** PUBLIC DISCLOSURE COPY **

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

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

Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change GREAT LAKES CENTER FOR THE ARTS Name change 46-4121514 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 800 BAY HARBOR DR 231-439-2600 7,724,278. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 49770 BAY HARBOR, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATHLEEN OSWALD for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► GREATLAKESCFA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2013 M State of legal domicile: MI ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE GREAT LAKES CENTER FOR THE **Activities & Governance** ARTS OPENED IN JULY OF 2018 AND HAS A MISSION TO INSPIRE, ENTERTAIN, 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 40 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 -181,311. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 2,153,425. 6,305,240. Contributions and grants (Part VIII, line 1h) 8 147,012. 451,640. Program service revenue (Part VIII, line 2g) 6,724. 806. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 64,705. -391,349. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,365,948. 6,372,255. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,192,504. 1,232,054. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,376,765. 2,403,547. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $3,569,\overline{269}$ $3,63\overline{5,601}$ 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,203,321. 2,736,654. Revenue less expenses. Subtract line 18 from line 12 **End of Year Beginning of Current Year** 5 38,242,279. 37,486,193. 20 Total assets (Part X, line 16) $7,961,\overline{761}$ 4,468,511. 21 Total liabilities (Part X, line 26) 三年 30,280,518. 33,017,682 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign KATHLEEN OSWALD, CHAIR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/13/22 self-employed P00378651 DAVID LOWENTHAL DAVID LOWENTHAL Paid Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 Preparer Firm's address > 2601 CAMBRIDGE CT., STE. Use Only Phone no. (248) 375-7100 AUBURN HILLS, MI 48326

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE CENTER'S MISSION IS TO INSPIRE, ENTERTAIN, EDUCATE AND SERVE	
	IN NORTHERN MICHIGAN YEAR-ROUND BY PRESENTING EXCEPTIONAL EXPERI	
	ACROSS THE FULL SPECTRUM OF THE PERFORMING ARTS AND OFFERING IMP	PACTFUL
	EDUCATIONAL OPPORTUNITIES.	
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 X 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 X 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 ex-	kpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 2 , 325 , 763 • including grants of \$) (Revenue \$	404,429.)
	PRESENTED A DIVERSE ARRAY OF PERFORMING ARTS EVENTS WITHIN THE C	
	MISSION AT AFFORDABLE TICKET PRICING	
	70 705	20 011
4b	(Code:) (Expenses \$79,795. including grants of \$) (Revenue \$	39,811.
	CURRICULUM BASED EDUCATIONAL PROGRAMMING EVENTS THAT SERVED OVER	
	STUDENTS IN 2021 AND OVER 12,000 STUDENTS SINCE THE CENTER OPENE	D IN
	2018.	
	265 546	
4c)
	MANAGED AND OPERATED THE DOROTHY GERBER STRINGS PROGRAM, OFFERING	
	STRINGS MUSIC EDUCATION TO YOUTH THROUGHOUT ANTRIM, CHARLEVOIX,	AND
	EMMET COUNTIES TO INCLUDE 10 AREA SCHOOLS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 2,771,104.	_ 000
		Form 990 (2021)

Form 990 (2021) GREAT LAKES CENTER FOR THE ARTS 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 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	Ť		
•	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		х
•	Schedule D, Part III	<u> </u>		-25
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts 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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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	990 (2021) GREAT LAKES CENTER FOR THE ARTS 46	5-412151	4	Page 4
Pa	rt 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		2	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cur	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		. 37	
	Schedule J		3 X	+
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	I		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	_		X
	Schedule K. If "No," go to line 25a		la l	+
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		+D	+
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	24	10	
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			+-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	······ 	ru	+-
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	21	5a	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		Ja	+
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	I		
	Schedule L. Part I	۱۵,	5b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	<u> </u>		+
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	2	6	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par		7	x
28	Was the organization a party to a business transaction with one of the following parties (see the 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	2	За	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	3b	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		Вс	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u>2</u>	9 X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	I		
	contributions? If "Yes," complete Schedule M		0	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<u> 3</u>	1	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1,7
	Schedule N, Part II	<u> 3</u>	2	<u> </u>
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		3	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l l	,	x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		4	$\frac{1}{x}$
	Und the organization have a controlled entity within the meaning of section 512(b)(13)? 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)?		,a	+
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		5b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			1
	If "Yes," complete Schedule R, Part V, line 2	_	6	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	3	7	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	_		T
	Note: All Form 990 filers are required to complete Schedule O	3	8 X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	53		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	-		
	(gambling) winnings to prize winners?		c X	Щ.
132004	4 12-09-21	Fo	orm 990	(2021)

