	1,209
Printing and reproduction	32,125	702	3,776	480	3,641	3,400
Professional fees	503,694	3,353	2,468	10,982	10,448	4,014
Program	32,583	1,633	753	1,471	1,053	4,655
Rent	179,882	31,175	11,050	54,227	14,943	43,150
Service fees	24,273	748	266	947	658	1,225
Travel	19,276	-	-	-	-	-
Property taxes	677	-	-	-	-	-
Utilities	26,245	9,442	2,143	6,519	3,741	9,827
<b>Total expenses</b>	<b>4,287,391</b>	<b>159,150</b>	<b>42,170</b>	<b>266,856</b>	<b>139,288</b>	<b>314,396</b>
Change in net assets	11,886	20,800	(35,361)	20,457	(37,617)	56,368
<b>Net Assets, Beginning of Year</b>	<b>2,029,092</b>	<b>56,777</b>	<b>48,859</b>	<b>331,469</b>	<b>170,764</b>	<b>374,250</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 2,040,978</b>	<b>\$ 77,577</b>	<b>\$ 13,498</b>	<b>\$ 351,926</b>	<b>\$ 133,147</b>	<b>\$ 430,618</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Quad Cities, LLC (Illinois)	GiGi's Playhouse - Tinley Park, LLC (Illinois)	GiGi's Playhouse - Syracuse, LLC (New York)	GiGi's Playhouse - New York City, LLC (New York)	GiGi's Playhouse - De Moines, LLC (Iowa)	GiGi's Playhouse - Sioux City, LLC (Iowa)
<b>Income</b>						
Contributions	\$ 59,762	\$ 46,607	\$ 25,173	\$ 144,478	\$ 40,763	\$ 2,155
Grants	11,390	51,700	4,484	16,000	25,333	1,500
Merchandise income	928	1,055	1,216	-	333	-
In-kind contributions	2,815	722	1,917	11,430	165	100
Special events in-kind contributions	12,122	21,686	12,621	9,363	10,688	3,146
Special events	157,288	212,975	59,515	202,274	243,700	25,326
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	249	-	-
Investment return	217	5,614	-	29	2	-
<b>Total income and contributions</b>	<b>244,522</b>	<b>340,359</b>	<b>104,926</b>	<b>383,823</b>	<b>320,984</b>	<b>32,227</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	6,029	5,013	4,506	5,874	5,973	4,416
Conference fees	-	-	677	449	-	-
Cost of goods sold	302	-	639	-	1,464	-
Depreciation	864	22,776	5,169	1,837	28,959	3,154
Dues and subscriptions	995	437	2,046	351	186	-
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	2,851	210	-	-	-	2,228
Filing fees	752	879	647	1,811	824	559
Food and beverage	392	1,079	237	(202)	469	-
Awareness	18,448	40,315	4,669	62,463	75,310	1,970
Insurance	1,006	1,447	1,334	2,627	3,142	1,065
Maintenance	48	-	-	-	1,199	-
Intercompany national support	18,349	24,987	7,231	29,040	24,810	2,319
Marketing	384	(150)	110	1,071	-	-
Miscellaneous	2,663	2,418	1,239	(3,398)	17,700	1,194
In-kind expenses	2,815	722	1,917	11,430	165	100
Special events in-kind expenses	12,122	21,686	12,621	9,363	10,688	3,146
Office supplies	1,683	2,441	2,811	1,903	6,145	42
Payroll and benefits	79,071	132,018	40,915	99,191	121,051	4,090
Payroll taxes	-	-	-	-	-	-
Postage and delivery	2,180	757	251	1,335	482	-
Printing and reproduction	1,260	3,247	1,112	5,378	2,281	1,220
Professional fees	14,167	18,785	4,621	20,532	3,285	2,352
Program	11,126	2,542	2,867	9,001	1,382	761
Rent	28,720	85,680	19,171	31,652	(100)	28,380
Service fees	342	714	485	6,123	587	391
Travel	351	-	-	115	-	-
Property taxes	-	-	-	-	-	-
Utilities	2,996	6,031	1,629	2,977	11,540	1,129
<b>Total expenses</b>	<b>209,916</b>	<b>374,034</b>	<b>116,904</b>	<b>300,923</b>	<b>317,542</b>	<b>58,516</b>
Change in net assets	34,606	(33,675)	(11,978)	82,900	3,442	(26,289)
<b>Net Assets, Beginning of Year</b>	<b>103,241</b>	<b>485,734</b>	<b>45,938</b>	<b>137,393</b>	<b>262,095</b>	<b>61,287</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 137,847</b>	<b>\$ 452,059</b>	<b>\$ 33,960</b>	<b>\$ 220,293</b>	<b>\$ 265,537</b>	<b>\$ 34,998</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Twin Cities, LLC (Minnesota)	GiGi's Playhouse - Atlanta, LLC (Georgia)	GiGi's Playhouse - Madison, LLC (Wisconsin)	GiGi's Playhouse - Nashville, LLC (Tennessee)	GiGi's Playhouse - Cedar Rapids, LLC (Iowa)	GiGi's Playhouse - Indianapolis, LLC (Indiana)
<b>Income</b>						
Contributions	\$ 111,922	\$ 97,364	\$ 35,153	\$ 56,358	\$ -	\$ 107,422
Grants	40,000	2,500	9,000	-	-	7,637
Merchandise income	707	-	-	2,893	-	-
In-kind contributions	-	900	21,698	680	-	6,588
Special events in-kind contributions	131,450	18,330	11,081	32,745	-	25,282
Special events	536,357	99,676	176,709	300,045	379	223,846
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	490	1	-	-	500
Investment return	4,530	-	54	1,187	-	429
<b>Total income and contributions</b>	<b>824,966</b>	<b>219,260</b>	<b>253,696</b>	<b>393,908</b>	<b>379</b>	<b>371,684</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	8,684	6,195	5,580	7,655	-	8,211
Conference fees	-	363	-	454	-	370
Cost of goods sold	-	-	-	1,705	-	-
Depreciation	24,920	3,253	5,979	5,209	-	8,492
Dues and subscriptions	190	-	105	369	-	-
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	-	895	1,262	505	-	2,047
Filing fees	1,648	729	1,043	2,226	156	573
Food and beverage	934	372	-	113	-	766
Awareness	148,631	30,431	7,310	70,272	16	73,256
Insurance	2,107	2,014	1,410	604	174	2,157
Maintenance	1,511	-	405	-	-	88
Intercompany national support	55,079	16,002	17,669	28,744	30	27,146
Marketing	892	53	275	389	-	329
Miscellaneous	9,400	1,145	1,900	1,198	1,000	2,231
In-kind expenses	-	900	21,698	680	-	6,588
Special events in-kind expenses	131,450	18,330	11,081	32,745	-	25,282
Office supplies	7,148	1,303	788	2,223	-	3,318
Payroll and benefits	188,955	142,019	37,750	157,778	-	117,319
Payroll taxes	-	-	-	-	-	-
Postage and delivery	824	222	408	399	-	242
Printing and reproduction	8,881	635	1,590	2,887	-	2,094
Professional fees	17,528	5,420	20,225	2,895	-	6,234
Program	9,519	3,832	2,002	3,275	-	5,464
Rent	110,284	47,762	61,085	81,414	-	53,654
Service fees	2,330	1,948	1,843	847	-	4,956
Travel	285	26	-	34	-	1,024
Property taxes	-	-	1,239	-	-	1,436
Utilities	13,408	7,494	5,684	8,750	-	11,470
<b>Total expenses</b>	<b>744,608</b>	<b>291,343</b>	<b>208,331</b>	<b>413,370</b>	<b>1,376</b>	<b>364,727</b>
Change in net assets	80,358	(72,083)	45,365	(19,462)	(997)	6,957
<b>Net Assets, Beginning of Year</b>	<b>651,946</b>	<b>138,305</b>	<b>132,357</b>	<b>354,773</b>	<b>258</b>	<b>440,250</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 732,304</b>	<b>\$ 66,222</b>	<b>\$ 177,722</b>	<b>\$ 335,311</b>	<b>\$ (739)</b>	<b>\$ 447,207</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Milwaukee, LLC (Wisconsin)	GiGi's Playhouse - El Paso, LLC (Texas)	GiGi's Playhouse - Hillsborough, LLC (New Jersey)	GiGi's Playhouse - Phoenix, LLC (Arizona)	GiGi's Playhouse - Westchester, LLC (New York)	GiGi's Playhouse - Layton, LLC (Utah)
<b>Income</b>						
Contributions	\$ 55,026	\$ 29,518	\$ 24,401	\$ 194,594	\$ 38,447	\$ 7,466
Grants	75,110	-	13,000	78,200	10,000	50,000
Merchandise income	-	-	996	-	290	-
In-kind contributions	555	-	5,193	107,650	3,163	-
Special events in-kind contributions	11,817	7,366	43,877	34,320	-	-
Special events	55,970	80,666	83,024	408,320	141,515	4,841
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	65	23	-
Investment return	466	105	10	190	283	47
Total income and contributions	198,944	117,655	170,501	823,339	193,721	62,354
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	5,582	4,831	4,506	9,230	5,430	4,506
Conference fees	-	-	-	70	-	90
Cost of goods sold	-	-	184	-	-	-
Depreciation	3,005	1,099	3,184	26,068	832	4,804
Dues and subscriptions	415	144	-	215	119	-
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	-	52	-	3,463	334	-
Filing fees	1,238	583	1,355	715	770	719
Food and beverage	909	132	18	704	460	63
Awareness	8,224	28,091	7,462	118,157	4,928	157
Insurance	1,123	1,943	1,272	1,709	1,410	1,279
Maintenance	-	682	-	-	-	-
Intercompany national support	14,888	8,815	9,714	54,494	15,222	4,985
Marketing	850	346	713	1,650	25	17
Miscellaneous	1,779	1,182	855	6,425	1,137	1,283
In-kind expenses	555	-	5,193	107,650	3,163	-
Special events in-kind expenses	11,817	7,366	43,877	34,320	-	-
Office supplies	2,453	1,036	366	5,744	1,089	910
Payroll and benefits	70,478	23,397	58,452	124,139	67,551	2,448
Payroll taxes	-	-	-	-	-	-
Postage and delivery	164	263	53	959	-	141
Printing and reproduction	3,254	2,078	150	3,882	-	3,101
Professional fees	7,474	2,310	6,714	36,869	3,931	3,290
Program	3,679	3,271	950	17,026	1,035	2,044
Rent	35,083	21,971	56,084	80,513	64,379	48,191
Service fees	616	1,043	1,009	5,808	1,156	348
Travel	-	2,586	-	-	-	-
Property taxes	-	-	-	-	-	-
Utilities	5,283	5,507	5,379	4,088	7,694	1,091
Total expenses	178,869	118,728	207,490	643,898	180,665	79,467
Change in net assets	20,075	(1,073)	(36,989)	179,441	13,056	(17,113)
<b>Net Assets, Beginning of Year</b>	105,168	108,555	(15,864)	422,105	111,746	68,465
<b>Net Assets, Ending of Year</b>	\$ 125,243	\$ 107,482	\$ (52,853)	\$ 601,546	\$ 124,802	\$ 51,352

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Cleveland, LLC (Ohio)	GiGi's Playhouse - Fargo, LLC (North Dakota)	GiGi's Playhouse - Gainesville, LLC (Florida)	GiGi's Playhouse - Fort Wayne, LLC (Indiana)	GiGi's Playhouse - Sugar Land, LLC (Texas)	GiGi's Playhouse - Raleigh, LLC (North Carolina)
<b>Income</b>						
Contributions	\$ 57,109	\$ 28,190	\$ 12,069	\$ 77,404	\$ 95,890	\$ 116,157
Grants	92,657	12,000	2,000	65,777	113,530	173,917
Merchandise income	263	-	-	16,670	600	-
In-kind contributions	440	15,825	-	385	38,077	6,200
Special events in-kind contributions	21,464	92,833	-	18,845	394	2,621
Special events	90,148	227,555	22,072	159,441	183,350	94,867
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	-	-	-
Investment return	-	1,259	-	4,958	470	4,649
<b>Total income and contributions</b>	<b>262,081</b>	<b>377,662</b>	<b>36,141</b>	<b>343,480</b>	<b>432,311</b>	<b>398,411</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	(850)	-
Computer and software	9,252	5,684	4,506	10,112	6,121	10,649
Conference fees	12	63	947	836	1,377	8
Cost of goods sold	-	-	-	806	136	3,699
Depreciation	5,202	39,379	-	5,858	6,525	11,674
Dues and subscriptions	529	1,998	-	492	987	1,201
Entertainment	-	-	-	-	115	-
Equipment and equipment rental	118	-	2,062	-	323	1,977
Filing fees	903	875	565	1,076	894	1,275
Food and beverage	40	198	-	469	1,035	167
Awareness	24,976	53,270	172	19,702	14,184	10,812
Insurance	1,373	2,202	1,438	2,703	1,545	4,471
Maintenance	-	51	-	251	-	-
Intercompany national support	19,214	21,420	2,891	25,543	31,470	28,899
Marketing	-	1,500	-	6,594	(449)	15,000
Miscellaneous	2,906	3,783	1,076	(3,190)	8,680	2,898
In-kind expenses	440	15,825	-	385	38,077	6,200
Special events in-kind expenses	21,464	92,833	-	18,845	394	2,621
Office supplies	6,300	6,087	221	4,283	7,176	5,543
Payroll and benefits	74,492	79,268	-	149,258	122,340	154,105
Payroll taxes	-	-	-	-	-	-
Postage and delivery	526	273	-	943	826	1,623
Printing and reproduction	801	2,626	1,226	8,223	1,173	5,308
Professional fees	5,447	9,538	3,037	5,940	32,816	24,202
Program	6,346	4,110	1,500	21,262	8,230	10,153
Rent	45,010	77,474	40,114	26,573	92,027	63,900
Service fees	1,441	554	158	6,058	2,815	2,027
Travel	-	-	-	68	332	30
Property taxes	-	-	-	2,099	-	364
Utilities	5,040	9,241	4,089	11,081	11,968	7,981
<b>Total expenses</b>	<b>231,832</b>	<b>428,252</b>	<b>64,002</b>	<b>326,270</b>	<b>390,267</b>	<b>376,787</b>
Change in net assets	30,249	(50,590)	(27,861)	17,210	42,044	21,624
<b>Net Assets, Beginning of Year</b>	<b>240,199</b>	<b>411,918</b>	<b>25,912</b>	<b>363,466</b>	<b>388,730</b>	<b>579,541</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 270,448</b>	<b>\$ 361,328</b>	<b>\$ (1,949)</b>	<b>\$ 380,676</b>	<b>\$ 430,774</b>	<b>\$ 601,165</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Fort Myers, LLC (Florida)	GiGi's Playhouse - Rochester, LLC (New York)	GiGi's Playhouse - Annapolis, LLC (Maryland)	GiGi's Playhouse - Houston, LLC (Texas)	GiGi's Playhouse - San Diego, LLC (California)	GiGi's Playhouse - Tampa Bay, (Florida)
<b>Income</b>						
Contributions	\$ 21,294	\$ 61,306	\$ 63,158	\$ 23,571	\$ 43,888	\$ 99,536
Grants	-	49,000	46,485	16,200	-	-
Merchandise income	-	-	1,021	-	3	200
In-kind contributions	1,408	4,150	21,437	-	10,418	5,310
Special events in-kind contributions	5,719	43,119	22,398	-	-	21,033
Special events	7,508	145,175	89,472	23,798	71,490	198,379
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	7,650	-	-	-	-
Investment return	3,684	493	16	-	-	1,032
<b>Total income and contributions</b>	<b>39,613</b>	<b>310,893</b>	<b>243,987</b>	<b>63,569</b>	<b>125,799</b>	<b>325,490</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	6,302	6,967	4,506	5,354	5,361	7,060
Conference fees	-	-	-	165	(86)	-
Cost of goods sold	23	-	(785)	-	-	11
Depreciation	2,318	8,501	3,096	2,599	826	13,331
Dues and subscriptions	321	256	250	-	96	674
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	660	1,045	-	-	-	108
Filing fees	1,503	647	1,508	1,440	727	513
Food and beverage	68	950	169	-	467	710
Awareness	4,903	40,688	4,135	582	10,632	59,813
Insurance	1,428	1,507	1,132	1,407	1,013	2,402
Maintenance	268	-	-	-	-	-
Intercompany national support	2,298	20,990	16,011	5,086	9,231	23,742
Marketing	435	1,350	4,017	-	277	-
Miscellaneous	5,219	12,645	1,729	1,199	1,091	1,857
In-kind expenses	1,408	4,150	21,437	-	10,418	5,310
Special events in-kind expenses	5,719	43,119	22,398	-	-	21,033
Office supplies	3,161	2,901	6,666	394	2,049	1,348
Payroll and benefits	54,854	58,947	73,112	23,935	96,369	71,131
Payroll taxes	-	-	-	-	-	-
Postage and delivery	509	203	413	28	75	118
Printing and reproduction	916	1,490	817	615	32	5,177
Professional fees	5,250	52,372	5,431	2,626	15,021	5,606
Program	4,404	4,963	2,284	893	5,114	5,888
Rent	34,603	45,239	59,867	32,046	7,954	85,354
Service fees	327	1,407	1,886	1,573	2,266	3,663
Travel	-	-	-	-	144	-
Property taxes	-	2,963	477	147	-	1,292
Utilities	4,090	3,136	4,419	1,569	1,284	4,894
<b>Total expenses</b>	<b>140,987</b>	<b>316,436</b>	<b>234,975</b>	<b>81,658</b>	<b>170,361</b>	<b>321,035</b>
Change in net assets	(101,374)	(5,543)	9,012	(18,089)	(44,562)	4,455
<b>Net Assets, Beginning of Year</b>	<b>256,809</b>	<b>296,035</b>	<b>253,982</b>	<b>171,768</b>	<b>135,088</b>	<b>341,227</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 155,435</b>	<b>\$ 290,492</b>	<b>\$ 262,994</b>	<b>\$ 153,679</b>	<b>\$ 90,526</b>	<b>\$ 345,682</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Little Rock, LLC (Arkansas)	GiGi's Playhouse - Southern Tier, LLC (New York)	GiGi's Playhouse - Canton, LLC (Ohio)	GiGi's Playhouse - Charlotte, LLC (North Carolina)	GiGi's Playhouse - Detroit, LLC (Michigan)	GiGi's Playhouse - Deerfield, LLC (Illinois)
<b>Income</b>						
Contributions	\$ 24,920	\$ 12,156	\$ 48,634	\$ 16,950	\$ 80,036	\$ 32,504
Grants	15,360	18,500	-	-	42,500	5,000
Merchandise income	180	35	405	25	-	841
In-kind contributions	2,500	325	550	21	-	9,926
Special events in-kind contributions	-	-	11,288	-	-	28,000
Special events	10,163	56,239	102,205	86,145	58,201	79,920
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	-	-	-
Investment return	38	166	-	-	-	-
<b>Total income and contributions</b>	<b>53,161</b>	<b>87,421</b>	<b>163,082</b>	<b>103,141</b>	<b>180,737</b>	<b>156,191</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	4,942	5,132	5,535	5,551	7,243	4,506
Conference fees	-	-	264	217	362	349
Cost of goods sold	-	-	783	(758)	-	1,777
Depreciation	3,698	538	1,913	4,086	18,219	2,413
Dues and subscriptions	595	179	310	202	411	179
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	-	439	493	-	-	-
Filing fees	1,311	690	537	858	817	771
Food and beverage	134	106	187	-	-	10
Awareness	5,692	12,572	29,289	39,656	3,215	4,240
Insurance	1,819	1,082	1,327	1,556	1,275	1,282
Maintenance	-	217	-	-	-	-
Intercompany national support	4,071	6,570	12,100	8,250	14,451	9,461
Marketing	199	340	707	139	500	170
Miscellaneous	1,342	3,252	1,274	2,207	1,633	1,560
In-kind expenses	2,500	325	550	21	-	9,926
Special events in-kind expenses	-	-	11,288	-	-	28,000
Office supplies	1,200	1,028	2,087	4,182	601	1,086
Payroll and benefits	38,868	5,808	22,380	80,854	46,578	62,396
Payroll taxes	-	-	-	-	-	-
Postage and delivery	513	711	55	227	406	304
Printing and reproduction	462	548	396	-	577	3,326
Professional fees	3,068	5,139	5,203	3,604	4,803	2,626
Program	1,927	7,267	10,913	3,625	2,917	2,557
Rent	31,539	18,500	42,747	82,011	82,949	63,085
Service fees	774	878	1,293	1,231	2,758	1,194
Travel	-	-	-	-	-	-
Property taxes	-	-	-	-	67	1,914
Utilities	7,152	6,276	9,936	5,243	12,238	8,189
<b>Total expenses</b>	<b>111,806</b>	<b>77,597</b>	<b>161,567</b>	<b>242,962</b>	<b>202,020</b>	<b>211,321</b>
Change in net assets	(58,645)	9,824	1,515	(139,821)	(21,283)	(55,130)
<b>Net Assets, Beginning of Year</b>	<b>52,012</b>	<b>36,237</b>	<b>58,205</b>	<b>187,237</b>	<b>142,907</b>	<b>146,786</b>
<b>Net Assets, Ending of Year</b>	<b>\$ (6,633)</b>	<b>\$ 46,061</b>	<b>\$ 59,720</b>	<b>\$ 47,416</b>	<b>\$ 121,624</b>	<b>\$ 91,656</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Buffalo, LLC (New York)	GiGi's Playhouse - Lancaster, LLC (Pennsylvania)	GiGi's Playhouse - New Orleans, LLC (Louisiana)	GiGi's Playhouse - Sacramento, LLC (California)	GiGi's Playhouse - Long Island, LLC (New York)	GiGi's Playhouse - Denver, LLC (Colorado)
<b>Income</b>						
Contributions	\$ 115,457	\$ 14,757	\$ 27,524	\$ 47,908	\$ 8,576	\$ 60,531
Grants	60,800	-	-	-	-	-
Merchandise income	-	229	-	(138)	-	3,529
In-kind contributions	12,710	175	2,257	-	-	24,436
Special events in-kind contributions	-	-	-	-	-	-
Special events	141,020	33,014	17,281	156,288	88,305	57,300
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	255	-	-
Investment return	-	-	-	-	-	-
Total income and contributions	<u>329,987</u>	<u>48,175</u>	<u>47,062</u>	<u>204,313</u>	<u>96,881</u>	<u>145,796</u>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	6,417	6,152	5,351	4,506	4,416	4,416
Conference fees	-	559	-	-	-	-
Cost of goods sold	-	-	-	-	-	-
Depreciation	35,788	-	1,845	-	-	-
Dues and subscriptions	-	92	-	-	-	-
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	932	(65)	-	-	-	-
Filing fees	659	463	1,175	867	39	209
Food and beverage	-	141	-	2,254	-	1,085
Awareness	1,091	5,419	824	13,783	12,914	1,017
Insurance	2,831	1,285	2,121	625	-	-
Maintenance	-	-	-	-	-	-
Intercompany national support	25,382	3,802	3,584	16,345	7,751	9,709
Marketing	55	73	1,228	256	-	560
Miscellaneous	9,680	3,362	4,105	1,478	1,000	1,789
In-kind expenses	12,710	175	2,257	-	-	24,436
Special events in-kind expenses	-	-	-	-	-	-
Office supplies	14,612	6,828	1,442	8,551	-	1,024
Payroll and benefits	56,076	23,803	9,074	-	-	-
Payroll taxes	-	-	-	-	-	-
Postage and delivery	629	64	55	468	-	1,254
Printing and reproduction	3,836	2,751	-	1,430	-	1,358
Professional fees	10,968	4,320	3,508	2,028	2,028	2,028
Program	9,838	763	2,695	355	-	1,133
Rent	57,600	24,719	13,568	-	-	-
Service fees	1,030	880	783	4,897	406	1,243
Travel	-	-	-	-	-	-
Property taxes	-	-	-	-	-	-
Utilities	7,886	4,397	444	598	-	-
Total expenses	<u>258,020</u>	<u>89,983</u>	<u>54,059</u>	<u>58,441</u>	<u>28,554</u>	<u>51,261</u>
Change in net assets	71,967	(41,808)	(6,997)	145,872	68,327	94,535
<b>Net Assets, Beginning of Year</b>	<u>201,948</u>	<u>97,152</u>	<u>75,935</u>	<u>149,700</u>	<u>74,361</u>	<u>28,440</u>
<b>Net Assets, Ending of Year</b>	<u>\$ 273,915</u>	<u>\$ 55,344</u>	<u>\$ 68,938</u>	<u>\$ 295,572</u>	<u>\$ 142,688</u>	<u>\$ 122,975</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

