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 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21D Employer identification number C Name of organization Check if applicable: Address change Friends of the Domes, Inc. Doing business as 39-1727792 Name change Number and street (or P.O. box if mail is not delivered to street address) 414-257-5608 Initial return 524 S Layton Blvd Final return/ City or town, state or province, country, and ZIP or foreign postal code Milwaukee WI 53215 1,082,683 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Jeremy Guth 524 S Layton Blvd H(b) Are all subordinates included? If "No," attach a list. See instructions Milwaukee WI 53215 **X** 501(c)(3) Tax-exempt status www.milwaukeedomes.org Website: **H(c)** Group exemption number ▶ Year of formation: 1987 X Corporation Trust Association Form of organization: Other > M State of legal domicile: Part I Summarv Briefly describe the organization's mission or most significant activities: Provides educational and membership programming, retail services, funds for Governance facility enhancements, and volunteer recruitment and management in support of the Mitchell Park Domes owned by Milwaukee County. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 ∞ఠ Activities 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 14 5 6 Total number of volunteers (estimate if necessary) 125 30,739 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year **141**,370 178,750 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) <u>7,2</u>69 14,762 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70,207 197,174 122,590 68,310 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 341,436 458,996 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) . 1,528 4,654 **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 209,924 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 223,919 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 152,720 121,241 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 364,172 349,814 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -22,736109,182 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58 2,523,470 2,636,471 20 Total assets (Part X, line 16) 57,587 61,406 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 465,883 2,575,065 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. Signature of officer Sian Here Christa Beall Diefenbach **Executive Director** Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Barbra R. Laskv self-employed P00090499 **Preparer** 39-1172767 Lasky & Loewen, Firm's name Firm's EIN ▶ **Use Only** 11575 W Theodore Trecker Way 414-258-1007 Milwaukee, WI 53214-1143 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III		
4 Dutoft	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
	fly describe the organization's mission:	w
10 P	promote and support the Mitchell Park Horticultural Conservato e Domes) and surrounding park by creating and enhancing the vi	citor
	erience.	SILOI
expe.	FITEICE.	
2 Did th	the organization undertake any significant program services during the year which were not listed on the	
	Form 000 or 000 E72	Yes X No
	es," describe these new services on Schedule O.	1es 140
	the organization cease conducting, or make significant changes in how it conducts, any program	
servic		Yes X No
	es," describe these changes on Schedule O.	1es 140
	cribe the organization's program service accomplishments for each of its three largest program services, as measured by	
	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	total expenses, and revenue, if any, for each program service reported.	
410 10	ional oxpolicos, and foreitas, in any, for each program control reported.	
4a (Code	de:) (Expenses \$ 165,004 including grants of \$) (Revenue \$)
	vide horticultural education. Enhance the public's appreciation	on of the
	chell Park Domes.	· · · · · · · · · · · · · · · · · · ·
	vide support to the Domes staff and public facility.	
- T.T.II	###	
4b (Code	de:) (Expenses \$ 55,473 including grants of \$) (Revenue \$)
Oper	de:)(Expenses \$ 55,473 including grants of \$)(Revenue \$ rate a gift shop within the Domes facility for the enjoyment of the	f the
gene	eral public visiting the facility.	
	······································	
4c (Code	de:) (Expenses \$ 44,031 including grants of \$) (Revenue \$ vide opportunities for individuals to visit the Domes facility)
Prov	vide opportunities for individuals to visit the Domes facility	and
volu	unteer their talent for others to appreciate the horticultural	facility.
4d Other	er program services (Describe on Schedule O.)	
(Expe	penses \$ including grants of \$) (Revenue \$)
	ll program service expenses ▶ 264,508	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			х
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	. 4		A
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		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	. 9		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	. 10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		х
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	. 11a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
r	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	. 110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	.		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. 140		
	for any foreign amorpiation O. If "Man" appropriate Calculula F. Dordo II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	.		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	. 19		X
20a	Did the organization operate one or more hospital facilities? 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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	L	X

-	Thousand of Rodanica Contamical		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J	22		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			32
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		Λ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			32
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		A
33	costions 201 7701 2 and 201 7701 22 If "Vos." complete Schodule P. Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			_ -
•	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	250		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,.	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	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 1a 3		168	INO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	x	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year _______ 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) Friends of the Domes, Inc. 39-1727792 Page 6 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 1a Enter the number of voting members of the governing body at the end of the tax year 10 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. Enter the number of voting members included on line 1a, above, who are independent 10 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 anv other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members,

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a **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? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section	<u>U.</u>	Disclosure	

The governing body?