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

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 40					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
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?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	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?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?	7a	X			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a					
a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.) Coation 4047(a)(d) and available trusted to the available filter form 2000 in line of form 10440.	40-				
	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	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa				
h	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					
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 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 Х 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? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MI$ 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. X Own website X Upon request Another's website __ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records MATTHEW KACERGIS - 231-439-2600 800 BAY HARBOR DR, BAY HARBOR, MI 49770

Form **990** (2021)

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

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

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

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

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

Check this box if neither the organization (A)	(B)	. 53)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and the	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	eo			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		gy.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) MATTHEW WAWRO	40.00	-	=	0	Α_	Τ ω	ш.			
DEVELOPMENT DIRECTOR						x		185,000.	0.	0.
(2) JILL O'NEILL	40.00									
DIRECTOR AND EXECUTIVE DIRECTOR		Х		Х				171,907.	0.	6,356.
(3) KATHLEEN M. OSWALD	15.00									
CHAIR		Х		Х				0.	0.	0.
(4) WILLIAM PARFET	6.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(5) DAVID V. JOHNSON	1.00							_	_	_
FOUNDING CHAIR		Х		Х				0.	0.	0.
(6) WILLIAM CLEMENTS	2.00	1						_		_
TREASURER		Х		Х				0.	0.	0.
(7) JANE WARNER	0.50									
SECRETARY		Х		X				0.	0.	0.
(8) LISA HERRICK	2.00								_	
DIRECTOR	2 00	Х						0.	0.	0.
(9) ANNETTE POCICA	2.00	3,7							_	
DIRECTOR (10) GENERAL GROUPS	0.50	Х						0.	0.	0.
(10) STEVEN CROSS DIRECTOR	0.50	Х						0.	0.	_
(11) MARILYN CRAWFORD	0.50	Δ						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(12) DAVID CROUSE	2.00	Λ							<u></u>	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(13) DON DEFOSSET	0.50	22						•	•	•
DIRECTOR	0.30	х						0.	0.	0.
(14) PAMELLA DEVOS	0.50	T-								
DIRECTOR		х						0.	0.	0.
(15) JENNIFER MERRIMAN	0.50	<u> </u>								
DIRECTOR		х						0.	0.	0.
(16) IRENE ROGERSON	0.50								-	
DIRECTOR		Х						0.	0.	0.
(17) KURT WIETZKE	0.50									
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than (one	Reportable	Reportable			stimate	
	hours per week					is both or/trus		compensation	compensation	- 1	ar	nount	
	(list any		T			T		from the	from related organizations		000	other	
	hours for	direct				Ļ			(W-2/1099-MIS			pensa om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		_	d relat	
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	lnd	Inst	Officer	Key	High	For						
(18) PAUL KNAPP	2.00												_
DIRECTOR		Х				_		0.		0.			0.
(19) ANDREW CUMMINGS	0.50												_
DIRECTOR		Х				_		0.		0.			0.
(20) LIN HENKEL	0.50												_
DIRECTOR	2 5 2	Х						0.		0.			0.
(21) SANDY MOSHER	0.50												•
DIRECTOR	2 5 2	Х						0.		0.			0.
(22) KASSIA PERPICH	0.50												^
DIRECTOR	0 50	Х				_		0.		0.			0.
(23) RICHARD HIRREL	0.50	3,7											^
DIRECTOR		Х				┢		0.		0.			0.
						┝				\rightarrow			
						┢				\dashv			
4b Cubicial					<u> </u>	<u> </u>		356,907.		0.		6 3	56.
1b Subtotal c Total from continuation sheets to Part VII								0.		0.		0,5	0.
d Total (add lines 1b and 1c)								356,907.		0.		6,3	
Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			, , ,	
compensation from the organization	or invinced to the	030	iisto	u ac	,0 v C	,, vvii	010	socived more than \$100,	ooo or reportable				2
odinpensation from the organization												Yes	No
3 Did the organization list any former officer,	director truste	ee k	(ev e	empl	ove	e or	hio	nhest compensated empl	lovee on	[
line 1a? If "Yes," complete Schedule J for su	•		•	•	•		_		,		3		х
4 For any individual listed on line 1a, is the su									ne organization	····			
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or st	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fr	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
ARTS MANAGER LLC, 1300 PE	NNSYLVA	NΙ	Α.	AV:	E	NW							
SUITE 410, WASHINGTON, DC 20004						ARTISTIC CON	SULTING		10	<u>6,3</u>	<u>91.</u>		