 Consolidating Schedule of Activities  
 Year Ended December 31, 2020

	GiGi's Playhouse - Miami, LLC (Florida)	GiGi's Playhouse - Wausau, LLC (Wisconsin)	Eliminations	Total
<b>Income</b>				
Contributions	\$ 20,815	\$ 86,992	\$ -	\$ 4,069,546
Grants	-	15,000	-	1,858,118
Merchandise income	12	6,393	-	395,749
In-kind contributions	24,016	42,072	-	409,072
Special events in-kind contributions	-	-	-	805,526
Special events	23,227	41,546	-	6,769,844
Intercompany national support revenue	-	-	(735,472)	-
Miscellaneous revenue	-	-	-	48,931
Investment return	-	1	-	46,232
	<u>68,070</u>	<u>192,004</u>	<u>(735,472)</u>	<u>14,403,018</u>
<b>Total income and contributions</b>				
<b>Expenses</b>				
Bad debt expense	-	-	-	29,150
Computer and software	4,416	4,601	-	524,906
Conference fees	-	-	-	16,991
Cost of goods sold	-	-	-	37,669
Depreciation	-	765	-	426,384
Dues and subscriptions	-	100	-	21,512
Entertainment	-	-	-	115
Equipment and equipment rental	-	-	-	23,061
Filing fees	214	789	-	35,623
Food and beverage	-	145	-	22,196
Awareness	1,480	4,596	-	1,473,128
Insurance	-	500	-	74,044
Maintenance	-	-	-	4,720
Intercompany national support	3,402	11,971	(735,472)	-
Marketing	500	45	-	83,523
Miscellaneous	1,122	7,458	-	219,274
In-kind expenses	24,016	42,072	-	409,072
Special events in-kind expenses	-	-	-	805,526
Office supplies	95	59,231	-	237,631
Payroll and benefits	-	-	-	5,466,564
Payroll taxes	-	-	-	186,365
Postage and delivery	-	188	-	42,070
Printing and reproduction	-	879	-	131,141
Professional fees	2,028	2,872	-	933,100
Program	-	3,310	-	244,371
Rent	4,193	15,671	-	2,235,093
Service fees	432	1,485	-	102,122
Travel	-	-	-	24,271
Property taxes	-	-	-	12,675
Utilities	-	2,148	-	293,366
	<u>41,898</u>	<u>158,826</u>	<u>(735,472)</u>	<u>14,115,663</u>
<b>Total expenses</b>				
Change in net assets	26,172	33,178	-	287,355
<b>Net Assets, Beginning of Year</b>	<u>43,147</u>	<u>67,937</u>	<u>-</u>	<u>11,451,642</u>
<b>Net Assets, Ending of Year</b>	<u>\$ 69,319</u>	<u>\$ 101,115</u>	<u>\$ -</u>	<u>\$ 11,738,997</u>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Playhouse, Inc. (Illinois)	GiGi's Playhouse - Fox Valley, LLC (Illinois)	GiGi's Playhouse - BR:YR1adley, LLC (Illinois)	GiGi's Playhouse - Chicago, LLC (Illinois)	GiGi's Playhouse - McHenry, LLC (Illinois)	GiGi's Playhouse - Rockford, LLC (Illinois)
<b>Income</b>						
Contributions	\$ 1,595,683	\$ 77,835	\$ 14,389	\$ 142,494	\$ 48,835	\$ 88,751
Grants	517,373	5,699	1,000	5,113	49,000	25,525
Merchandise income	99,731	415	60	2,483	1,421	2,527
In-kind contributions	40,871	4,230	280	11,257	3,647	17,852
Special events in-kind contributions	180,814	26,233	6,037	20,525	7,935	61,523
Special events	1,157,693	75,451	20,759	151,026	183,810	227,407
Intercompany national support revenue	895,478	-	-	-	-	-
Miscellaneous revenue	32,943	5	-	-	-	-
Investment return	1,451	1,219	46	7	41	-
<b>Total income and contributions</b>	<b>4,522,037</b>	<b>191,087</b>	<b>42,571</b>	<b>332,905</b>	<b>294,689</b>	<b>423,585</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	53,981	3,720	3,790	4,150	4,080	4,495
Conference fees	102,978	60	556	375	-	1,010
Cost of goods sold	29,331	-	-	-	-	1,671
Depreciation	73,948	4,908	166	6,439	1,427	14,800
Dues and subscriptions	7,671	594	170	25	185	296
Entertainment	346	-	205	-	-	-
Equipment and equipment rental	984	2,740	-	278	-	2,153
Filing fees	10,253	91	231	409	76	231
Food and beverage	13,106	1,095	914	223	712	1,076
Awareness	274,440	37,833	9,032	35,491	102,561	58,774
Insurance	16,464	950	955	1,370	1,210	2,454
Maintenance	140	195	-	-	-	-
Intercompany national support	-	12,752	2,897	24,089	17,617	27,535
Marketing	33,347	-	221	-	-	1,211
Miscellaneous	57,110	3,997	8	2,855	49,773	283
In-kind expenses	40,871	4,230	280	11,257	3,647	17,852
Special events in-kind expenses	180,814	26,233	6,037	20,525	7,935	61,523
Office supplies	38,531	3,566	785	1,038	1,813	3,653
Payroll and benefits	1,969,220	30,336	4,938	54,516	65,472	145,087
Payroll taxes	163,995	-	-	-	-	-
Postage and delivery	9,380	182	-	501	221	1,077
Printing and reproduction	48,436	135	2,837	120	3,256	5,458
Professional fees	540,004	2,338	1,930	22,141	1,840	3,993
Program	85,272	1,363	2,508	5,659	23,636	8,366
Rent	170,813	28,800	10,200	47,592	14,959	41,399
Service fees	30,730	1,280	461	819	983	1,264
Travel	72,251	-	-	121	-	78
Property taxes	232	-	10	-	-	-
Utilities	26,066	8,344	1,866	7,346	3,599	10,588
<b>Total expenses</b>	<b>4,050,714</b>	<b>175,722</b>	<b>50,997</b>	<b>247,339</b>	<b>305,002</b>	<b>416,327</b>
Change in net assets	471,323	15,365	(8,426)	85,566	(10,313)	7,258
<b>Net Assets, Beginning of Year</b>	<b>2,296,389</b>	<b>41,412</b>	<b>57,285</b>	<b>245,903</b>	<b>181,077</b>	<b>366,992</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 2,767,712</b>	<b>\$ 56,777</b>	<b>\$ 48,859</b>	<b>\$ 331,469</b>	<b>\$ 170,764</b>	<b>\$ 374,250</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Quad Cities, LLC (Illinois)	GiGi's Playhouse - Tinley Park, LLC (Illinois)	GiGi's Playhouse - Syracuse, LLC (New York)	GiGi's Playhouse - New York City, LLC (New York)	GiGi's Playhouse - De Moines, LLC (Iowa)	GiGi's Playhouse - Sioux City, LLC (Iowa)
<b>Income</b>						
Contributions	\$ 49,873	\$ 79,829	\$ 22,965	\$ 127,977	\$ 49,953	\$ 35,221
Grants	13,640	13,365	-	20,500	11,576	-
Merchandise income	390	1,087	1,409	21	2,416	-
In-kind contributions	9,331	1,257	9,276	9,394	979	1,652
Special events in-kind contributions	22,679	21,813	13,211	34,063	9,414	23,132
Special events	210,309	295,937	119,793	215,282	241,534	67,574
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	-	-	-
Investment return	203	370	32	96	-	-
<b>Total income and contributions</b>	<b>306,425</b>	<b>413,658</b>	<b>166,686</b>	<b>407,333</b>	<b>315,872</b>	<b>127,579</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	4,929	4,326	4,047	5,410	4,957	3,720
Conference fees	2,104	1,366	3,624	1,988	1,850	1,162
Cost of goods sold	131	1,427	1,730	-	1,064	-
Depreciation	1,988	21,970	6,265	1,723	30,670	3,154
Dues and subscriptions	1,042	720	2,110	30	269	90
Entertainment	-	-	-	-	-	-
Equipment and equipment rental	2,736	16	152	34	888	2,082
Filing fees	231	361	313	292	402	402
Food and beverage	2,448	1,732	345	5,978	1,964	236
Awareness	58,470	76,658	30,272	75,340	75,833	20,107
Insurance	1,061	1,468	1,348	1,858	3,065	1,061
Maintenance	45	-	-	-	3,352	-
Intercompany national support	21,937	30,817	11,516	29,102	24,438	8,224
Marketing	450	680	1,510	62	20	344
Miscellaneous	439	2,274	222	806	13,642	74
In-kind expenses	9,331	1,257	9,276	9,394	979	1,652
Special events in-kind expenses	22,679	21,813	13,211	34,063	9,414	23,132
Office supplies	1,672	6,284	2,682	12,634	10,067	37
Payroll and benefits	77,992	112,090	38,127	182,215	133,287	38,477
Payroll taxes	-	-	-	-	-	-
Postage and delivery	1,044	220	64	851	635	105
Printing and reproduction	344	5,134	417	4,659	1,807	81
Professional fees	6,681	14,309	1,806	9,065	1,944	2,207
Program	11,315	20,542	7,520	17,040	15,974	824
Rent	28,040	83,126	22,629	41,768	200	28,380
Service fees	379	2,806	274	3,332	573	335
Travel	71	-	283	1,086	-	-
Property taxes	-	-	-	-	-	-
Utilities	2,534	5,022	1,378	2,651	11,132	1,129
<b>Total expenses</b>	<b>260,093</b>	<b>416,418</b>	<b>161,121</b>	<b>441,381</b>	<b>348,426</b>	<b>137,015</b>
Change in net assets	46,332	(2,760)	5,565	(34,048)	(32,554)	(9,436)
<b>Net Assets, Beginning of Year</b>	<b>56,909</b>	<b>488,494</b>	<b>40,373</b>	<b>171,441</b>	<b>294,649</b>	<b>70,723</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 103,241</b>	<b>\$ 485,734</b>	<b>\$ 45,938</b>	<b>\$ 137,393</b>	<b>\$ 262,095</b>	<b>\$ 61,287</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Playhouse - Twin Cities, LLC (Minnesota)	GiGi's Playhouse - Atlanta, LLC (Georgia)	GiGi's Playhouse - Madison, LLC (Wisconsin)	GiGi's Playhouse - Nashville, LLC (Tennessee)	GiGi's Playhouse - Cedar Rapids, LLC (Iowa)	GiGi's Playhouse - Indianapolis, LLC (Indiana)
<b>Income</b>						
Contributions	\$ 155,877	\$ 100,896	\$ 95,728	\$ 58,101	\$ 90	\$ 89,800
Grants	34,000	12,000	32,500	3,000	-	15,000
Merchandise income	1,697	-	1,661	3,620	-	-
In-kind contributions	10,737	1,371	252,207	2,204	-	497
Special events in-kind contributions	83,642	32,065	25,703	36,168	-	42,784
Special events	494,606	329,881	101,238	478,808	-	237,572
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	393	-	-	-	-
Investment return	2,104	-	45	1,963	-	6,398
<b>Total income and contributions</b>	<b>782,663</b>	<b>476,606</b>	<b>509,082</b>	<b>583,864</b>	<b>90</b>	<b>392,051</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	11,392	5,171	7,837	5,675	-	7,337
Conference fees	6,233	7,032	901	2,584	-	2,844
Cost of goods sold	-	192	887	2,355	-	-
Depreciation	24,714	3,546	6,282	6,149	-	8,801
Dues and subscriptions	1,094	-	405	369	-	479
Entertainment	-	-	-	164	-	-
Equipment and equipment rental	-	77	1,027	936	-	1,520
Filing fees	292	573	757	858	292	309
Food and beverage	4,995	1,992	280	777	-	1,767
Awareness	141,179	118,809	25,129	89,054	-	60,048
Insurance	2,063	2,218	1,227	1,141	72	2,038
Maintenance	1,441	-	967	-	-	-
Intercompany national support	54,894	35,454	18,490	43,482	8	27,390
Marketing	6,445	141	525	1,527	-	776
Miscellaneous	23,388	182	1,101	504	-	313
In-kind expenses	10,737	1,371	252,207	2,204	-	497
Special events in-kind expenses	83,642	32,065	25,703	36,168	-	42,784
Office supplies	15,544	3,888	6,066	2,597	-	4,517
Payroll and benefits	207,581	152,592	53,071	119,040	-	104,021
Payroll taxes	258	-	-	-	-	-
Postage and delivery	1,609	4	182	197	-	84
Printing and reproduction	7,390	897	733	3,829	-	3,084
Professional fees	7,915	3,395	36,589	1,868	-	8,795
Program	36,090	13,410	6,927	7,954	-	11,421
Rent	111,299	76,638	63,088	82,357	-	59,048
Service fees	1,796	1,010	2,800	1,848	-	717
Travel	-	212	107	1,450	-	7,507
Property taxes	-	-	-	200	-	-
Utilities	15,926	12,320	5,681	8,755	-	10,214
<b>Total expenses</b>	<b>777,917</b>	<b>473,189</b>	<b>518,969</b>	<b>424,042</b>	<b>372</b>	<b>366,311</b>
Change in net assets	4,746	3,417	(9,887)	159,822	(282)	25,740
<b>Net Assets, Beginning of Year</b>	<b>647,200</b>	<b>134,888</b>	<b>142,244</b>	<b>194,951</b>	<b>540</b>	<b>414,510</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 651,946</b>	<b>\$ 138,305</b>	<b>\$ 132,357</b>	<b>\$ 354,773</b>	<b>\$ 258</b>	<b>\$ 440,250</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Playhouse - Milwaukee, LLC (Wisconsin)	GiGi's Playhouse - El Paso, LLC (Texas)	GiGi's Playhouse - Hillsborough, LLC (New Jersey)	GiGi's Playhouse - Phoenix, LLC (Arizona)	GiGi's Playhouse - Westchester, LLC (New York)	GiGi's Playhouse - Layton, LLC (Utah)
<b>Income</b>						
Contributions	\$ 81,614	\$ 35,232	\$ 49,351	\$ 147,692	\$ 41,480	\$ 19,225
Grants	13,000	21,470	2,795	72,250	250	-
Merchandise income	20	-	2,164	-	-	542
In-kind contributions	2,257	1,376	10,730	38,082	25,491	20,897
Special events in-kind contributions	17,938	1,250	22,835	119,757	747	8,374
Special events	63,416	110,169	135,326	452,696	190,513	82,445
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	-	-	-	-	-	-
Investment return	21	12	6	193	5	137
<b>Total income and contributions</b>	<b>178,266</b>	<b>169,509</b>	<b>223,207</b>	<b>830,670</b>	<b>258,486</b>	<b>131,620</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	3,956	7,764	4,645	8,686	4,539	3,720
Conference fees	731	4,081	3,187	5,938	1,255	4,671
Cost of goods sold	403	-	2,154	-	-	1
Depreciation	5,514	1,531	4,531	19,058	833	4,804
Dues and subscriptions	679	42	-	129	300	60
Entertainment	-	85	-	-	-	-