17 List the states with which a copy of this Form 990 is required to be filed ▶	None
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- 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 X Upon request Other (explain on Schedule O)

stockholders, or persons other than the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

b Each committee with authority to act on behalf of the governing body?

- 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 >

Friends of the Domes, Inc Milwaukee

524 S Layton Blvd

WI 53214

414-257-5608

7b

8a

8b

X

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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.

X 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	off	k, unle icer a	ess pe	ition more rson i directo	than or	an e)	(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 below dotted line)	Individual trustee or director	nstitutional trustee	Officer	∢ey employee	Highest compensated employee	Former	((related organizations
(1) Jeremy Guth	8.00									
President	0.00	x		x				0	o	0
(2) Beverly Smiley										<u>_</u>
	2.00									
Treasurer	0.00	X		X				0	0	0
(3) Peter Smiley										
	2.00	l		l						•
Vice President	0.00	X		X				0	0	0
(4) Connie Blair	1.00									
Board Member	0.00	x						0	0	0
(5) Tom Mortensen	0.00	122						·	, and the second	
(0, 1 0 1 0 0	1.00									
Board Member	0.00	X						0	0	0
(6) Marianne Schmid										
	1.00									
Board Member	0.00	X						0	0	0
(7) Jack Smiley										
	1.00									•
Board Member	0.00	X						0	0	0
(8) Margaret Wittig	2.00									
Secretary	0.00	x		x				0	0	0
(9) Karen Von Rueder										
(,,	2.00									
Board Member	0.00	X						0	0	0
(10) Mike Roemer										
	1.00							_	_	
Board Member	0.00	X						0	0	0
(11)										

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	of	x, unle ficer a	Pos check ess pe ind a	erson	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	((F) stimated of oth compens from t	er ation he	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizatio		s
1b c d	Subtotal	ets to Part VII, S	Sect					> > >						
2	Total number of individuals (in reportable compensation from	cluding but not li the organization	imite n ▶	d to 0	thos	e lis	ted a	abov	ve) who received more than	\$100,000 of				
3	Did the organization list any fc	ormer officer, dir	ecto	r, tru	ıstee	, ke	/ em	ploy	/ee, or highest compensate	d			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	<i>complete Sched</i> and is the sum	<i>dule</i> of r	<i>J for</i>	<i>r suc</i> table	h ind	dividu npen:	<i>ual</i> satio	on and other compensation	from the		3		X
5	Did any person listed on line		crue	com	pens	satio	n froi	m a	ny unrelated organization or			4		X
Sect	for services rendered to the o ion B. Independent Contractor		/es,"	com	plete	Sc.	<u>hedu</u>	le J	for such person			5		X
1	Complete this table for your fir compensation from the organization										ear.			
		(A) business address								(B) tion of services		Со	(C) mpensat	ion
	Total number of independent of	contractors (inclu	ıdina	but	not	limite	ed to	tho	ose listed above) who					
	received more than \$100,000	of componentiar	fro	m th	000	nani-	ration		,	•				

Pa	irt V			t Revenue edule O conta	ains a	a respon	se or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	naigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	es		1b		55,451				
Å,G	C	Fundraising eve	ents		1c		3,000				
ar /	d	Related organiz	ations		1d						
ii,	e	Government grants (c			1e		37,547				
r	f	All other contributions,									
buti		and similar amounts no	ot include	ed above	1f		82,752				
	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
a Co	h	Total. Add lines	1a–11	:				178,750			
							Business Code				
Ф	2a	Education	Class	ses			713990	14,062			14,062
Program Service Revenue	b	Advertising	3				541800	700		700	
<u>ه</u> د	c										
ğağı Çağı	d										
ğ	e										
ш.	f	All other program									
	g	Total. Add lines	2a-21	:				14,762			
	3	Investment inco	,	•							
		other similar am	nounts)			▶	42,695			42,695
	4	Income from inv									
	5	Royalties					▶				
				(i) Real		(ii) F	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
		Rental inc. or (loss)	6c								
	d 7a	d Net rental income or (loss)									
	١,,	sales of assets		(i) Securities		(ii)	Other				
_	١.	other than inventory	7a	711,	927						
Other Revenue	b	Less: cost or other			440						
eve		basis and sales exps.	7b	557,		+					
Ř		Gain or (loss)	7c	154				154 470			154 470
the		Net gain or (loss			· · · · · ·			154,479			154,479
Ò	ва	Gross income from		Ü							
		(not including \$ of contributions rep									
		See Part IV, line 18		•	8a		17,067				
	۱ ,	Less: direct exp			8b		6,707				
		Net income or (10,360			10,360
		Gross income from		_	CVCIIIS	·		10,500			10,500
	30	See Part IV, line 19	^	_	9a						
	h	Less: direct exp			9b						
		Net income or (I	•				
		Gross sales of i									
		returns and allo		•	10a		117,482				
	Ь	Less: cost of go			10b		59,532				
		Net income or (I						57,950	27,911	30,039	
			-,				Business Code	,	,		
ous Š	11a										
ane	b										
Miscellaneous Revenue	c										
Als.	d	All other revenue									
_		Total. Add lines									
		Total revenue.						458,996	27,911	30,739	221,596