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2021) GREAT L
Part VIII Statement of Revenue

		Check if Schedule O	ontains	s a response o	or note to any line	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
ωs	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
2 5		Fundraising events			554,300.				
fts,					,				
ig je			butions		770,085.				
Sir		Government grants (contri			7,70,000.				
utio	T	All other contributions, gifts,			4,980,855.				
들됨		similar amounts not included		1f					
d d	_	Noncash contributions included in I		•	787,911.	6 205 240			
Og	h	Total. Add lines 1a-1f				6,305,240.			
					Business Code		444.040		
Se	2 a				900099	444,240.	444,240.		
ē Zi	b	ADVERTISING REVENUE			541800	7,400.		7,400.	
Program Service Revenue	С								
eve	d								
Б	е								
₫	f	All other program service i	revenue	e					
	g	Total. Add lines 2a-2f				451,640.			
	3	Investment income (includ	ing divi	idends, intere	st, and				
		other similar amounts)		>	6,724.			6,724.	
	4	Income from investment o							
	5	Royalties							
		•		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	117,601.					
		Less: rental expenses	6b	314,960.					
		Rental income or (loss)	6c	-197,359.					
		Net rental income or (loss)		,		-197,359.		-197,359.	
		Gross amount from sales of	$\overline{}$	i) Securities	(ii) Other	,		,	
		assets other than inventory	7a -	731,411.	()				
	h	Less: cost or other basis	14	, ====					
a		and sales expenses	7b	731,411.					
ther Revenue	_	Gain or (loss)		0.					
eve				-					
<u>بر</u>		Net gain or (loss) Gross income from fundraisir							
풀	Оа	including \$							
0				I					
		contributions reported on	,	I	83,300.				
		Part IV, line 18		I	291,334.				
		Less: direct expenses			251,354.	-208,034.			-208,034.
		Net income or (loss) from		-		-200,034.			-200,034.
	у а	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, le		I					
		and allowances		I					
	b	Less: cost of goods sold		10b	14,318.				
	С	Net income or (loss) from	sales of	f inventory		5,396.			5,396.
ဖ					Business Code				
Miscellaneous Revenue	11 a	CATERING REVENUE			900099	8,648.		8,648.	
ane	b								
Sell eve	С								
Ais. B	d	All other revenue							
_	е	Total. Add lines 11a-11d				8,648.			
	12	Total revenue. See instruction	ns			6,372,255.	444,240.	-181,311.	-195,914.

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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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 142,610. 178,263. 35,653. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 923,311. 394,244. 184,036. 345,031. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 50,272. 23,532. 11,616. 15,124. Other employee benefits 9 80,208. 37,545. 18,533. 24,130. 10 Payroll taxes Fees for services (nonemployees): Management 1,785. 1,936. 151. Legal 22,447. 22,447. Accounting 6,249. 6,249. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 213,629. 10,723. 235,890. 11,538. column (A), amount, list line 11g expenses on Sch O.) 191,588. 126,072. 2,053. 63,463. Advertising and promotion 12 47,669. 21,462. 7,355. 18,852. Office expenses 13 Information technology 14 15 Royalties 243,773. 211,152. 22,952. 9,669. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 175,599. 175,599. 20 Payments to affiliates 21 824,068. 824,068. Depreciation, depletion, and amortization 22 32,096. 32,096. 23 Other expenses. Itemize expenses not covered 24 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.) 428,130. 428,130. ARTIST FEES OTHER EXPENSES 184,175. 165,665. 449. 18,061. 9,927.1,981. EDUCATION/EMPLOYEE RELA 5,611. 2,335. С d All other expenses 3,635,601. 2,771,104. 350,045. 514,452. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			563,303.	2	603,996.
	3	Pledges and grants receivable, net			1,728,081.	3	1,873,624.
	4	Accounts receivable, net			0.	4	18,010.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
S.	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		5,581.	8	5,808.	
Ä	9	Donat and a company of the forms of the company		59,008.	9	67,597.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	38,439,793.			
	b	Less: accumulated depreciation	. 10b	35,886,306.	10c	34,917,158.	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			38,242,279.	16	37,486,193.
	17	Accounts payable and accrued expenses			98,671.	17	91,995.
	18	Grants payable	115 001	18	124 046		
	19	Deferred revenue	115,881.	19	134,246.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre			7,747,209.	23	4 242 270
	24	Unsecured notes and loans payable to unrelate			1,141,209.	24	4,242,270.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•			0.5	
	06	of Schedule D		·····	7,961,761.	25 26	4,468,511.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ook bor	• X	7,501,701.	20	±,±00,511•
S		and complete lines 27, 28, 32, and 33.	ieck ner				
nce	27				28,462,790.	27	30 875 171.
ala	28				1,817,728.	28	30,875,171. 2,142,511.
g B	20	Organizations that do not follow FASB ASC		ack here	1,017,720.	20	2,142,311.
Fun		and complete lines 29 through 33.	900, CH	ck liefe			
ō	29	Capital stock or trust principal, or current fund	c			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\ss(31			Г		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in Total net assets or fund balances		Г	30,280,518.	32	33,017,682.
ž	33			·····	38,242,279.	33	37,486,193.
	J	Total liabilities and net assets/fund balances			50,444,413.	აა	Form 990 (2021)