Equipment and equipment rental	50	70	545	3,639	1,165	267
Filing fees	1,017	292	1,099	348	315	562
Food and beverage	297	2,338	259	1,761	339	1,352
Awareness	11,889	20,095	58,709	157,141	46,554	21,177
Insurance	1,064	1,845	1,167	1,615	1,161	1,343
Maintenance	-	920	-	73	-	-
Intercompany national support	12,644	13,350	15,171	58,107	18,579	8,158
Marketing	1,688	372	-	1,590	40	286
Miscellaneous	69	2,352	-	4,240	2,997	131
In-kind expenses	2,257	1,376	10,730	38,082	25,491	20,897
Special events in-kind expenses	17,938	1,250	22,835	119,757	747	8,374
Office supplies	1,496	2,413	848	17,061	1,507	1,738
Payroll and benefits	56,428	23,529	54,203	56,714	61,196	29,642
Payroll taxes	-	-	-	-	-	-
Postage and delivery	417	150	143	135	-	542
Printing and reproduction	2,057	2,530	300	7,338	1,422	647
Professional fees	9,107	4,735	5,585	24,882	3,108	5,373
Program	4,190	6,725	1,829	14,276	6,376	7,723
Rent	35,000	24,960	49,402	98,656	68,663	48,861
Service fees	506	1,320	199	4,896	510	1,106
Travel	-	1,024	-	-	-	1,914
Property taxes	-	-	-	-	-	-
Utilities	6,068	5,518	4,968	2,978	9,806	1,320
<b>Total expenses</b>	<b>175,465</b>	<b>130,667</b>	<b>242,509</b>	<b>647,100</b>	<b>256,903</b>	<b>174,669</b>
Change in net assets	2,801	38,842	(19,302)	183,570	1,583	(43,049)
<b>Net Assets, Beginning of Year</b>	<b>102,367</b>	<b>69,713</b>	<b>3,438</b>	<b>238,535</b>	<b>110,163</b>	<b>111,514</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 105,168</b>	<b>\$ 108,555</b>	<b>\$ (15,864)</b>	<b>\$ 422,105</b>	<b>\$ 111,746</b>	<b>\$ 68,465</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Playhouse - Cleveland, LLC (Ohio)	GiGi's Playhouse - Fargo, LLC (North Dakota)	GiGi's Playhouse - Gainesville, LLC (Florida)	GiGi's Playhouse - Fort Wayne, LLC (Indiana)	GiGi's Playhouse - Sugar Land, LLC (Texas)	GiGi's Playhouse - Raleigh, LLC (Carolina)
<b>Income</b>						
Contributions	\$ 84,614	\$ 58,463	\$ 34,508	\$ 111,366	\$ 68,163	\$ 266,947
Grants	52,800	250,250	10,500	-	23,000	11,833
Merchandise income	1,212	65	-	27,336	4,195	486
In-kind contributions	2,231	86,809	248	29,826	497	40,185
Special events in-kind contributions	12,590	35,570	-	-	38,824	5,013
Special events	105,463	195,494	70,523	261,466	339,654	156,467
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	9	-	-	629	-	-
Investment return	-	2,860	-	4,470	1,144	7,661
<b>Total income and contributions</b>	<b>258,919</b>	<b>629,511</b>	<b>115,779</b>	<b>435,093</b>	<b>475,477</b>	<b>488,592</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	850	-
Computer and software	4,440	7,950	4,220	5,372	4,776	5,786
Conference fees	2,473	4,636	-	5,431	3,982	3,047
Cost of goods sold	751	-	-	103	2,960	550
Depreciation	5,237	17,680	-	4,990	7,093	10,788
Dues and subscriptions	250	1,923	110	153	963	624
Entertainment	-	200	-	-	250	100
Equipment and equipment rental	990	265	353	-	159	4,698
Filing fees	737	696	1,040	310	177	1,337
Food and beverage	512	1,228	249	79	4,319	3,320
Awareness	48,460	68,623	3,952	61,256	119,652	50,153
Insurance	1,564	1,565	1,372	2,770	1,361	4,270
Maintenance	-	45	-	-	-	-
Intercompany national support	19,528	40,342	9,243	32,024	34,801	42,200
Marketing	1,031	2,009	-	5,234	2,085	22,715
Miscellaneous	1,094	2,099	-	2,577	5,048	1,673
In-kind expenses	2,231	86,809	248	29,826	497	40,185
Special events in-kind expenses	12,590	35,570	-	-	38,824	5,013
Office supplies	1,740	15,872	185	6,606	3,920	18,619
Payroll and benefits	71,053	69,409	-	119,398	114,734	131,885
Payroll taxes	-	-	-	-	-	627
Postage and delivery	175	36	-	4,862	974	2,239
Printing and reproduction	1,465	5,092	1,097	305	1,327	3,080
Professional fees	2,019	10,723	5,197	2,255	25,547	9,307
Program	6,130	32,274	4,006	39,823	20,264	30,563
Rent	45,000	59,729	46,692	26,551	78,200	51,584
Service fees	601	858	646	4,347	3,304	1,398
Travel	176	256	-	332	(220)	580
Property taxes	-	-	-	3,439	2,168	-
Utilities	5,827	10,021	4,194	11,493	9,623	10,080
<b>Total expenses</b>	<b>236,074</b>	<b>475,910</b>	<b>82,804</b>	<b>369,536</b>	<b>487,638</b>	<b>456,421</b>
<b>Change in net assets</b>	<b>22,845</b>	<b>153,601</b>	<b>32,975</b>	<b>65,557</b>	<b>(12,161)</b>	<b>32,171</b>
<b>Net Assets, Beginning of Year</b>	<b>217,354</b>	<b>258,317</b>	<b>(7,063)</b>	<b>297,909</b>	<b>400,891</b>	<b>547,370</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 240,199</b>	<b>\$ 411,918</b>	<b>\$ 25,912</b>	<b>\$ 363,466</b>	<b>\$ 388,730</b>	<b>\$ 579,541</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Playhouse - Fort Myers, LLC (Florida)	GiGi's Playhouse - Rochester, LLC (New York)	GiGi's Playhouse - Annapolis, LLC (Maryland)	GiGi's Playhouse - Houston, LLC (Texas)	GiGi's Playhouse - San Diego, LLC (California)	GiGi's Playhouse - Tampa Bay, (Florida)
<b>Income</b>						
Contributions	\$ 54,925	\$ 84,649	\$ 90,719	\$ 66,324	\$ 44,951	\$ 107,645
Grants	-	50,000	2,500	-	15,000	-
Merchandise income	200	-	2,049	21	21	630
In-kind contributions	2,883	8,613	14,006	627	891	8,187
Special events in-kind contributions	-	24,457	41,321	-	6,807	506
Special events	2,930	246,596	151,208	57,864	108,790	266,275
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	19	10,200	-	-	-	-
Investment return	3,978	878	953	-	6	776
<b>Total income and contributions</b>	<b>64,935</b>	<b>425,393</b>	<b>302,756</b>	<b>124,836</b>	<b>176,466</b>	<b>384,019</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	5,615	4,070	5,583	3,774	4,542	4,368
Conference fees	2,434	5,526	1,028	1,778	5,181	3,243
Cost of goods sold	90	(120)	-	-	-	152
Depreciation	2,076	7,839	3,015	1,762	826	13,065
Dues and subscriptions	395	668	250	540	250	-
Entertainment	192	-	-	-	80	-
Equipment and equipment rental	160	1,389	-	-	-	763
Filing fees	1,547	390	931	292	850	506
Food and beverage	2,463	1,972	1,185	88	2,418	413
Awareness	580	108,778	50,441	9,209	36,257	76,161
Insurance	1,350	1,397	1,002	1,541	939	3,025
Maintenance	789	-	-	-	-	-
Intercompany national support	4,646	31,316	23,276	9,937	13,144	29,964
Marketing	435	800	89	-	1,550	1,525
Miscellaneous	170	30	1,949	-	4,376	194
In-kind expenses	-	8,613	14,006	627	891	8,187
Special events in-kind expenses	-	24,457	41,321	-	6,807	506
Office supplies	3,007	(3,508)	6,212	4,073	5,131	3,037
Payroll and benefits	67,019	47,798	61,424	26,677	57,268	41,330
Payroll taxes	-	-	-	-	60	-
Postage and delivery	194	328	494	90	503	150
Printing and reproduction	3,013	2,157	2,050	94	1,310	1,610
Professional fees	3,133	22,885	3,151	3,344	2,008	12,183
Program	8,435	19,664	7,736	3,179	10,925	14,108
Rent	34,616	45,239	42,133	29,535	18,617	80,212
Service fees	285	1,688	1,415	1,798	1,430	1,732
Travel	232	-	-	-	-	-
Property taxes	-	3,225	525	-	-	1,393
Utilities	4,526	2,897	4,091	1,570	1,212	4,252
<b>Total expenses</b>	<b>150,285</b>	<b>339,498</b>	<b>273,307</b>	<b>99,908</b>	<b>176,575</b>	<b>302,079</b>
Change in net assets	(85,350)	85,895	29,449	24,928	(109)	81,940
<b>Net Assets, Beginning of Year</b>	<b>342,159</b>	<b>210,140</b>	<b>224,533</b>	<b>146,840</b>	<b>135,197</b>	<b>259,287</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 256,809</b>	<b>\$ 296,035</b>	<b>\$ 253,982</b>	<b>\$ 171,768</b>	<b>\$ 135,088</b>	<b>\$ 341,227</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	GiGi's Playhouse - Little Rock, LLC (Arkansas)	GiGi's Playhouse - Southern Tier, LLC (New York)	GiGi's Playhouse - Canton, LLC (Ohio)	GiGi's Playhouse - Charlotte, LLC (North Carolina)	GiGi's Playhouse - Detroit, LLC (Michigan)	GiGi's Playhouse - Deerfield, LLC (Illinois)
<b>Income</b>						
Contributions	\$ 48,384	\$ 20,277	\$ 38,758	\$ 95,626	\$ 75,558	\$ 55,181
Grants	4,900	5,000	-	-	31,000	2,124
Merchandise income	565	955	1,785	3,947	45	1,970
In-kind contributions	63,679	29,136	373	2,681	6,403	83,602
Special events in-kind contributions	24,523	12,335	1,945	-	29,249	47,372
Special events	79,976	61,436	94,303	90,295	195,791	144,174
Intercompany national support revenue	-	-	-	-	-	-
Miscellaneous revenue	20	36	-	-	110	42
Investment return	31	44	-	-	-	-
<b>Total income and contributions</b>	<b>222,078</b>	<b>129,219</b>	<b>137,164</b>	<b>192,549</b>	<b>338,156</b>	<b>334,465</b>
<b>Expenses</b>						
Bad debt expense	-	-	-	-	-	-
Computer and software	5,017	3,720	3,720	5,304	4,420	5,066
Conference fees	3,488	2,280	1,571	7,883	980	-
Cost of goods sold	-	-	2,654	2,845	-	3,330
Depreciation	2,271	359	793	3,209	1,773	2,078
Dues and subscriptions	-	45	336	400	526	688
Entertainment	-	-	-	631	-	-
Equipment and equipment rental	-	-	-	-	200	195
Filing fees	1,598	3,134	1,478	801	550	927
Food and beverage	207	61	155	1,702	17	96
Awareness	19,971	16,813	23,551	6,160	89,156	34,221
Insurance	738	752	735	955	1,806	1,305
Maintenance	1,390	-	-	-	-	-
Intercompany national support	10,708	12,016	10,014	15,189	24,200	16,279
Marketing	2,793	601	2,728	3,166	4,187	2,428
Miscellaneous	396	2	5,980	3,967	224	176
In-kind expenses	63,679	29,136	373	2,681	6,403	83,602
Special events in-kind expenses	24,523	12,335	1,945	-	29,249	47,372
Office supplies	14,076	4,368	3,147	17,009	4,933	5,710
Payroll and benefits	26,877	-	17,966	54,196	42,966	55,455
Payroll taxes	-	-	-	-	-	-
Postage and delivery	201	482	201	314	93	40
Printing and reproduction	1,027	295	8,396	1,582	175	2,649
Professional fees	6,127	4,243	5,436	5,897	7,740	1,840
Program	4,292	11,110	7,372	23,883	8,243	5,039
Rent	34,675	9,000	43,332	45,075	83,838	57,095
Service fees	850	180	1,115	178	2,295	789
Travel	-	162	-	-	-	-
Property taxes	-	-	-	19	-	-
Utilities	4,729	3,641	6,417	4,586	10,924	3,774
<b>Total expenses</b>	<b>229,633</b>	<b>114,735</b>	<b>149,415</b>	<b>207,632</b>	<b>324,898</b>	<b>330,154</b>
Change in net assets	(7,555)	14,484	(12,251)	(15,083)	13,258	4,311
<b>Net Assets, Beginning of Year</b>	<b>59,567</b>	<b>21,753</b>	<b>70,456</b>	<b>202,320</b>	<b>129,649</b>	<b>142,475</b>
<b>Net Assets, Ending of Year</b>	<b>\$ 52,012</b>	<b>\$ 36,237</b>	<b>\$ 58,205</b>	<b>\$ 187,237</b>	<b>\$ 142,907</b>	<b>\$ 146,786</b>

**GiGi's Playhouse, Inc. and Subsidiaries**

Consolidating Schedule of Activities

Year Ended December 31, 2019

	<u>Eliminations</u>	<u>Total</u>
<b>Income</b>		
Contributions	\$ -	\$ 4,615,949
Grants	-	1,327,963
Merchandise income	-	167,146
In-kind contributions	-	856,752
Special events in-kind contributions	-	1,099,154
Special events	-	8,271,950
Intercompany national support revenue	(895,478)	-
Miscellaneous revenue	-	44,406
Investment return	-	37,150
	<u>                  </u>	<u>                  </u>
Total income and contributions	(895,478)	16,420,470
<b>Expenses</b>		
Bad debt expense	-	850
Computer and software	-	260,070
Conference fees	-	211,491
Cost of goods sold	-	54,661
Depreciation	-	338,075
Dues and subscriptions	-	24,880
Entertainment	-	2,253
Equipment and equipment rental	-	30,531
Filing fees	-	37,307
Food and beverage	-	66,470
Awareness	-	2,427,989
Insurance	-	78,665
Maintenance	-	9,357
Intercompany national support	(895,478)	-
Marketing	-	104,611
Miscellaneous	-	196,715
In-kind expenses	-	856,752
Special events in-kind expenses	-	1,099,154
Office supplies	-	254,574
Payroll and benefits	-	4,775,229
Payroll taxes	-	164,940
Postage and delivery	-	29,119
Printing and reproduction	-	139,635
Professional fees	-	852,645
Program	-	573,986
Rent	-	2,067,001
Service fees	-	84,833
Travel	-	87,622
Property taxes	-	11,211
Utilities	-	269,066
	<u>                  </u>	<u>                  </u>
Total expenses	(895,478)	15,109,692
Change in net assets	-	1,310,778
<b>Net Assets, Beginning of Year</b>	<u>                  </u>	<u>10,140,864</u>
<b>Net Assets, Ending of Year</b>	<u>\$ -</u>	<u>\$ 11,451,642</u>