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	_ '			П
	not include amounts reported on lines 6b, Bb, 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		олронооо	general expenses	САРОПОСО
•	and domestic governments. See Part IV, line 21	4,654	4,654		
2	Grants and other assistance to domestic	-, 33 -			
_	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,				
	trustoes and key employees	44,665	22,332	11,166	11,167
6	Compensation not included above to disqualified	22,000			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	161,497	135,352	13,427	12,718
8	Pension plan accruals and contributions (include	- , -	,	- ,	, -
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				_
10	Payroll taxes	17,757	13,184	2,486	2,087
11	Fees for services (nonemployees):	, -	-, -	,	,
а	Management				
b					
	Accounting	7,618	6,077	782	759
	Lobbying	,	,		
	Professional fundraising services. See Part IV, line 17				
f	·	13,035	9,256	1,917	1,862
g		, l	·	,	•
	(A) amount, list line 11g expenses on Schedule O.)	20,587	14,620	3,027	2,940
12	Advertising and promotion	16,052			2,940 16,052
13	Office expenses	16,189	14,180	1,019	990
14	Information technology	6,176	4,386	908	882
15	Royalties				
16	Occupancy				
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	6,207	5,218	502	487
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.)	10.000	10.000		
a	Domes Facilities Enhancem	13,878	13,878		
b	Newsletter Production	12,869 5,707	12,869 5,707		
C	Public Education	2,242	2,242		
d	Displays and Supplies	681	553	65	63
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	349,814	264,508	35,299	50,007
25 26		343,014	204,300	33,233	30,007
_•	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)				
DAA			l		Form 990 (2020)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		175,092	1	173,638
2	Savings and temporary cash investments		60,581	2	10,732
3	Pledges and grants receivable, net		3		
4	A			4	
5	Loans and other receivables from any current or for				
	trustee, key employee, creator or founder, substan	itial contributor, or 35%			
	controlled entity or family member of any of these	persons		5	
6	Loans and other receivables from other disqualified				
,	under section 4958(f)(1)), and persons described i	n section 4958(c)(3)(B)		6	
7 8	Notes and loans receivable, net			7	
8	lance and a side of front and a contract		46,046	8	26,316
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation			10c	
11	Investments—publicly traded securities		2,241,751	11	2,425,785
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 1	1		13	
14	linka in vila la la casa de			14	
15	Other coasts Coa Dort IV line 11			15	
16	Total assets. Add lines 1 through 15 (must equal		2,523,470	16	2,636,471
17	Accounts payable and accrued expenses	17,799	17	14,963	
18	Grants payable		18		
19	Deferred revenue	37,547	19	40,860	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Par	t IV of Schedule D		21	
22	Loans and other payables to any current or former				
	trustee, key employee, creator or founder, substan	itial contributor, or 35%			
	controlled entity or family member of any of these	persons		22	
i 23	Secured mortgages and notes payable to unrelate	d third parties		23	
24	Unsecured notes and loans payable to unrelated the			24	
25	Other liabilities (including federal income tax, paya	bles to related third			
	parties, and other liabilities not included on lines 1	7-24). Complete Part X			
	of Schedule D		2,241	25	5,583
26	Total liabilities. Add lines 17 through 25		57,587	26	61,406
	Organizations that follow FASB ASC 958, check	k here ▶ X			
}	and complete lines 27, 28, 32, and 33.				
27 28	Net assets without donor restrictions		2,417,694	27	2,534,102
28	Net assets with donor restrictions		48,189	28	40,963
	Organizations that do not follow FASB ASC 958	3, check here ▶			
:	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 equi			30	
29 30 31	Retained earnings, endowment, accumulated incom	me, or other funds		31	
32	Total net assets or fund balances		2,465,883	32	2,575,065
33	Total liabilities and net assets/fund balances		2,523,470	33	2,636,471

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Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		58,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			814
3	Revenue less expenses. Subtract line 2 from line 1	3			182
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,4	65,8	883
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	2,5	75,0	065
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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?		3a		X
b	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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