Pai	t 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		<u>, 372</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2				01.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,736,65					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,280,51			<u> 18.</u>		
5	Net unrealized gains (losses) on investments	5			5	<u> 10.</u>		
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	33	,01	7,6	82.		
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			_		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 on Schedule	Ο.						
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?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	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			3b				
				Form	990	(2021)		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization GREAT LAKES CENTER FOR THE ARTS 46-4121514 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1924787.	4472110.	2459657.	2153425.	6305240.	17315219 .	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1924787.	4472110.	2459657.	2153425.	6305240.	17315219.	
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)						2192467.	
	Public support. Subtract line 5 from line 4.						15122752.	
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	1924787.	4472110.	2459657.	2153425.	6305240.	17315219.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		04 60=	0.5 00.4		104 005		
	and income from similar sources	10,472.	34,637.	96,294.	28,429.	124,325.	294,157.	
9	Net income from unrelated business							
	activities, whether or not the		4 262	0 564	650	2 222	10001	
	business is regularly carried on		4,362.	2,564.	672.	3,303.	10,901.	
10	Other income. Do not include gain							
	or loss from the sale of capital	00 700	FF 2F0	165 005	61 713	100 014	400 600	
	assets (Explain in Part VI.)	23,700.	55,350.	165,825.	61,713.		409,602.	
	Total support. Add lines 7 through 10						18029879.	
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,852,145.	
13	First 5 years. If the Form 990 is for th	•					. —	
500	organization, check this box and stop						P	
	Public support percentage for 2021 (I			volumo (fl)		14	83.88 %	
	Public support percentage for 2021 (in Public support percentage from 2020)					15	46.38 %	
	33 1/3% support test - 2021. If the o							
IUa	stop here. The organization qualifies							
h	33 1/3% support test - 2020. If the o							
J	and stop here. The organization qual	•		•		•		
17a								
ı, a	'a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te			=	•	_	. .	
h	10% -facts-and-circumstances test	-	•	*	-	7a and line 15 is		
J	more, and if the organization meets the	_					10/0 01	
	organization meets the facts-and-circu				•			
12	Private foundation. If the organization			. ,				
	ato loundation. Il tile organizatio	ala not oncon a l	557 OIT III 10 TO, TO	<u>,, ,ου, ,,α, οι 17υ</u>	, cricon triis box ai		· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activities Test. Answer lines 2a and 2b below.	ti dotioii	Yes	No
a	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.	2a		
b	Did the activities described on 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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	, · · · · · · · · · · · · · · · · · · ·			

Part \	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	ther gross income (see instructions)	3		
4 Ac	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Ot	ther expenses (see instructions)	7		
8 Ac	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	ggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(ex	xplain in detail in Part VI):			
2 Ac	equisition indebtedness applicable to non-exempt-use assets	2		
3 St	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
7 Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
2 Er	nter 0.85 of line 1.	2		
3 Mi	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Er	nter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

GREAT LAKES CENTER FOR THE ARTS

46-4121514

Organiza	rganization type (check one):						
Filers of	:	Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
Special	For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

GREAT LAKES CENTER FOR THE ARTS

46-4121514

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		\$ 290,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 284,649.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>161,764.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 4	Name, address, and ZIP + 4	\$ 1,163,500.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 251,451.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 205,500.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