## GiGi's Playhouse, Inc. and Subsidiaries

Consolidating Schedule of Functional Expenses

Year Ended December 31, 2020

	GiGi's Playhouse, Inc.				Subsidiaries			
	Program Services	General and Administrative	Fundraising	Total	Program Services	General and Administrative	Fundraising	Total
<b>Expenses</b>								
Bad debt expense	\$ 25,500	\$ 1,500	\$ 3,000	\$ 30,000	\$ (723)	\$ (43)	\$ (85)	\$ (850)
Computer and software	206,172	12,128	24,256	242,555	239,998	14,118	28,235	282,351
Conference fees	7,323	431	862	8,615	7,120	419	838	8,376
Cost of goods sold	22,808	1,342	2,683	26,833	9,211	542	1,084	10,836
Depreciation	66,750	3,926	7,853	78,529	295,677	17,393	34,786	347,855
Dues and subscriptions	4,358	256	513	5,127	13,927	819	1,639	16,385
Entertainment	-	-	-	-	98	6	12	115
Equipment and equipment rental	-	-	-	-	19,602	1,153	2,306	23,061
Filing fees	(5,443)	(320)	(640)	(6,404)	35,723	2,101	4,203	42,027
Food and beverage	5,517	325	649	6,491	13,349	785	1,571	15,705
Awareness	248,998	14,647	29,294	292,939	1,003,161	59,009	118,019	1,180,189
Insurance	1,040	61	122	1,223	61,898	3,641	7,282	72,821
Intercompany national support	(31,626)	(1,860)	(3,721)	(37,207)	31,626	1,860	3,721	37,207
Maintenance	-	-	-	-	4,012	236	472	4,720
Marketing	36,570	2,151	4,302	43,024	34,424	2,025	4,050	40,499
Miscellaneous	61,871	3,105	6,209	71,184	125,329	7,587	15,174	148,090
In-kind expenses	2,921	172	344	3,436	345,192	20,148	40,296	405,636
Special events in-kind expenses	89,779	5,281	10,562	105,622	594,918	34,995	69,990	699,904
Office supplies	36,284	2,134	4,269	42,687	165,702	9,747	19,494	194,944
Payroll	1,994,280	117,311	234,621	2,346,211	2,652,300	156,018	312,035	3,120,353
Payroll taxes	158,410	9,318	18,637	186,365	-	-	-	-
Postage and delivery	18,195	1,070	2,141	21,406	17,564	1,033	2,066	20,664
Printing and reproduction	27,306	1,606	3,213	32,125	84,164	4,951	9,902	99,016
Professional fees	428,140	25,185	50,369	503,694	364,995	21,470	42,941	429,406
Program	27,696	1,629	3,258	32,583	180,020	10,589	21,179	211,788
Rent	152,900	8,994	17,988	179,882	1,746,929	102,761	205,521	2,055,211
Service fees	20,632	1,214	2,427	24,273	66,172	3,892	7,785	77,849
Travel	16,385	964	1,928	19,276	4,246	250	500	4,995
Property taxes	575	34	68	677	10,198	600	1,200	11,998
Utilities	22,308	1,312	2,625	26,245	227,053	13,356	26,712	267,121
<b>Total expenses</b>	<b>\$ 3,645,646</b>	<b>\$ 213,915</b>	<b>\$ 427,830</b>	<b>\$ 4,287,391</b>	<b>\$ 8,353,885</b>	<b>\$ 491,462</b>	<b>\$ 982,925</b>	<b>\$ 9,828,272</b>

## GiGi's Playhouse, Inc. and Subsidiaries

### Consolidating Schedule of Functional Expenses

For the Year Ended December 31, 2019

	GiGi's Playhouse, Inc.				Subsidiaries			
	Program Services	General and Administrative	Fundraising	Total	Program Services	General and Administrative	Fundraising	Total
<b>Expenses</b>								
Bad debt expense	\$ -	\$ -	\$ -	\$ -	\$ 680	\$ 51	\$ 119	\$ 850
Computer and software	43,185	3,239	7,557	53,981	164,872	12,365	28,852	206,089
Conference fees	82,382	6,179	14,417	102,978	86,810	6,511	15,192	108,513
Cost of goods sold	23,465	1,760	4,106	29,331	20,264	1,520	3,546	25,330
Depreciation	59,158	4,437	10,353	73,948	211,301	15,848	36,978	264,127
Dues and subscriptions	6,137	460	1,074	7,671	13,766	1,031	2,412	17,209
Entertainment	277	21	48	346	1,526	114	267	1,907
Equipment and equipment rental	787	59	138	984	23,637	1,773	4,137	29,547
Filing fees	8,202	615	1,435	10,252	21,643	1,623	3,789	27,055
Food and beverage	10,485	786	1,835	13,106	42,691	3,202	7,471	53,364
Awareness	219,552	16,466	38,422	274,440	1,722,839	129,213	301,497	2,153,549
Insurance	13,171	988	2,305	16,464	49,761	3,732	8,708	62,201
Maintenance	112	8	20	140	7,374	553	1,290	9,217
Marketing	26,678	2,001	4,669	33,348	57,011	4,276	9,976	71,263
Miscellaneous	45,688	3,427	7,995	57,110	111,684	8,376	19,545	139,605
In-kind expenses	32,697	2,452	5,722	40,871	652,705	48,953	114,223	815,881
Special events in-kind expenses	144,651	10,849	25,314	180,814	734,672	55,100	128,568	918,340
Office supplies	30,825	2,312	5,394	38,531	172,834	12,963	30,246	216,043
Payroll	1,575,376	118,153	275,691	1,969,220	2,244,807	168,361	392,841	2,806,009
Payroll taxes	131,196	9,840	22,959	163,995	756	57	132	945
Postage and delivery	7,504	563	1,313	9,380	15,792	1,184	2,763	19,739
Printing and reproduction	38,749	2,906	6,781	48,436	72,959	5,472	12,768	91,199
Professional fees	432,003	32,400	75,601	540,004	250,113	18,758	43,770	312,641
Program	68,218	5,116	11,938	85,272	390,971	29,323	68,420	488,714
Rent	136,650	10,249	23,914	170,813	1,516,951	113,771	265,466	1,896,188
Service fees	24,584	1,844	4,302	30,730	43,283	3,246	7,574	54,103
Travel	57,801	4,335	10,115	72,251	12,297	922	2,152	15,371
Property taxes	186	14	32	232	8,783	659	1,537	10,979
Utilities	20,853	1,564	3,649	26,066	194,400	14,580	34,020	243,000
<b>Total expenses</b>	<b>\$ 3,240,572</b>	<b>\$ 243,043</b>	<b>\$ 567,099</b>	<b>\$4,050,714</b>	<b>\$8,847,182</b>	<b>\$ 663,537</b>	<b>\$1,548,259</b>	<b>\$ 11,058,978</b>

	Administrative Cost	Facilities Cost	Materials/Outside Fees	Total Budget
Art Explosion	\$4,510.21	\$4,396.54	\$500.00	\$9,406.75
Book Club	\$6,425.12	\$2,734.43	\$360.00	\$9,519.55
Destination Discovery	\$660.00	\$2,385.93	\$500.00	\$3,545.93
Fantastic Friends*	\$1,861.89	\$7,774.36	\$500.00	\$10,136.25
GiGiFIT	\$7,618.90	\$4,494.83	\$6,480.00	\$18,593.73
GiGi Kitchen	\$1,531.89	\$3,965.37	\$1,800.00	\$7,297.26
Gigi Prep*	\$1,500.00	\$1,340.41	\$576.00	\$3,416.41
Kids Club/Playhouse Pals	\$1,955.67	\$375.31	\$500.00	\$2,830.98
Leaps and Bounds	\$651.89	\$375.31	\$500.00	\$1,527.20
LMNOP	\$871.89	\$670.20	\$200.00	\$1,742.09
Music	\$6,917.11	\$1,501.26	\$250.00	\$8,668.37
Speech	\$4,335.12	\$1,340.41	\$100.00	\$5,775.53
Teen Tastic	\$1,641.89	\$3,377.83	\$500.00	\$5,519.72
Tutoring	\$22,445.60	\$6,608.21	\$650.00	\$29,703.81
OT/PT	\$16,573.20	\$1,340.41	\$500.00	\$18,413.61
			<b>Total</b>	<b>\$136,097.20</b>

*\* adult program*

**Milwaukee**  
**Statement of Activities - Actual, Detail, YTD**  
**Year to Date December 31, 2021**

	Year To Date 12/31/2021 <u>Actual</u>	Prior Year To Date 12/31/2020 <u>Actual</u>
<b>Total Support &amp; Revenue</b>		
Contributions		
Donations	50,721	55,026
Total Contributions	<u>50,721</u>	<u>55,026</u>
Grants	120,360	75,110
Special Events Income		
SE - Donation	40,794	29,158
SE - Sponsorship	18,450	9,522
SE - Event Registration	3,977	6,325
SE - Auction/Raffle Sales	12,814	8,859
SE - Games	700	0
SE - Merchandise Sales	1,340	0
SE - Credit Cards Fees Donation	116	41
Total Special Events Income	<u>78,191</u>	<u>53,905</u>
Miscellaneous Fundraisers		
Misc. Fundraisers	3,508	2,064
Total Miscellaneous Fundraisers	<u>3,508</u>	<u>2,064</u>
Miscellaneous Income		
Calendar & Merchandise Sales	180	0
Total Miscellaneous Income	<u>180</u>	<u>0</u>
Dividends & Interest		
Interest Income	42	467
Total Dividends & Interest	<u>42</u>	<u>467</u>
In-Kind Donations		
In-Kind Goods & Materials	761	555
SE - In-Kind Goods & Materials	20,008	11,769
SE - In-Kind Prof Svcs & Facilities	0	48
Total In-Kind Donations	<u>20,769</u>	<u>12,372</u>
Net Assets Released from Restriction		
Net Assets Released from Restriction	0	0
Total SOA - Net Assets Released from Restriction	<u>0</u>	<u>0</u>
<b>Total Support &amp; Revenue</b>	<b><u>273,771</u></b>	<b><u>198,944</u></b>
<b>Total Costs</b>		
Total Non-Donated Expenses		
National Mission Support		
National Mission Support	18,253	14,888
Total National Mission Support	<u>18,253</u>	<u>14,888</u>
Miscellaneous Fundraiser Expenses		
Misc. Fundraiser Expenses	0	977
Total Miscellaneous Fundraiser Expenses	<u>0</u>	<u>977</u>
Business Expenses		
Bank, Credit Card and Merchant Fees	1,300	616
Business Registration Fees	184	1,237
Total Business Expenses	<u>1,484</u>	<u>1,853</u>
Contract Services		
Accounting Fees	2,028	2,028
Outside Contract Services	4,500	3,105

For Management Purposes Only

**Milwaukee**  
**Statement of Activities - Actual, Detail, YTD**  
**Year to Date December 31, 2021**

	Year To Date 12/31/2021	Prior Year To Date 12/31/2020
	Actual	Actual
Outside Contract Services - Non Employees	2,377	2,342
Total Contract Services	8,905	7,475
Depreciation Expenses		
Depr Exp - Computers	0	262
Depr Exp - Leasehold Improvements	19,787	1,730
Depr Exp - Furniture and Equipment	881	1,013
Total Depreciation Expenses	20,668	3,005
Facilities & Equipment		
Rent and Parking	36,263	35,083
Utilities	5,430	5,283
Janitorial Services	1,950	400
Janitorial Supplies	144	80
Total Facilities & Equipment	43,787	40,846
Operations		
Postage and Mailing Service	467	164
Printing and Copying	4,482	3,254
Furniture and Equipment Expenses	807	457
Supplies	860	1,972
Software & Computer Expense	4,848	4,614
Computer Hardware	0	969
Program Materials	3,767	3,256
Program Services	8	0
Food and Beverages	740	908
Volunteer Expenses	89	424
Total Operations	16,068	16,018
Other Expenses		
Advertising/Marketing Expenses	1,183	850
Insurance	1,219	1,123
Memberships and Dues	274	414
Other NFP Donations	0	138
Other Costs	2,416	231
Total Other Expenses	5,092	2,756
Payroll Expenses		
Salaries	77,972	56,365
Bundled PEO Charges	17,833	14,113
Total Payroll Expenses	95,805	70,478
Special Event Expenses		
SE - Facility/Equipment Costs	521	0
SE - Entertainment	1,500	700
SE - Food & Beverage	3,566	972
SE - Marketing/Advertising	11	1
SE - Raffle/Auction Prizes	620	400
SE - Printing/Design	410	0
SE - Postage	131	33
SE - Credit Card Fees	1,535	1,278
SE - Supplies	1,060	450
SE - Outside Contract Services	2,275	2,825
SE - Other Expenses	360	0
SE - T-Shirt Expenses	70	589

For Management Purposes Only

**Milwaukee**  
**Statement of Activities - Actual, Detail, YTD**  
**Year to Date December 31, 2021**

	Year To Date 12/31/2021	Prior Year To Date 12/31/2020
	Actual	Actual
SE - Charge-back Fees	0	1,000
Total Special Event Expenses	12,059	8,248
Travel & Meetings		
Conference/Convention	818	0
Total Travel & Meetings	818	0
Total Non-Donated Expenses	222,939	166,544
Total In-Kind Expenses		
VIK		
In-Kind Donations	215	0
In-Kind Goods & Materials	547	510
Total VIK	762	510
VIK - Special Events		
SE - In-Kind Goods & Materials	20,007	11,769
SE - In-Kind Prof Svcs & Facilities	0	48
Total VIK - Special Events	20,007	11,817
<b>Total Costs</b>	<b>243,708</b>	<b>178,871</b>
<b>Increase (Decrease) in Net Assets</b>	<b>30,063</b>	<b>20,073</b>
<b>Net Assets at Beginning of Period</b>	<b>125,243</b>	<b>105,170</b>
<b>Net Assets at End of Period</b>	<b>\$ 155,305</b>	<b>\$ 125,243</b>



85500	Janitorial Supplies													-
85600	Property Tax													-
86000	Operations													-
86100	Postage and Mailing Service													-
86150	Printing and Copying	450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00	5,400.00
86175	Furniture and Equipment Expenses													-
86200	Supplies	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,800.00
86201	Office Supplies													-
86202	Office Expenses													-
86225	Telephone Expense													-
86250	Software & Computer Expense													-
86255	Computer Hardware													-
86300	Accounting Software													-
86350	Program Materials	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	3,000.00
86400	Program Services	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	14,400.00
86410	Programs for Adults													-
86450	Food and Beverages	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	600.00
86500	Volunteer Expenses	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	600.00
86550	Books, Subscriptions, Reference													-
87000	Payroll Expenses													-
87100	Salaries	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	96,000.00
87200	Employee Benefits													-
87300	Bundled PEO Charges	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	18,000.00
87400	Federal Payroll Tax Expense													-
87500	State Payroll Tax Expense													-
87600	Payroll Tax Filing Expense													-
87700	Bonuses													-
88000	Travel and Meetings													-
88051	Auto Expense													-
88100	Travel													-
88200	Entertainment													-
88300	Conference/Convention													-
88400	Meetings													-
89100	Other Types of Expenses													-
89110	Advertising/Marketing Expenses													-
89120	Insurance					600.00						600.00		1,200.00
89130	Memberships and Dues													-
89135	Scholarships													-
89140	Other NFP Donations													-
89145	Continuing Education													-
89150	Other Costs					175.00 bus. regis.						500.00 bus. regis.		675.00
89160	Reconciliation Discrepancies													-
89170	Inventory Write Off													-
89171	Damaged Goods													-
89172	Inventory Give Away													-
<b>Total Expenses</b>		<b>17,955.00</b>	<b>16,275.00</b>	<b>18,630.00</b>	<b>16,275.00</b>	<b>60,530.00</b>	<b>28,550.00</b>	<b>17,955.00</b>	<b>16,675.00</b>	<b>20,490.00</b>	<b>38,695.00</b>	<b>18,555.00</b>	<b>16,950.00</b>	<b>287,535.00</b>
<b>Net Income, prior to Depreciation Expenses</b>		<b>8,045.00</b>	<b>(11,275.00)</b>	<b>7,370.00</b>	<b>(11,275.00)</b>	<b>(34,530.00)</b>	<b>(3,550.00)</b>	<b>8,045.00</b>	<b>(6,675.00)</b>	<b>22,510.00</b>	<b>15,305.00</b>	<b>7,445.00</b>	<b>(11,950.00)</b>	<b>(10,535.00)</b>



LX Club  
Village of Fox Point  
7200 N Santa Monica Blvd  
Fox Point, WI 53217

May 23, 2022

Village of Fox Point  
7200 North Santa Monica Boulevard  
Fox Point, Wisconsin 53217  
Attention: Kevin Ausman, Assistant Village Manager

Re: Special Pilot Community Enhancement Grant

Dear Mr. Ausman,

Enclosed please find our 2022 Proposed Grant from the Fox Point – Bayside LX Club Senior Center.

If you have any questions, or need additional information, please contact the undersigned.

Thanking you in advance for your consideration in this matter, I remain,

Sincerely,

A handwritten signature in black ink that reads "Janice Tishberg". The signature is written in a cursive, flowing style.

JANICE TISHBERG  
President



**LX Club**

Village of Fox Point  
7200 N Santa Monica Blvd  
Fox Point, WI 53217

# **2022 GRANT PROPOSAL**

**Janice Tishberg  
President**

**(414) 228-1882**

Organization Information:

Tax ID #: 39-1445668

**Organization Information:**

Fox Point-Bayside LX Club

7200 N Santa Monica Blvd

Fox Point, WI 53217

Contact Person: Janice Tishberg

[jantish@aol.com](mailto:jantish@aol.com)

(414)228-1882

**Organization Mission:**

The LX Club is a non-profit senior club promoting cultural, social, charitable, and educational activities. Its primary purpose is to be available to seniors in the North Shore area of Milwaukee and to promote health, welfare and fellowship with activities designed for its members.

**Organization Accomplishments:**

The LX Club has provided an opportunity for seniors of the community to meet and socialize in a safe environment, and actively participate in card and skill games that enhance mental stimulation, keeping the mind active. The club also provides great programs that are entertaining, educational and informative, with guest speakers and musicians. The club has brought a renowned entertainer who has come as Mary Todd Lincoln, Abigail Adams and most recently Golda Meir. We have also had the North Shore Health department come to educate members of the club about healthy lifestyle choices in the senior years, and do free blood pressure checks. In addition, we have had informative programs on safety, nature, and investments, to entertaining programs such as musicians, dancers and comedians. The club also has picnics, luncheons and special holiday celebrations. The first Wednesday of each month, members have the opportunity to go to see a first run movies at the North Shore Cinema, while enjoying free popcorn and donated snacks.

**Organization Challenges and Changes:**

The LX club has faced many challenges the last few years, the biggest challenge the organization has faced the last year is financial. We lost our facility at Dunwood about 5 years ago, and we were forced to find other facilities to accommodate our programs, activities and events. When COVID hit, we experienced many more changes. We left our other facilities for various reasons, and we began to face financial challenges. While no events were taking place, we still had operational expenses. We were forced to use much of our savings to offset these expenses. During COVID we also lost some of our members, including board members, who passed away, moved, or became unable to participate due to health issues.

We recently voted in a new board of directors who are donating their time and energy, working tirelessly to keep the LX club functioning for the seniors of our community. We have enclosed letters that address how important this organization is to our members.

**Board of Directors:**

Janice Tishberg- president  
Beverly Burger -- vice president  
Mary Gilardi- secretary  
Judy Cairns- treasurer

Standing Committee includes

Board of Directors

Arlene Evans- activity coordinator

Robin Estrada- newsletter editor

Jean Schramm- sunshine lady

Judy Kaiser- historian

Lenore Stone- advisor

Denise Green- financial advisor

Pam LaPorte- member at large

Terry Gizechowiak- member at large

**Financial Information:**

Enclosed please find our financial information- a completed 990

**Fiscal Year Information:**

- a. The fiscal year ends on December 31, 2022 (fiscal years runs from Jan. 1-Dec.31)
- b. No budget for 2021 due to COVID
- c. Please see enclosed 2022 budget

**Proposal Information**

We are requesting funding for general operations, so we can continue to send out newsletter, provide quality programs and maintain communication through our website.

**Grant Funding Request**

We are asking for \$350-\$400 per month (\$4200-\$4800) to pay for facility rental for our activities, website, newsletter publication and mailing, and supplies for programs (ie. Paper goods, coffee, etc.)

**Organizational Overview**

The funds will be used to help us continue sending out newsletters every other month.

Unfortunately, many of our members are older and do not use the internet, therefore we need to mail out newsletters to keep members informed of activities. We will also use the funds to help subsidize the cost of our rental facility for our cards and games on Tuesday, currently we are renting space at Congregation Sinai.

In addition, we would use funds for supplies, we have monthly programs and bingo twice a month where people have an opportunity to socialize with other members. During this time, we provide coffee and bakery. We are fortunate to have Panera, the Breadsmith and Deerfield

Bakery donate the bakery, however, the LX club is responsible for purchasing the beverages and all the paper goods.

### **Project Partners**

N/A

### **Goals, Objectives, Outcomes, Evaluation**

Our goal is to provide a safe environment for seniors that promotes a healthy lifestyle, where members can be physically and mentally active through a variety of programs and services. We want to create a sense of belonging by connecting seniors in the community

To accomplish these goals we will continue to present high quality exceptional programs, that address the various needs of the seniors of this community. These programs will include speakers on current topics of interest, authors, and entertainers. We will also offer arts and crafts, travel opportunities, and informational topics on learning new skills. In addition, we will continue with our monthly movies, and weekly mind stimulating cards and games. As well as allowing members to meet new friends and socialize with others their age.

Through these programs, we will enhance the lives of this senior population. They will be able to have new, exciting adventures and opportunities while connecting to others with similar interests.

We will be able to evaluate our programs, through member surveys, attendance at events and open board meetings to critique the programs and suggest new ideas on how to maintain and improve interest in our club and events.

### **For your consideration**

We have included some newsletters, an article and a few letters from our members so you can get a sense of what the club is all about and how important this club is for the seniors of our community.

Mickey Stein



## Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** FOX POINT BAYSIDE LX CLUB
- **EIN:** 391445668
- **Tax Year:** 2021
- **Tax Year Start Date:** 01-01-2021
- **Tax Year End Date:** 12-31-2021
- **Submission ID:** 10065520221175516453
- **Filing Status Date:** 04-27-2022
- **Filing Status:** Accepted

**MANAGE FORM 990-N SUBMISSIONS**

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the 2021 Calendar year, or tax year beginning 2021-01-01 and ending 2021-12-31

## B Check if available

- Terminated for Business  
 Gross receipts are normally \$50,000 or less

C Name of Organization: FOX POINT BAYSIDE LX CLUB7200 N Santa Monica Blvd.  
Fox Point, WI, US, 53217

D Employee Identification

Number 39-1445668

## E Website:

F Name of Principal Officer: Janice Tishberg7200 N Santa Monica Blvd.  
Fox Point, WI, US, 53217

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.**

**From:** jantish@aol.com,  
**To:** mstatty@aol.com, jantish@aol.com, beverlyburgerbjburger@yahoo.com,  
**Subject:** Fwd: grant  
**Date:** Wed, Apr 27, 2022 12:41 pm  
**Attachments:** e-Postcard View.pdf (176K), e-Postcard Filing Confirmation.pdf (44K),

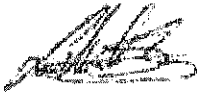
---

Here is the filing confirmation for the 2021 taxes required for the new grant.

-----Original Message-----

**From:** Louis@zcs-cpa.com <Louis@zcs-cpa.com>  
**To:** jantish@aol.com <jantish@aol.com>  
**Sent:** Wed, Apr 27, 2022 7:38 am  
**Subject:** RE: grant

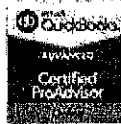
- Mickey



Louis Michael Stein, CPA CGMA  
Zetley, Carneol & Stein, SC  
Certified Public Accountants  
788 North Jefferson Street Ste 200  
Milwaukee, Wisconsin 53202-3710  
Voice: (414) 276-7471  
Fax: (414) 276-7863  
Cell: (414) 405-2519  
Web: [www.zcs-cpa.com](http://www.zcs-cpa.com)  
Email: [Louis@zcs-cpa.com](mailto:Louis@zcs-cpa.com)  
[MickeyStein@cpa.com](mailto:MickeyStein@cpa.com)



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**From:** jantish via Louis.Stein <MickeyStein@cpa.com>  
**Sent:** Tuesday, April 26, 2022 5:35 PM  
**To:** mickeystein@cpa.com; jantish@aol.com  
**Subject:** Fwd: grant

Hi Mickey,

**2022 Proposed Budget-LX Club**

**Investments**

Money Market Account (balance 1-1-22)	\$8,455.31
Checkbook Balance	\$499.19
	-----
<b>Total</b>	<b>\$8,954.50</b>

**Income**

<u>Description</u>	<u>Proposed</u>
Dues	\$2,500
Donations	\$600
Interest (about \$0.50/month)	\$6
Movie revenue (\$60/month)	\$720
	-----
<b>Total</b>	<b>\$3,826</b>

**Expenses**

Beverages and paper products for programs	\$400
Bingo (\$40/month)	\$480
Event and Program Costs	\$2,400
Facility Rentals	\$1,500
Insurance	\$350
Misc. Expenses	\$250
Office Expenses	\$150
Printing Newsletter & Mailing (\$300 every 2 months)	\$1,800
Stationary Printing	\$300
Website	\$420
	-----
<b>Total</b>	<b>\$8,050</b>

Fox Point grant of upto \$500 to pay for facility rentals

Marcus Theater (\$200/month covered by grant)

Rental of Fox Point Pavillion (\$300/month cover by grant)

Bayside grant pays for an activity coordinator

From: Beverly Burger <b.burger@att.net>

To: Janice Tishberg <jantish@aol.com>

Subject: LX Club

Date: Wed, Oct 12, 2016 8:03 pm

*Enclosed letters from members  
of the LX Club*

To whom it may concern:

Until January 1, 2016, I had the honor and pleasure of serving as President of the LX Club. During those four years I got to know the members and citizens in the Fox Point/Bayside area and the impact the club has had on their lives.

For many of the members, the club is much more than a social gathering place; it is like "family". When you outlive your loved ones and you don't drive beyond the familiar neighborhood you are limited in where you can go and what you can do.

For the members, the LX Club is a safe place to go to meet friends, playing games, watching free movies, and gathering for quality programs. They enjoy the affordable luncheons and especially like getting free bread and baked goods donated by two high ended bakeries. Some members are on tight budgets and wouldn't have these treats were it not for these generous donations.

As a counselor and therapist, I assure you that learning doesn't stop at 18, 30, or 65+. Many of the programs are designed to be educational, informative, or pertain to ageing and healthcare. The club also provides an extensive collection of books the members can take home and keep as long as they want. One member told me she read five or more books a week. She said she came for the cookies, cakes and books because she couldn't get that much free any place else.

It saddens me to think this treasured asset to the North Shore citizens may disappear. I sincerely hope the community will work together to make sure the seniors will continue to have a safe and comfortable place to meet. Most of the members are lifelong residents of this area and have given back to the community for years. All they ask is for a space to call their own so they can continue enjoying fellowship in the neighborhood they call home.

Respectfully yours,  
Beverly Burger  
Past President, LX Club  
Sent from my iPhone

Oct 11, 2016

Village of Fox Point & Bayside

I sincerely hope the LX Club can continue. It's a wonderful means of entertainment for us seniors, whether it's cards, movies, bingo, luncheons or just plain conversation. (Being with others means much when you are alone. For many it's their only outside interest.)

---

I also enjoy doing a bit of volunteering, keeps one in touch with all the activities.

Rosemary Metzner

10-12-14

To Whom It may Concern

---

I love the LX Club. They have  
wonderful Programs, Activities, and management.  
I am a ~~senior~~ woman, and the location is  
very convenient and available. The many people  
that come here are friendly, warm, and congenial.  
If you leave or close the place - I will be  
very lonely and unhappy with no place to go.

Edith Stone -

To the Village of Fox Point & Bayside.

I am a senior citizen and I find the LX Club very important to me. It gives me a place to go and to socialize with other people. It is important to keep my mind functioning. I live by myself and enjoy going to the LX Club and participate in many activities. It is a very friendly place and not too far. Please help us find another place. It is important for seniors to get out and socialize.

Thank you for your assistance.

Esther Kahn

To whom it may concern,  
I am writing in response to  
the news concerning the  
termination of the LX club at  
Dunwood School. We seniors  
have enjoyed the safety and  
pleasantries this space has  
provided over the years. I feel  
it is a shame that we are losing  
this wonderful space! I would  
appreciate your reconsideration  
because SENIORS' LIVES MATTER!!!

Sincerely,

A concerned LX club member

To Whom It may concern.

I love the LX Club. The past six or seven years have given me an opportunity to share programs with others, enjoy delicious meals, and play games. It is here ~~was~~ where I learned to play mah jong, a life-long ambition of mine. Every week I enjoy companionship and my mah jong. (The LX Club has become a second home to me. Now that I am a widow and retired, I depend on the members to keep my life sunny!)

Rosalie Perry

Fox Point School Board,

Please consider the  
dissapointment of US  
senior citisens, who don't  
have many options to get  
out and socialize.

It has been very nice  
to know that there is  
a safe place where we  
can gather and enjoy and  
have quality companionship.

PLEASE FIND US A  
NEW SPOT!!!

Thank you,  
LX club member -  
shirley Lawet

October 12, 2016

I have been a member of LX Club for several years and it has been an encouragement and a time of fellowship each time we meet. I attend movies, play bridge and enjoy the various programs they provide. I trust it will be able to continue.

Marian Seibles

1.0-11-16

Am a resident of FOX POINT!

Have found The LX Club an  
~~enjoyable~~ enjoyable place to go to.

The people are very  
cordial and friendly.

Also, there have been  
good movies along with a  
very number of events as well  
Hopefully, this club will  
continue to serve our seniors  
in the future.

Sincerely,  
Ken Tragoski

10/11/16

The LX Club means so much to me, as a resident of Fox Point, WI. It has been a source of information, education, recreation, and socialization as a senior in the community for many years. I help to support the financial base of the community and ask for little in return. I have given volunteer time to help the club in various ways because I value its contribution to the community.

It is my great wish for the LX Club to continue to exist and thrive.

Sincerely,  
Phyllis Tragosk

I have been a member of L.Y. since  
196 or '89. The camaraderie, the friendships  
is something all seniors need. We have  
bridge, bingo, mah jong, sheephead, we  
have movies, luncheons and so much  
more. We have a great library where  
there is no time limit for returns. We  
have programs on health such as exercise,  
food etc. Most communities have senior  
centers. Bayaid - Fox Point should be  
able to have your support. We all  
need this.

Ed Marder

We pay taxes, we contribute to our neighborhoods, and we  
are good citizens, and ask very little in return. Please  
continue to help with a senior center it means so much  
to so many. *Smile joke*

10/2/6

To Whom it may Concern

I have been a member of the LX Club  
~~for~~ for years. I enjoyed the movies, programs  
cards etc and we really need a place  
to have all these programs. Help us  
secure a place where we can enjoy all  
these events.

Thank you

Martha Simons

10/11/12

I ENJOY THE LX CLUB AND  
THEIR ACTIVITIES. I HOPE WE WILL  
CONTINUE TO EXIST

Paul P. P. P.  
Paul P. P. P.

TO whom it may concern:

I have been involved in teaching bridge for over 40 years. I spent some 25 years facilitating bridge at the Milwaukee Catholic Home where I met every week with two or more tables of residents, offering them the intellectual and social activity that improves their well-being.

About 9 or 10 years ago I was invited by the LX Senior Center to teach bridge there. After a few years there as a teacher, I began a regular weekly game of duplicate bridge for the members. I was endorsed by the Greater Milwaukee Bridge Association as a mentor to get elder people into the mechanics of duplicate bridge so that they may enter into other local clubs and tournaments. Many of my students have moved on, and we get a steady influx of new people through the club to gain from the benefits of bridge.

There has been some evidence reported that people who play bridge are less likely to suffer dementia. The game has two major benefits: it brings people into a social setting and it also, as a game of memory and decision making, facilitates mental stimulation.

I just finished a class of 8 students who met at the center for 8 weeks, all of them seniors. I also run a weekly game which draws 6-8 tables each week. This is a wonderful opportunity for seniors to meet new people and make lasting friendships.

My bridge experience is I have been playing for 64 years; I have taught in a number of venues, including the Shorewood Recreation Department and their Senior Center, the Whitefish Bay Recreation Department, the Nicolet Recreation Department, the Jewish Center, the Milwaukee Country Club, the Women's Club of Wisconsin, and the Pine Hills Country Club of Sheboygan as well as private lessons in homes.

Bruno B. Wolff, Jr.

ACBL Accredited teacher

National Master Ranking

At the request of Paul Kintz I got involved in helping the LX Fox Point -Bayside Senior Club. I did not really realize the importance of a senior club until I started volunteering. I met so many wonderful people, and learned about their life before they retired and entered those not so golden-golden years. The club is made up of people of so many diverse backgrounds, from educators, doctors, lawyers, postal workers, repair men , painters all joining together under one roof sharing life stories and fellowship, and having a good time.

Society has changed and so many seniors are alone, with families spread out and working with no time to spare for their senior relatives, friends have died or moved away, the Senior Centers fill a much needed void in their life. These seniors have given to our neighborhoods and they have worked hard paid high taxes and been an asset to their communities. I really do not think it too much to ask that they be able to have a place to go and socialize and have quality programs.

It is my hope that the communities of Fox Point and Bayside also feel the need to advocate for our seniors. Thank you for you consideration in helping us.

Sincerely,  
Janice Tishberg



# LX in M M X III



Jan, Paul, Beverly



## If you are beyond 48 years of age then you fit in one of these three generations:

The Greatest Generation (aka the G.I. Generation) was born from around 1901 through 1924, came of age during the Great Depression, and includes the veterans who fought in World War II. Journalist Tom Brokaw is credited with dubbing them the Greatest Generation in a book (1998) of the same name.

**OR**

The generation of Americans born between 1925–1942, notably during the Great Depression (1929–1939) and World War II (1939–1945), are known as the Silent Generation. It includes those who were too young to join the service during WWII, yet whose fathers had served in WWI.

**OR**

The population explosion following the end of WWII resulting in the Baby Boom Generation (1946–1964), with an estimated 78 million living in the U.S. alone. The first of this generation turned 65 on January 1, 2011. (Source: Wikipedia.com, Generation)

The next question is where in Fox Point and Bayside would you expect to find these generations intermingling socially, culturally, charitably and educationally on a daily basis throughout the year? At the vibrant and welcoming LX Club, of course!

“The LX Club is a community organization and social club open to anyone 55 years and beyond from Fox Point, Bayside or any other of our North Shore communities, even Milwaukee,” says Club vice president Jan Tishberg. “Our nearly 250 members are looking for some new friends.”

The menu and variety of activities and events available is staggering:

- Daily Bridge and Sheephead card games
- Cribbage
- Spanish language classes
- Library and book exchange
- Mah Jongg
- Fitness classes
- Bingo!
- Art classes
- Computer with Wi-Fi
- First run movie matinee every other Tuesday afternoon (*on a big screen*)
- Holiday parties and celebrations
- Special events, such as day tours, summer picnic and rummage sales
- New, comfortable reading and relaxing area

And fun, educational, entertaining programs with guest speakers or musicians happen on a regular basis. The Club recently hosted a world-renowned president’s wife impersonator who gave a spell-binding performance as Mary Todd Lincoln.

Club president Beverly Burger, who took over nine months ago from Paul Kintz after 10 years at the helm, simply wants the 55+ crowd “to know we’re here!” Some of her and the Board’s plans for the Club moving forward include:

- Expanding membership, especially the trailing end of the “boomers”.
- A new look and feel for the newsletter with more pictures.
- Developing a website.
- Looking at more evening programs.

“The LX Club is like a second home for some of our members,” Burger says. “We have such a nice group of people...we just want more people to know we’re here!” Tishberg adds, “We have something here for everyone”

**In case you were wondering what the LX stands for, it’s the Roman numeral for 60!**

**More about the LX Club** – The non-profit LX Club, established in 1979, is located at the eastern end of the Dunwood Center (Port Washington Road and W. Dunwood Road), formerly the Dunwood School. It is a spacious, open and comfortable setting and is open Monday through Friday, from 8am-5pm. Some special events and classes are held in the evenings. Annual membership, which provides unlimited access to the club, the monthly newsletter, and covers the majority of the social events, is \$15/individual or \$25/couple.

For more information, please contact Club president Beverly Burger at 414-963-1527 or vice president Jan Tishberg at 414-228-1882.



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**5815 N. Lovers Lane Rd., Milwaukee, WI 53225**

President - Bev Burger @ 963-1527

Vice President - Jan Tishberg @ 228-1882

Secretary - Paul Kintz @ 351-6060

Treasurer - Rosalie Peavy @ 351-6332

## PROGRAMS

- \*HEALTH AND WELLNESS
- \*MUSICAL ENTERTAINMENT
- \*CURRENT EVENTS
- \*GUEST SPEAKERS
- \*LITERATURE...POETRY
- \*HEALTH FAIR

## CLASSES

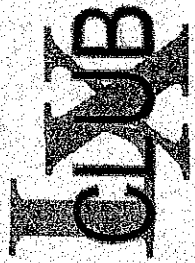
- ART BRIDGE
- SPANISH FITNESS
- MAH JONGG DREAM FITNESS

INFORMATION COMPUTER WI-FI AVAILABLE  
 BOOK LIBRARY & EXCHANGE  
 LIFE PLANNING & MANAGEMENT

- SPECIAL EVENTS
- RUMMAGE SALE
- SIGHTSEEING DAY TOURS
- CELEBRATIONS-HOLIDAY PARTIES
- SUMMER PICNIC

ENJOY A FUN AFTERNOON WITH

BINGO  
OR  
TUESDAY MOVIE MATINEES



## OUR STORY:

The LX Club or Fox Point Bayside Senior Center started with a vision of having a place for senior to gather, meet new friends, acquire new skills, access quality information and most important have fun. We pride ourselves on having something for everyone, from mentally challenging card games to physical fitness, from informative programs and classes to travel opportunities and entertainment.

## PURPOSE:

The LX Club is a non-profit senior club promoting cultural, social, charitable, and educational activities. Its primary purpose is to be available to seniors in the North Shore area of Milwaukee and to promote health, and welfare with activities designed for them.

*s fellowship*

Come and visit your North Shore LX Club and be surprised at the great things we have for YOU!!!



## FOX POINT/BAYSIDE SENIOR CENTER

## LX CLUB MEMBERSHIP APPLICATION

**DUES:**  
 \$15.00 Individual  
 \$25.00 Couple  
 PER YEAR

**NAME:** MR \_\_\_\_\_  
 MRS \_\_\_\_\_  
 MS \_\_\_\_\_

\_\_\_\_\_  
 (FIRST) (M) (LAST)

\_\_\_\_\_  
 (INCLUDING APT NO) (ZIP CODE) (VILLAGE)

**PHONE:** \_\_\_\_\_

**BIRTH MONTH:** \_\_\_\_\_



VILLAGE HALL  
7200 N. SANTA MONICA BLVD.  
FOX POINT WI 53217-3505  
414-351-8900  
FAX 414-351-8909

**To:** Village Board  
**From:** Kevin Ausman, Assistant Village Manager  
**CC:** Scott Botcher, Village Manager  
**Date:** April 12, 2022  
**Re:** Special Pilot Community Enhancement Grants Committee

---

### **Overview**

The Special Pilot Community Enhancement Grants Committee has determined the requirements for approving grants to community-centered organizations.

### **Background**

The creation of a special pilot committee was approved at the December 14, 2021 meeting of the Village Board *"for the purpose of describing the requirements and soliciting applications for, reviewing, and recommending to the Village Board community enhancement grants to Village-centered organizations for projects or programs that would have a tangible effect on enriching life in the Village of Fox Point, in amounts not to exceed \$5,000 per organization or \$10,000 in the aggregate for a calendar year."*

President Frazer appointed Fox Point residents Karen Schapiro (Chair) and Mindy Price, along with Trustees Sumner, Kravit, and Oliman to serve on the special pilot committee. The Assistant Village Manager staffed the meetings. The committee met on six separate occasions and took action at the April 4, 2022 meeting "to approve the application and solicitation materials, and recommend approval by the Village Board" with a 3-0 vote in favor. Attached to this staff report are the solicitation and eligibility documents. Deadline for applications and a timeline for possible award are included within their language.

### **Process**

If the Village Board approves the work of the committee, Staff will post the solicitation to the Village website site and to physical posting locations in order to invite applications. Applications would be reviewed by the committee who could possibly recommend approval or denial to the Village Board as early as the regularly scheduled June 14, 2022 meeting.

### **Questions for Consideration**

If the Village Board is satisfied by the work of the committee and wishes to proceed with this pilot program, action will need to be taken in order to continue with the solicitation of applicants. Alternatively, the Village Board could also offer comments and feedback with the intention that the committee return with refinement of the proposed solicitation and eligibility requirements. Finally, the Village Board could choose to not move forward and no longer pursue this pilot program.



VILLAGE OF FOX POINT

MILWAUKEE COUNTY

WISCONSIN

VILLAGE HALL

7200 N. SANTA MONICA BLVD.

FOX POINT WI 53217-3505

414-351-8900

FAX 414-351-8909

The Village of Fox Point is pleased to announce a special pilot program whereby eligible community organizations are invited to apply for grants intended to enhance the quality of life for residents of the Village of Fox Point. *As a special pilot program, there is no guarantee that this grant program will continue beyond 2022.*

*An eligible community organization is one that meets the following criteria:*

*Any non-profit organization with a history of providing services to Fox Point residents and a mission dedicated to the enhancement of the quality of life in the Village of Fox Point.*

**Note:** *An eligible organization must be recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, or be able to accept donations through a fiscal sponsor that is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code*

Grant awards may be approved up to \$5000 to any one organization, and may be used either for general operations or special projects.

The Fox Point Community Enhancement Grant Committee will be reviewing applications and making grant recommendations for approval by the Village Board. The applicable timeline is as follows:

- a. Deadline for applications: May 23, 2022 at 12:00 PM noon.
- b. Notification of grant awards: Grant recipients will be notified after a decision by the Village Board at their regularly scheduled June 14, 2022 meeting.
- c. Grant period: Award must be used within calendar year 2022

If your organization meets eligibility requirements, it is invited to apply to apply for a Village of Fox Point Community Enhancement Grant utilizing the attached application form. Please submit a document with responses to the itemized list within the application document no later than May 23, 2022 at 12:00 PM noon.

Please direct questions and application materials to Kevin Ausman, Assistant Village Manager at [kausman@villageoffoxpoint.com](mailto:kausman@villageoffoxpoint.com) or 414-351-8900.



## VILLAGE OF FOX POINT

MILWAUKEE COUNTY

WISCONSIN

VILLAGE HALL  
7200 N. SANTA MONICA BLVD.  
FOX POINT WI 53217-3505  
414-351-8900  
FAX 414-351-8909

### 2022 SPECIAL PILOT COMMUNITY ENHANCEMENTS GRANT APPLICATION

#### Organization Information

- A. Tax Identification Number: 39-1231819**
- B. Organization Information**
  - 1. Friends of Schlitz Audubon Nature Center
  - 2. 1111 E. Brown Deer Rd Milwaukee, WI 53217
  - 3. Contact Person
    - a. Carrie Becker
    - b. cbecker@schlitzaudubon.org
    - c. 414-352-2880 x122
- C. Fiscal Sponsor Information, if using a Fiscal Sponsor**
  - 1. n/a
- D. Organization Mission**

#### **Mission**

Schlitz Audubon Nature Center conserves our land's diverse habitats on Lake Michigan and provides meaningful experiences and environmental education for all.

#### **History**



*In the early days of the Center, an educator teaches visitors about the wonders of Schlitz Audubon*

Located north of Milwaukee, immediately adjacent to Lake Michigan, and along the northern border of Fox Point, Schlitz Audubon Nature Center once functioned as an agricultural property to rest the draft horses of the Schlitz Brewery. When ownership passed to the Schlitz Foundation, the land remained undeveloped until the 1950s—when a group of North Shore residents championed the creation of a nature center. After years of negotiations and an alliance with the National Audubon Society, the Center became established officially in 1971 by people with a great love of nature and a strong conservation ethic.

Today, the Center features six miles of trails that take visitors through 185 acres of forests, wetlands, prairies, ravines, bluffs, and shoreline. The land is central to our diverse and interactive program offerings: strengthening a love of nature for all those involved with the Center. We currently have nearly 1,700 members from the 53217 zip code: close to 40% of our membership! Our nationally recognized environmental education programs are acclaimed by conservationists, teachers, students, and visitors of all ages.



*In the present day, Drew Shuster, our Director of Conservation, teaches young learners about the importance of habitat maintenance*



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### Major Programs

From the onset of the COVID-19 pandemic to today, the entire Schlitz Audubon team has worked hard to ensure that the community always has safe, meaningful access to nature. Our trails remain an inspirational place for all as we continue to provide high-quality environmental education programming.

- Educational Programming for Underserved Students – In a typical year, we reach more than 20,000 preschool through grade 12 students through our nationally-acclaimed natural science programs. We strive to ensure our programs are available to all students, including those from the most economically challenged areas of Milwaukee. Nearly 25% of students we reach every year experience our programming free of charge.
- Inclusive Adult Programming – Schlitz Audubon’s accessible programming provides a comfortable setting to engage with the natural world for individuals with visual, cognitive, auditory, and other impairments.
- Raptor Programs – Our raptor program has grown to become the most comprehensive in the Midwest! The 15 resident birds of prey in our care—including Hawks, Eagles, Owls, Falcons, a Turkey Vulture and an American Crow—are members of our permanent family and cannot be released back into the wild.
- Land Conservation – Our conservation staff work year round to maintain the quality and floristic integrity of our 185 acres located north of Milwaukee and along the shores of Lake Michigan.

### E. Organizational Accomplishments

Please provide examples (no more than two) of projects or work your organization has done to enhance the quality of life for residents in the Village of Fox Point

1. Inclusive Adult Programming – Schlitz Audubon’s accessible programming provides a comfortable setting to engage with the natural world for individuals with visual, cognitive, auditory, and other impairments. One example is our on-site SPARK! program, a communal gathering for those with Alzheimer’s or other forms of memory loss and their caregivers. SPARK! events are filled with laughter and joy, music and song, learning and sharing. These events are always free and open to the public.

We additionally offer themed programs for groups, often for free or at a reduced cost. For example, we hosted a total of 72 individuals from Azura Assisted Living Center in Fox Point in the last year for an on-site guided hike and two programs, “Mammals have Fur,” and “Joy of Birding.” We also offer off-site programs to various community groups, such as schools or senior living residences. In the past, we offered programming to Gigi’s Playhouse in Fox Point, and will gladly travel to any other Fox Point location. We are also partner with Nicolet High School’s specific needs program.

2. Land Conservation – Our conservation team works year-round to maintain the quality and floristic integrity of our 185 acres located on the border of Fox Point and Bayside. We offer six miles of trails that take visitors through 185 acres of forests, wetlands, prairies, ravines, bluffs, and shoreline. One recent project is the transformation of a formerly unremarkable four and a



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half acres of Center land into a rare Hardwood Swamp habitat.

Volunteer Land Stewards and Schlitz Audubon staff have been hard at work since fall of 2020 to plant a variety of native wildflowers, shrubs, and trees in this area. When the Hardwood Swamp restoration concludes this spring, more than 24,000 plants will have been placed in the project area, in addition to several pounds of seed. By diversifying the floristic integrity of our land, we are creating a more robust ecological habitat that benefits the quality of life for all Village of Fox Point residents.

**F. Organizational Challenges**

Please describe any major challenges your organization has faced in the past year and how the organization has addressed them

Despite the restrictions put in place on in-person learning from the COVID-19 pandemic, we like many organizations, still face the ongoing challenge of the unpredictable nature of COVID-19 potentially disrupting in-person programming. Many of the changes that took place in 2020 however, provided the building blocks for programming we still use well into 2022. School groups could connect with us through virtual and digital-based learning. Our preschoolers enjoyed all-outdoor instruction until it was safe to return to the classroom. Individuals and groups who choose on-site visits benefited from new infrastructure – like outdoor shelters, handwashing stations, and heaters – that permitted us to offer open-air programming year-round, even during the time of social distancing. We are happy that our in-person programming has now almost fully returned to pre-pandemic levels.

**G. Organizational Changes**

Please describe any major changes to your organization in the past year and/or anticipates in the coming year

We welcomed Renee M. Clair, Heidi Dondlinger, Therese Gripentrog, Evan Kirkstein, Leia C. Olsen, and Lindsay Stevens to our Board of Directors during our fiscal year 2022. Additionally, Drew Shuster became the Director of Conservation and Land Management in June 2021. Our preschool director, Catherine Koons-Hubbard, will retire next month and we are in the process of interviewing a replacement for her position.

**H. Board of Directors**

Please provide a current list of the Board of Directors of your organization, or fiscal sponsor organization, if applicable

\* See attachment

**I. Financial Information**

Please provide the following documents of your organization, or fiscal sponsor, if applicable

- a. Most recently completed 990
  - See attachment
- b. Most recently completed Audited Financial Statement
  - See attachment



VILLAGE OF FOX POINT

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**J. Fiscal Year Information**

Please provide the following information for your organization, or fiscal sponsor, if applicable

- a. Date on which current fiscal year ends
  - June 30, 2022
- b. Organization Budget for Fiscal Year 2021
  - See attachment
- c. Organization Budget for Fiscal Year 2022
  - See attachment

**Proposal Information**

**A. Proposal Information**

Please answer the type of support your organization is requesting – i.e., general operations or project support. If your organization is seeking project support, please provide the project name

Schlitz Audubon Nature Center respectfully asks the Village of Fox Point to support our Central Wetlands Loop Accessible Trail Expansion project.

**B. Grant Funding Request (Amount)**

\$5,000

**C. Organizational or Project Overview**

Please identify the general nature of the operations for which the grant would be used and provide an overview of how your organization accomplishes its mission (for gen ops requests) or an overview of the project you are requesting support for (word limit 1,000)

**Project Summary: Central Wetlands Accessible Trail Expansion**

Schlitz Audubon Nature Center is metropolitan Milwaukee's go-to resource and destination for inspirational, lifelong learning about the Earth and natural environment! Our mission is to conserve our land's diverse habitats on Lake Michigan and provide meaningful experiences and environmental education for all. We serve hundreds of Fox Point families every year, and provide educational outreach programming to a variety of Fox Point organizations, such as Maple Dale Elementary, Stormonth Elementary, and Azura Assisted Living Center.

We intentionally welcome everyone to Schlitz Audubon—regardless of their age, income level, or physical and cognitive ability—to reap the restorative benefits of nature. Your support will enhance the user experience of all visitors to the Center, including individuals who use a wheelchair or other mobility device, by furthering the Central Wetlands Loop Accessible Trail Project.

**Creating Access for All on the Central Wetlands Loop**



The Central Wetlands Loop is at the heart of the Schlitz Audubon trail experience. This large trail loop is easy to find and simple to navigate, facilitating awe-inspiring outdoor experiences and plentiful educational opportunities. At nearly one mile long, about half of the Central Wetland Loop is currently accessible to people using wheelchairs or other mobility devices. Our next step towards making the Central Wetlands Loop fully accessible is to convert four crucial remaining trail segments into either a crushed limestone or boardwalk surface.

In their current form, these four segments can get muddy in wet weather, causing footing to become unstable. Now, we are replacing the existing rustic natural trail with clean, raised surfaces that will allow people who use wheelchairs or walking aids to safely explore the entirety of the Central Wetlands Loop. **We sincerely hope that the Village of Fox Point will partner with Schlitz Audubon through a gift of \$5,000 to help further our goal to make the Central Wetlands Loop completely wheelchair accessible.**

Our first priority, known as trail segment 116 or the Wooded Bluff, is a 553-foot path that begins at the veranda of the Education Center and meanders through wooded Lake Michigan bluff before opening up to Oak Savannah. The trail segment concludes at Molly's Pond: a beautiful new wetland flourishing with aquatic plants like pickerelweed, arrowhead, and marsh marigold. Molly's Pond already features a wheelchair accessible boardwalk—and with the support of Village of Fox Point guests using mobility aids will be able to reach this new habitat for the first time.



Once we complete the Wooded Bluff trail segment stretching from the Education Center to Molly's Pond, our focus will shift to converting three additional crucial trail segments into paths that follow ADA-disability guidelines. Doing so will reduce soil compaction and allow all Center visitors to easily observe the native plants, pollinators, and animals that thrive along this trail.

The order of build for the Central Wetlands Loop can be found on the provided budget below. Work on the Central Wetlands Loop Trail Expansion will begin this summer and will continue into next spring.

**Your Impact on Schlitz Audubon Programming**

At Schlitz Audubon, we believe nature should be a fundamental, healing part of the human experience—but many members of the community face barriers that disconnect them from this therapeutic force. To bridge this gap, we offer many free programs tailored to people with visual, cognitive, auditory, and other impairments that provide a comfortable setting to share tactile experiences with the environment. One popular example of Schlitz Audubon's accessible offerings are SPARK! programs: gatherings designed for individuals with Alzheimer's, or another form of memory loss, and their caregivers.



Your investment will further our goal to make our trails and programs accessible to all Center visitors regardless of their age and physical capabilities. Currently, 6,427 feet of trail at Schlitz Audubon is accessible to visitors who use mobility aids; upon completion of the entire Central Wetlands Loop trail expansion, a total of 9,110 feet — nearly one and three-quarters mile! — will be fully accessible.

**D. Project Partners**

If your proposal includes project partners, please identify each partner and provide details about the relationship

N/A

**E. Project Budget (if applicable)**

Central Wetlands Loop Accessible Trail Project							
Order of Build	Segment	Material	Linear Feet	Projected Cost	Timeline	Funding Snapshot	Segment Description
1	116	TB	553	\$19,355	Spring/Summer 2022	\$15,000 Secured	Veranda to Molly's Pond
2	132	BW	64	\$4,800	Spring/Summer 2022	\$5,000 Secured	Teal Pond to existing boardwalk
3	72	BW	110	\$8,250	Summer/Fall 2022		Continuing segment 132 to Gateway Trail
4	134	TB	177	\$6,195	Fall 2022 /Spring 2023		Molly's Pond along North Ravine

<p>TB = Crushed Limestone                  BW = Boardwalk</p>
---

**F. Goals, Objectives, Outcomes, Evaluation**

For both general operations and project proposals, please list a minimum of 1 and maximum of 3 goal(s), objective(s), projected outcome(s) and evaluation strategy for the grant period.

1. Goal: Make Center trails accessible to all people, including those who require walking aids.
2. Objective: To complete conversion of 904 feet, comprised of four segments of trail (116, 132, 72, and 134), to accessible surfaces by the end of June 2023.
3. Project Outcome: Welcome more individuals on our trails to experience the beauty of nature
4. Evaluation Strategy: Goal will be considered complete if we are able to transform all four segments of trail (116, 132, 72, and 134), to accessible surfaces by the end of June 2023.



**Schlitz Audubon**  
Nature Center

FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.  
Fed. I.D. No. 39-1231819  
Board of Directors for Fiscal Year 2022

**Officers**

President:	Shane Delsman	Godfrey & Kahn, S.C.
Treasurer:	Benjamin Pavlik	Johnson Financial
VP of Development:	Jane B. Bell	Community Volunteer
VP of Governance:	John Schaub	Robert W. Baird & Co.

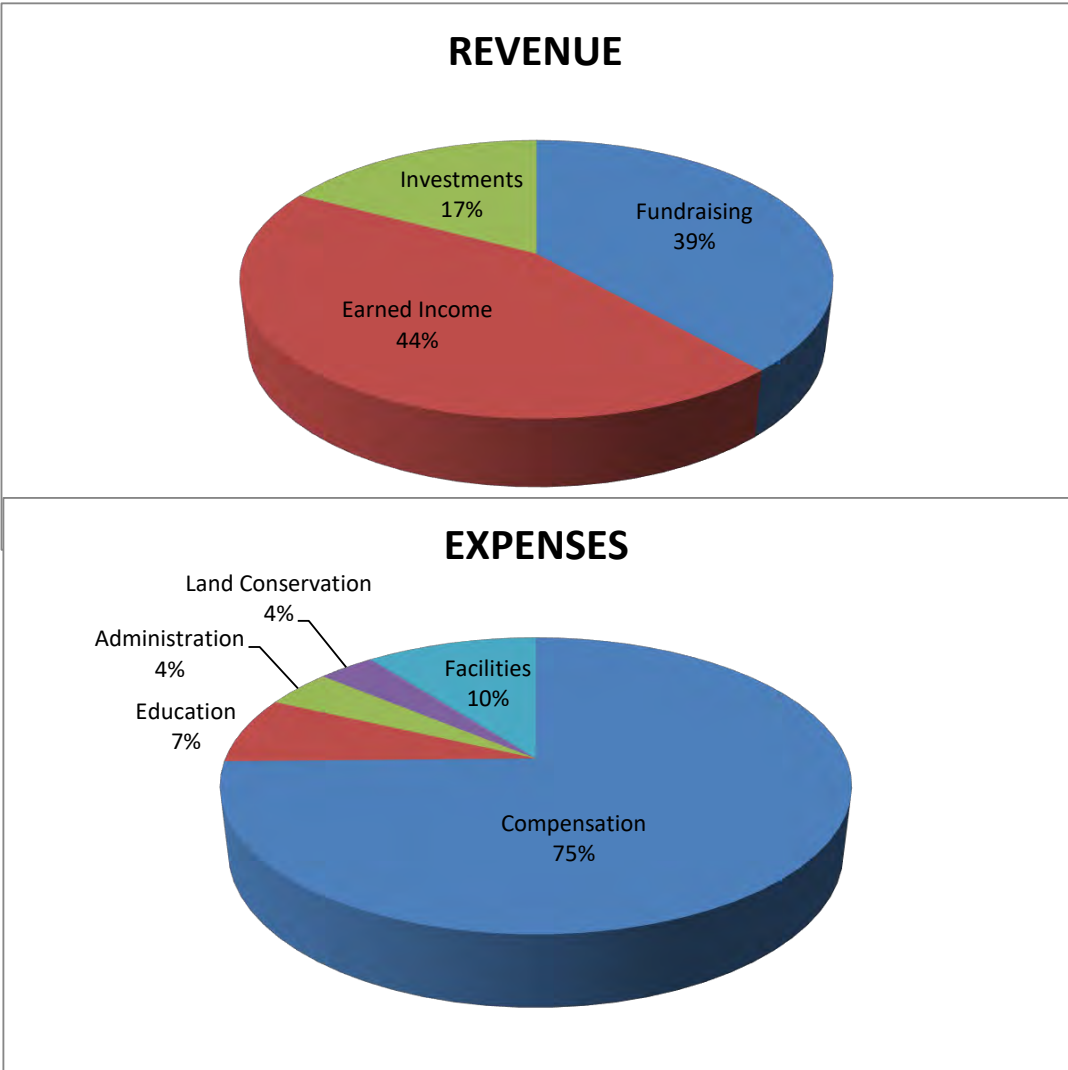
**Directors**

Renee M. Clair	Johnson Controls
Heidi Dondlinger	GE Healthcare
John E. 'Jack' Gebhardt	Green River Equity Partners
Amy Giuffre	Harley-Davidson
Therese Gripentrog	Milwaukee County Parks
Evan Kirkstein	BMO Harris
Barbie Brennan Nelson	Bank Brennan Insurance Agency
Leia C. Olsen	Ascension
Sanderson S. 'Andy' Read	Private Business
Benjamin F. Ridders	Foley & Lardner, LLP
Jeff Rusinow	Angel Investor
Lindsay Stevens	Rock the Green
Carol Wolcott	Community Volunteer

Officers and Directors receive no compensation, no employee benefit plan contributions, and no expense account.

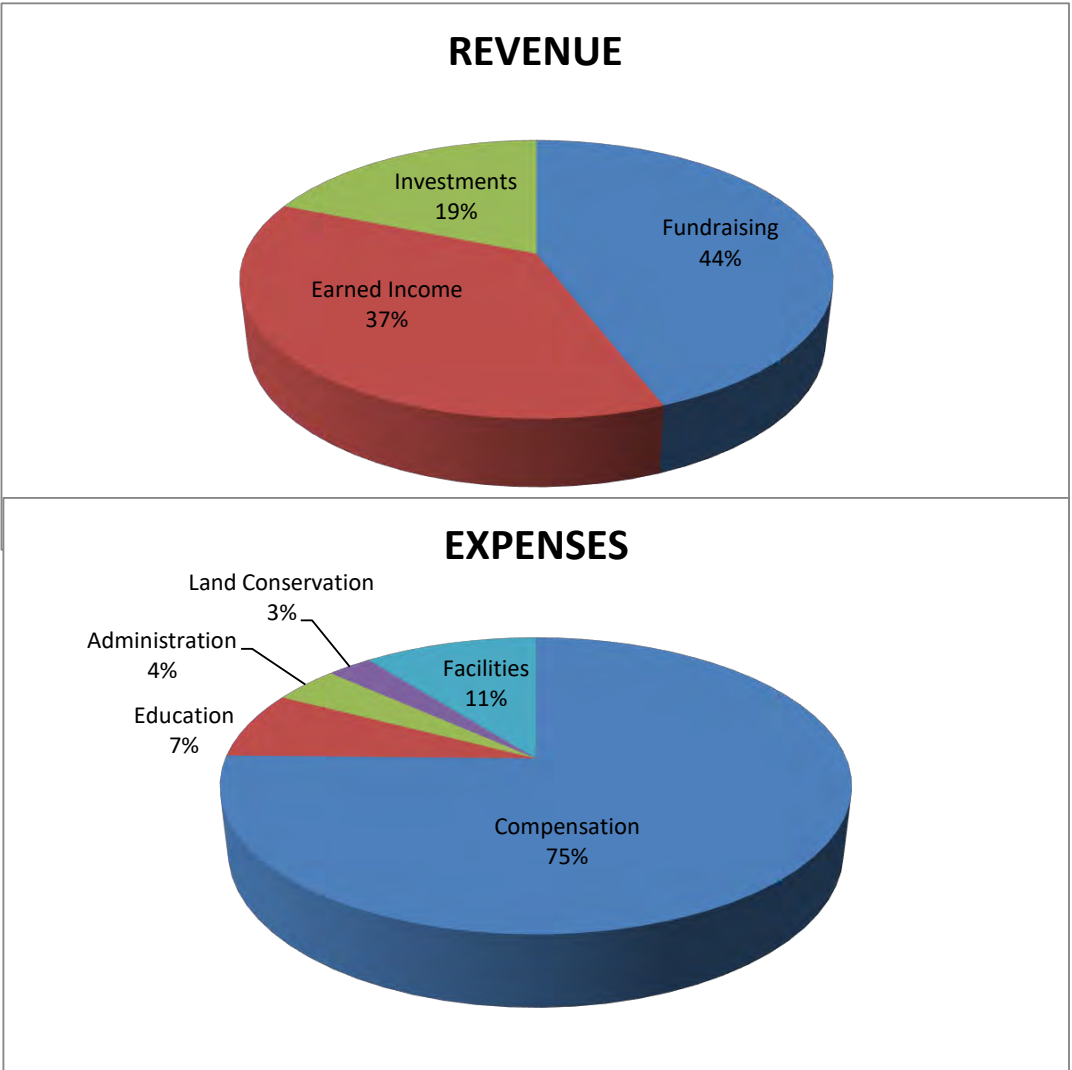
# Schlitz Audubon Nature Center - FY22 Operating Budget

	FY22 Annual Budget
<b>REVENUE</b>	
Total Annual Campaign	725,000.00
Restricted Fund-net	107,000.00
Memberships	225,000.00
Admissions	75,500.00
Annual Gala Event - net	66,000.00
Special Events - net	36,850.00
Rental Income - net	402,887.00
Education Program Fees	263,325.00
Raptor Program Fees	80,500.00
Preschool Tuition & Fees	745,400.00
Nature Store Revenue - net	33,875.00
Weller Trust Income	104,916.00
National Endowment Fund Income	192,456.00
Friends Investment Fund Income	216,000.00
Interest & Miscellaneous Income	5,460.00
<b>Operating Revenue</b>	<b>3,280,169.00</b>
<b>EXPENSES</b>	
Compensation	2,406,920.00
Advertising & Printing	83,900.00
Professional Fees	16,800.00
Consultants	54,480.00
Land Conservation	111,850.00
Utilities & Occupancy	292,885.00
Program Materials & Supplies	131,240.00
Travel & Vehicle	19,400.00
Insurance	44,225.00
Merchant Bank & Misc. Expenses	60,900.00
<b>Total Expense</b>	<b>3,222,600.00</b>
<b>OPERATING INCOME / (LOSS)</b>	<b>57,569.00</b>



# Schlitz Audubon Nature Center - FY21 Operating Budget

	FY21 Annual Budget
<b>REVENUE</b>	
Total Annual Campaign	720,000.00
Restricted Fund-net	174,500.00
Memberships	198,000.00
Admissions	70,000.00
Annual Gala Event - net	106,700.00
Special Events - net	34,730.00
Rental Income - net	227,962.00
Education Program Fees	258,250.00
Raptor Program Fees	94,500.00
Preschool Tuition & Fees	607,400.00
Nature Store Revenue - net	35,925.00
Weller Trust Income	103,152.00
National Endowment Fund Income	192,240.00
Friends Investment Fund Income	223,560.00
Interest & Miscellaneous Income	7,200.00
<b>Operating Revenue</b>	<b>3,054,119.00</b>
<b>EXPENSES</b>	
Compensation	2,304,720.00
Advertising & Printing	82,050.00
Professional Fees	15,500.00
Consultants	51,200.00
Land Conservation	84,143.00
Utilities & Occupancy	281,800.00
Program Materials & Supplies	116,670.00
Travel & Vehicle	25,000.00
Insurance	42,554.00
Merchant Bank & Misc. Expenses	55,800.00
<b>Total Expense</b>	<b>3,059,437.00</b>
<b>OPERATING INCOME / (LOSS)</b>	<b>(5,318.00)</b>



WEGNER CPAS, LLP  
2921 LANDMARK PL STE 300  
MADISON, WI 53713-4236

FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.  
1111 E. BROWN DEER ROAD  
MILWAUKEE, WI 53217

|||||

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

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.</b>		<b>D</b> Employer identification number <b>39-1231819</b>
	Doing business as <b>SCHLITZ AUDUBON NATURE CENTER</b>		<b>E</b> Telephone number <b>414-352-2880</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>1111 E. BROWN DEER ROAD</b>	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53217</b>		<b>G</b> Gross receipts \$ <b>4,734,600.</b>
	<b>F</b> Name and address of principal officer: <b>HELEN BOOMSMA</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: **WWW.SCHLITZAUDUBON.ORG**  
**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1975** **M** State of legal domicile: **WI**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SCHLITZ AUDUBON NATURE CENTER CONSERVES OUR LAND'S DIVERSE HABITATS ON LAKE MICHIGAN AND PROVIDES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>79</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>740</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 1,728,548.	<b>Current Year</b> 2,252,630.
	<b>9</b> Program service revenue (Part VIII, line 2g)	797,806.	1,010,913.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,257.	171,405.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	264,488.	-18,642.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,910,099.	3,416,306.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,188,285.	2,073,310.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>181,505.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	881,126.	822,124.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,069,411.	2,895,434.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-159,312.	520,872.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 5,838,785.	<b>End of Year</b> 7,013,217.
	<b>21</b> Total liabilities (Part X, line 26)	952,371.	804,578.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,886,414.	6,208,639.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>HELEN BOOMSMA, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNY TARKOWSKI, CPA</b>	Preparer's signature <i>Jenny Tarkowski</i>	Date <b>4/26/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00634290</b>
	Firm's name <b>WEGNER CPAS, LLP</b>	Firm's EIN <b>39-0974031</b>			
	Firm's address <b>2921 LANDMARK PL STE 300 MADISON, WI 53713-4236</b>	Phone no. <b>608-274-4020</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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: SCHLITZ AUDUBON NATURE CENTER CONSERVES OUR LAND'S DIVERSE HABITATS ON LAKE MICHIGAN AND PROVIDES MEANINGFUL EXPERIENCES AND ENVIRONMENTAL EDUCATION FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,126,733. including grants of \$ 0.) (Revenue \$ 381,690.) EDUCATIONAL PROGRAMS: THE CENTER OFFERS PROGRAMS FOR PEOPLE OF ALL AGES AND ABILITIES. WE SERVED ABOUT 17,000 CHILDREN AND ADULTS THROUGH VIRTUAL AND OUTDOOR LIVE PROGRAMS RANGING FROM ENVIRONMENTAL EDUCATION, SUMMER CAMPS, NATURE ART CLASSES, AND OUR MASTER NATURALIST COURSE. THE CENTER ALSO OFFERS PROGRAMMING FOR SPECIAL NEEDS INDIVIDUALS SUCH AS THE VISUALLY IMPAIRED, YOUNG CANCER SURVIVORS AND OLDER ADULTS WITH MEMORY CHALLENGES. IN ADDITION, WE OFFER THE MOST COMPREHENSIVE RAPTOR EDUCATION PROGRAM IN THE MIDWEST, WITH 15 RESIDENT BIRDS OF PREY, MEMBERS OF OUR PERMANENT FAMILY WHO CANNOT BE RELEASED BACK INTO THE WILD. OUR FEATHERED AMBASSADORS TOUCHED MORE THAN 32,000 PEOPLE LIVE AND VIRTUALLY DURING THE YEAR.

4b (Code: ) (Expenses \$ 646,887. including grants of \$ 0.) (Revenue \$ 629,223.) NATURE PRESCHOOL: THIS PRIMARY PROGRAM SERVICE GIVES EARLY LEARNERS (UP TO AGE SIX) ACCESS TO NATURE-BASED EXPERIENCES. OUR NATURE PRESCHOOL, FOUNDED IN 2003, IS ONE OF THE FIRST OF ITS KIND IN THE NATION. HOUSED IN THE CENTER'S GOLD LEED CERTIFIED BUILDING, OUR PRESCHOOL IS DEEPLY COMMITTED TO ENVIRONMENTAL EDUCATION AND ACTIVE LEARNING FOR STUDENTS OF ALL WALKS OF LIFE, INCLUDING THOSE FROM THE MOST ECONOMICALLY CHALLENGED AREAS OF MILWAUKEE.

4c (Code: ) (Expenses \$ 623,967. including grants of \$ 0.) (Revenue \$ 0.) LAND CONSERVATION: OUR 185 ACRES OF FOREST, WETLANDS, PRAIRIE, RAVINES, BLUFFS, AND SHORELINE ARE AT THE HEART OF EVERYTHING WE DO. THE LAND IS OUR OUTDOOR CLASSROOM AND THE FOUNDATION FOR OUR UNIQUE EDUCATIONAL EXPERIENCES. GUIDED BY OUR COMPREHENSIVE LAND MANAGEMENT PLAN, OUR VISION IS TO CREATE A BIOLOGICALLY AND VISUALLY DIVERSE 21ST CENTURY LANDSCAPE ON THIS PROPERTY, WHICH IS AMONG THE MOST ECOLOGICALLY IMPORTANT TRACTS OF LAND IN GREATER MILWAUKEE. IN 2021, OUR CONSERVATION STAFF AND VOLUNTEER LAND STEWARDS PLANTED 715 TREES, 250 SHRUBS AND OVER 11,000 HERBACEOUS PLUGS IN CONJUNCTION WITH THREE MAJOR CONSERVATION INITIATIVES. THE CENTER ALSO ADDED ABOUT 350 LINEAR FEET OF WHEELCHAIR ACCESSIBLE BOARDWALKS AND TRAILS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,397,587.

FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

FRIENDS OF SCHLITZ AUDUBON NATURE  
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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		79
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

FRIENDS OF SCHLITZ AUDUBON NATURE  
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**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 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) 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 interest policy, and financial 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 **LISA TROST - 414-352-2880**  
**1111 E. BROWN DEER ROAD, MILWAUKEE, WI 53217**

FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELEN BOOMSMA EXECUTIVE DIRECTOR	40.00			X				130,746.	0.	9,204.
(2) LISA TROST CHIEF FINANCIAL OFFICER	40.00			X				75,592.	0.	7,100.
(3) SHANE DELSMAN PRESIDENT	3.00	X		X				0.	0.	0.
(4) BENJAMIN T. PAVLIK TREASURER	3.00	X		X				0.	0.	0.
(5) ALIAH BERMAN SECRETARY	2.00	X		X				0.	0.	0.
(6) JANE BELL VP DEVELOPMENT	2.00	X		X				0.	0.	0.
(7) JOHN SCHAUB VP GOVERNANCE	2.00	X		X				0.	0.	0.
(8) HEIDI DONDLINGER DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN E. GEBHARDT DIRECTOR	1.00	X						0.	0.	0.
(10) TIMOTHY J. GEREND DIRECTOR	1.00	X						0.	0.	0.
(11) AMY GIUFFRE DIRECTOR	1.00	X						0.	0.	0.
(12) BARBARA BRENNAN NELSON DIRECTOR	1.00	X						0.	0.	0.
(13) JEFF RUSINOW DIRECTOR	1.00	X						0.	0.	0.
(14) SANDERSON S. READ DIRECTOR	1.00	X						0.	0.	0.
(15) BENJAMIN F. RIKKERS DIRECTOR	1.00	X						0.	0.	0.
(16) CAROL WOLCOTT DIRECTOR	1.00	X						0.	0.	0.



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	260,058.				
	<b>c</b> Fundraising events	<b>1c</b>	146,108.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	682,648.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,163,816.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			2,252,630.			
	Program Service Revenue	<b>2 a</b> PRESCHOOL	<b>Business Code</b>	616000	629,223.	629,223.	
<b>b</b> ADMISSIONS & PROGRAM FEES			616000	381,690.	381,690.		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				1,010,913.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			134,317.		134,317.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	94,498.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		108,379.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-13,881.			
	<b>d</b> Net rental income or (loss)			-13,881.		-13,881.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,140,353.	2,800.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		1,106,065.	0.		
<b>c</b> Gain or (loss)	<b>7c</b>		34,288.	2,800.			
<b>d</b> Net gain or (loss)			37,088.		37,088.		
<b>8 a</b> Gross income from fundraising events (not including \$ 146,108. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			7,750.			
<b>b</b> Less: direct expenses	<b>8b</b>		48,622.				
<b>c</b> Net income or (loss) from fundraising events			-40,872.		-40,872.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			90,195.			
<b>b</b> Less: cost of goods sold	<b>10b</b>		55,228.				
<b>c</b> Net income or (loss) from sales of inventory			34,967.		34,967.		
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue		900099	1,144.		1,144.	
	<b>e Total.</b> Add lines 11a-11d			1,144.			
<b>12 Total revenue.</b> See instructions			3,416,306.	1,010,913.	0.	152,763.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,292.	115,807.	59,984.	47,501.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,504,517.	1,392,367.	17,961.	94,189.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	205,383.	190,073.	2,452.	12,858.
10 Payroll taxes	140,118.	129,673.	1,673.	8,772.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,000.		16,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,857.		25,857.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	152,240.	108,950.	43,290.	
12 Advertising and promotion	37,264.	32,836.	2,618.	1,810.
13 Office expenses	119,204.	29,690.	87,027.	2,487.
14 Information technology				
15 Royalties				
16 Occupancy	231,923.	194,705.	31,176.	6,042.
17 Travel	18,839.	18,678.	100.	61.
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	95,591.	80,304.	15,287.	
23 Insurance	42,795.	31,697.	4,905.	6,193.
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.)				
a <b>EDUCATIONAL SUPPLIES</b>	43,091.	41,670.	1,421.	
b				
c				
d				
e All other expenses	39,320.	31,137.	6,591.	1,592.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,895,434.	2,397,587.	316,342.	181,505.
26 <b>Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	39,371.	<b>1</b>	80,775.
	<b>2</b> Savings and temporary cash investments .....	224,662.	<b>2</b>	670,109.
	<b>3</b> Pledges and grants receivable, net .....	74,395.	<b>3</b>	32,872.
	<b>4</b> Accounts receivable, net .....	3,807.	<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	25,124.	<b>8</b>	17,312.
	<b>9</b> Prepaid expenses and deferred charges .....	49,810.	<b>9</b>	48,332.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,864,442.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 971,511.		
	<b>11</b> Investments - publicly traded securities .....	959,157.	<b>10c</b>	892,931.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,340,966.	<b>11</b>	4,897,292.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	121,493.	<b>12</b>	281,731.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>14</b>	91,863.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,838,785.	<b>15</b>	7,013,217.	
<b>17</b> Accounts payable and accrued expenses .....	269,770.	<b>16</b>	344,050.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	338,018.	<b>18</b>	388,133.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....	344,583.	<b>24</b>	72,395.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	952,371.	<b>25</b>	804,578.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>27</b> Net assets without donor restrictions .....	4,549,455.	<b>27</b>	5,904,835.	
<b>28</b> Net assets with donor restrictions .....	336,959.	<b>28</b>	303,804.	
<b>29</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>32</b> Total net assets or fund balances .....	4,886,414.	<b>32</b>	6,208,639.	
<b>33</b> Total liabilities and net assets/fund balances .....	5,838,785.	<b>33</b>	7,013,217.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,416,306.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,895,434.
3	Revenue less expenses. Subtract line 2 from line 1	3	520,872.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,886,414.
5	Net unrealized gains (losses) on investments	5	801,353.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,208,639.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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? _____		X
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 _____		



FRIENDS OF SCHLITZ AUDUBON NATURE

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1163151.	1104255.	1441668.	1728548.	2252630.	7690252.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1163151.	1104255.	1441668.	1728548.	2252630.	7690252.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						7690252.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	1163151.	1104255.	1441668.	1728548.	2252630.	7690252.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	599,879.	645,413.	568,255.	470,523.	228,815.	2512885.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	6,675.	52,949.				59,624.
<b>11 Total support.</b> Add lines 7 through 10						10262761.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,342,100.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	74.93 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	68.71 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

FRIENDS OF SCHLITZ AUDUBON NATURE

Schedule A (Form 990 or 990-EZ) 2020 CENTER, INC.

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

FRIENDS OF SCHLITZ AUDUBON NATURE

Schedule A (Form 990 or 990-EZ) 2020 CENTER, INC.

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 6,675.

2017 AMOUNT: \$ 52,949.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.**

Employer identification number

**39-1231819**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.</b>	Employer identification number <b>39-1231819</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>651,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>133,341.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>192,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>79,018.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.</b>	Employer identification number <b>39-1231819</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.</b>	Employer identification number <b>39-1231819</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** **FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.** **Employer identification number** **39-1231819**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 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 ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 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) 2020

FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,255,598.	7,309,829.	7,469,399.	6,997,404.	6,910,386.
b Contributions	38,750.	139,431.	100,143.	410,878.	55,635.
c Net investment earnings, gains, and losses	-1,950,531.	177,747.	-15,705.	376,669.	657,403.
d Grants or scholarships					
e Other expenditures for facilities and programs	223,560.	371,409.	244,008.	315,552.	626,020.
f Administrative expenses	25,857.				
g End of year balance	5,094,400.	7,255,598.	7,309,829.	7,469,399.	6,997,404.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  98.6900 %
  - b Permanent endowment  1.3100 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  |                          | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,036,302.	402,713.	633,589.
d Equipment		809,472.	568,798.	240,674.
e Other		18,668.		18,668.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				892,931.

**FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.**

Schedule D (Form 990) 2020

39-1231819 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PAYCHECK PROTECTION PROGRAM</b>	
(3) <b>ADVANCE</b>	72,395.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	72,395.

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) 2020

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT CONSISTS OF FUNDS DESIGNATED BY THE BOARD OF DIRECTORS AND DONOR-RESTRICTED FUNDS ESTABLISHED TO SUPPORT THE MISSION OF THE ORGANIZATION.



FRIENDS OF SCHLITZ AUDUBON NATURE

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING GALA (event type)	AUTUMN GALA (event type)	1 (total number)		
Revenue	1	Gross receipts	96,555.	37,328.	13,165.	147,048.
	2	Less: Contributions	90,355.	35,778.	13,165.	139,298.
	3	Gross income (line 1 minus line 2)	6,200.	1,550.		7,750.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2,354.			2,354.
	6	Rent/facility costs	10,728.			10,728.
	7	Food and beverages	15,333.	2,609.		17,942.
	8	Entertainment	4,130.	7,741.		11,871.
	9	Other direct expenses	4,185.	185.	1,047.	5,417.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				48,312.
11	Net income summary. Subtract line 10 from line 3, column (d)				-40,562.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.	Employer identification number	39-1231819
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEANINGFUL EXPERIENCES AND ENVIRONMENTAL EDUCATION FOR ALL.

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

BEFORE FILING, THE 990 TAX RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE EXECUTIVE DIRECTOR, BOARD PRESIDENT, BOARD TREASURER, AND TWO MEMBERS OF THE AUDIT COMMITTEE, AS WELL AS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS.

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

AN ANNUAL DECLARATION IS REQUIRED FROM EACH DIRECTOR. THEY ARE REVIEWED BY EXECUTIVE DIRECTOR AND THE PRESIDENT OF THE BOARD OF DIRECTORS. WHERE APPROPRIATE, DISCLOSURES WILL BE APPROVED AND MADE BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS.

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

COMPENSATION FOR THE SENIOR LEADERSHIP INCLUDING: THE EXECUTIVE DIRECTOR AND DIRECTORS OF DEVELOPMENT, FINANCE, EDUCATION, CONSERVATION, PRESCHOOL AND MARKETING ARE REVIEWED ANNUALLY IN CONNECTION WITH THE PERFORMANCE OF THE CENTER. THE COMPENSATION IS ALSO REVIEWED BY THE BOARD OF DIRECTORS. FRIENDS OF SCHLITZ AUDUBON NATURE CENTER'S SENIOR LEADERSHIP TEAM SALARIES WERE REVIEWED IN THE FIRST QUARTER OF CALENDAR YEAR 2021. TO ESTABLISH SALARY RANGES AND COMPENSATION, FRIENDS OF SCHLITZ AUDUBON NATURE CENTER REVIEWS SALARY BENCHMARKS FROM MRA, THE ASSOCIATION OF NATURE CENTER ADMINISTRATORS, AND NATIONAL AUDUBON SOCIETY.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **FRIENDS OF SCHLITZ AUDUBON NATURE  
CENTER, INC.** Employer identification number  
**39-1231819**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATURAL EVENTS INC.	N	100,763.	AMOUNT PAID
(2) NATURAL EVENTS INC.	Q	99,984.	AMOUNT PAID
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

NATURAL EVENTS INC.

DIRECT CONTROLLING ENTITY: FRIENDS OF SCHLITZ AUDUBON NATURE CENTER, INC.

## 2022 Special Pilot Community Enhancements Grant Application

### St. Eugene School Grounds Enhancement Project

#### Organization Information

**A. Tax Identification Number**

39-0928072

**B. Organization Information**

1. Name – St. Eugene School
2. Mailing Address:  
7600 N. Port Washington Road  
Fox Point, WI 53217

**3. Contact Person**

- a. Emily Fleisch
- b. [fleische@steugene.school](mailto:fleische@steugene.school)
- c. 414-918-1132

**C. No Fiscal Sponsor**

**D. Organization Mission**

*Within a Catholic community, St. Eugene School helps children grow in faith, character, and service, builds a foundation of academic excellence, and promotes the development of the whole child.*

St. Eugene School is a Catholic school enrolling approximately 160 students from Preschool (3K) through 8th grade. We have dedicated teachers, involved parents, and talented students.

**E. Organizational Accomplishments** - Our students serve the Fox Point community in a variety of ways including doing yard work for elderly neighbors and our service club visits the residents at Azura Memory Care.

**F. Organizational Challenges** – COVID has provided many challenges for us over the past year. We have prioritized our students' education above all else and feel that continuing to allow for in-person learning was the best way to do that. By following the guidelines of the North Shore Health Department, we were able to provide in-person learning every day during the 2020-21 and 2021-22 school years, while also providing virtual options to students who needed to be at home. Our academic standards were never lowered thanks to the outstanding work of our faculty and staff, as well as the support of our school parents. Additionally, as a small Catholic school, we are continuously challenged to keep enrollment up, as our budget depends on healthy class sizes. With other Catholic schools nearby, as well as a well-regarded public school system, we have to work very hard to make sure we bring students in the door. Because of this, we do not have a large reserve of money for additional projects such as the Grounds Enhancement Project we are proposing here.

**G. Organizational Changes** – We have not had any major organizational changes, nor do we anticipate any in the coming year.

**H. Board Of Directors**

Fr. Mark Payne, Pastor starting June 21, 2022

**I. Financial Information**

According to our Director of Administrative Services, Sue Divine, the Archdiocese of Milwaukee does the 990's as one combined 990 for all parishes. Therefore, I do not have access to a 990 for our parish and school. There is also no record of our Audited Financial Statement as this is handled by the Archdiocese.

Here is the financial information I am able to provide:

DUNS: 026763879

Tax ID: 39-0928072

CAGE: 969X2

**J. Fiscal Year Information**

- a. Fiscal Year Ends on June 30, 2022.
- b. Please see the attached budget for 2021/2022.

**Proposal Information**

**A. Proposal Information**

We are seeking project support for our Grounds Enhancement Project.

- B. **Grant Funding Request** – We are seeking grant funding in the amount of \$5,000.
- C. **Project Overview** – The Grounds Enhancement Project is intended to provide gardens and an outdoor learning space for students. The area would be in the northeast corner of our property. It would contain varieties of plants intended to attract butterflies. Teachers would be able to use the garden during the school year to instruct classes about plant life and gardening, as well as to have a beautiful place to sit and enjoy. We envision paths through the garden and seating areas. Because the Fox Point community outside of our school has access to our playground, they would be able to enjoy the garden space as well.
- D. **Project Partners** – We are partnering with Rob Williams, a Fox Point resident, parent of two St. Eugene School alumni, and a landscape architect. He has agreed to provide expert advice and information about purchasing and building the garden space. We will also be partnering with parent volunteers, including Kay Bokowy, Fox Point resident and mother of two St. Eugene students, and school staff to aid in maintenance once the space is completed.

We will also partner with Jacobson's Seasonal Services, another school parent, who will help us to purchase plants and materials at a reduced cost.

**E. Project Budget**

**F. Goals, Objectives, Outcomes, Evaluation**

- a. One goal of this project is to provide a space where students can experience hands-on learning about plant life, gardening, and all aspects of the natural world. Another goal is to beautify the grounds that are currently just a wide-open field. This will enhance the grounds for the enjoyment of the school and the wider Fox Point community. Our objective is to gain funding to be able to purchase plant and building supplies and pay to have the garden planted and built. The outcome will be

the completion of a beautiful garden space with seating and paths. The project will be evaluated as a success when it is completed and ready for use by the school and Fox Point community. Following the first year of use, a staff survey will be sent to ask about the use of the space by the teachers and how it has enhanced their students' learning experiences.

# St. Eugene Congregation

## Budget Overview: FY 2022 Budget - FY22 P&L Classes

July 2021 - June 2022

	TOTAL
Income	
3000 Contributions	1,381,013.00
3100 Tuition & Program Fees	799,662.00
3300 Rental Income	9,600.00
3400 Other Revenues	70,560.00
3600 Fundraising and Activity Events	122,800.00
<b>Total Income</b>	<b>\$2,383,635.00</b>
GROSS PROFIT	<b>\$2,383,635.00</b>
Expenses	
4000 Salaries & Benefits Paid - All	1,855,463.00
4200 Supplies & Purchased Services	228,037.00
4400 Building & Grounds Expenses	146,759.00
4600 Other Expenses	148,176.00
<b>Total Expenses</b>	<b>\$2,378,435.00</b>
NET OPERATING INCOME	<b>\$5,200.00</b>
Other Income	
5000 Restricted Revenue	373,450.00
<b>Total Other Income</b>	<b>\$373,450.00</b>
NET OTHER INCOME	<b>\$373,450.00</b>
NET INCOME	<b>\$378,650.00</b>

## Annual Electronic Filing Requirement for Small Exempt Organizations — **Form 990-N** (e-Postcard)



Most small tax-exempt organizations whose annual [gross receipts](#) are [normally \\$50,000 or less](#) are required to electronically submit Form 990-N, also known as the *e-Postcard*, unless they choose to file a complete Form 990 or Form 990-EZ instead.

If you do not file your *e-Postcard* on time, the IRS will send you a reminder notice. There is no penalty assessment for late filing the *e-Postcard*, but an organization that fails to file required *e-Postcards* (or information returns – Forms 990 or 990-EZ) for three consecutive years will [automatically lose its tax-exempt status](#). The revocation of the organization's tax-exempt status will not take place until the filing due date of the third year. Watch the IRS YouTube [presentation](#).

### Due Date of the *e-Postcard*

The *e-Postcard* is due every year by the 15th day of the 5th month after the close of your [tax year](#). For example, if your tax year ended on December 31, the *e-Postcard* is due May 15 of the following year. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day. **You cannot file the *e-Postcard* until after your tax year ends.**

### How to File

Use [this link](#) to file the *e-Postcard*. If you have trouble accessing the system using that link, you may be able to access the filing site directly by typing or pasting the following address into your Internet browser: <http://epostcard.form990.org>. When you access the system, you will leave the IRS site and file the *e-Postcard* with the IRS through our trusted partner, Urban Institute. The form must be completed and filed electronically. There is no paper form.

### Information You Will Need to File the *e-Postcard*

The *e-Postcard* is easy to complete. All you need is [eight items of basic information](#) about your organization.

### Who Must File

Most small tax-exempt organizations with gross receipts that are normally \$50,000 or less must file the *e-Postcard*. **Exceptions to this requirement include:**

- Organizations that are included in a [group return](#),
- [Churches](#), their integrated auxiliaries, and conventions or associations of churches, and
- [Organizations required to file a different return](#)