GREAT LAKES CENTER FOR THE ARTS

46-4121514

Page 2

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$168,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 130,089.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GREAT LAKES CENTER FOR THE ARTS

46-4121514

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
	1000 SHARES OF STOCK	-	
2		-	
		\$ 251,249.	11/26/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONOR EVENTS	-	
3		-	
		\$\$12,348.	04/19/21
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	GALA PACKAGE		
4			
			05/45/04
		\$8,500.	07/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2450 SHARES OF STOCK		
5			
		\$ 251,451.	12/28/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	GALA PACKAGE	-	
6		.	
		\$3,000.	_07/10/21_
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	117 SHARES OF STOCK		
7			
		\$\$1,238.	11/02/21
123/53 11-11	1.01		Schedule B (Form 990) (2021)

Name of organization Employer identification number

GREAT LAKES CENTER FOR THE ARTS

46-4121514

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
	GALA PACKAGES		
8			
		\$\$	07/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		\$	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization **Employer identification number** GREAT LAKES CENTER FOR THE ARTS 46-4121514 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		AKES CENTER FOR			46-4121514
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.				\(0\)
_	art I-C Complete if the org	•		·	
	Enter the amount directly expended	, ,	·	***************************************	
2	Enter the amount of the filing organ				
2	exempt function activities				
3	line 17b				
4					
5	Enter the names, addresses and en				
•	made payments. For each organiza				
	contributions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

		CENTER FOR			121514 Page 2
Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	i 50 i (c)(s) and me	ea Form 5766 (eie	ction under
A Check if the filing organiza expenses, and share	re of excess lobbying	iliated group (and list in expenditures).		group member's name	e, address, EIN,
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)		6,249.	
c Total lobbying expenditures (add li	nes 1a and 1b)			6,249.	
d Other exempt purpose expenditure				2,908,778.	
e Total exempt purpose expenditure		2,915,027.			
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	295,751.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			73,938.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	0	,		Г	
reporting section 4911 tax for this					Yes No
(Some organizations t	nat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all c	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount				295,751.	295,751.
b Lobbying ceiling amount (150% of line 2a, column(e))					443,627.
c Total lobbying expenditures				6,249.	6,249.
d Grassroots nontaxable amount				73,938.	73,938.
e Grassroots ceiling amount (150% of line 2d, column (e))					110,907.

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	No	0		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			Amo	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
d Mailings to members, legislators, or the public?				
Publications or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	<u> </u> 5) or	500	tion	
501(c)(6).	0), 01	300	LIOII	
33 · (4)(4).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?	Γ	1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	г	3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR	•			3, is
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."	(b) P	art II		3, is
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members	(b) P			3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	(b) P	art II		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(b) P	art II		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	(b) P	1 2a		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	(b) P	art II		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	(b) P	1 2a 2b		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	(b) P	1 2a 2b 2c		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	(b) P	1 2a 2b 2c		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(b) P	1 2a 2b 2c		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(b) P	1 2a 2b 2c 3		3, is

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

Inspection

Name of the organization

GREAT LAKES CENTER FOR THE ARTS

Employer identification number 46-4121514

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes On Form 330, Fait IV, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(2)
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 v		ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat	tion 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 qualifi	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			
b	•		
С.	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
4	year ►	ament is located	
4 5	Does the organization have a written policy regarding the peri		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ŭ	b	manding of Violations, and emercing const	orvation decombride during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	·
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under FASB AS	-	•
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		🕨 💲

132051 10-28-21

Schedule D (Form 990) 2021

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

		AKES CENTER				<u> </u>			41215		Page 2
Pai	t III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, or	Othe	r Sim	nilar Ass	ets _{(cc}	ntinue	<u>d)</u>
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the fo	ollowing that	make s	ignific	ant use of	its		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exch	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ev further th	e organizatio	n's exer	not pu	ırpose in F	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 ma		,						Ye	s [No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			organization	ii anowerea	100 011		000, 1 411	14, 11110 0	, 01	
10	Is the organization an agent, trustee, custodia		on, for a	contributions	or other acc	ote not	includ	od			
Id									□ v _a	_ [No
р	b If "Yes," explain the arrangement in Part XIII and complete the following table:						1	Λ			
							⊢		Amo	unt	
	Beginning balance						. –	1c			
d	Additions during the year							1d			
е	Distributions during the year						∟	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for e	escrow or cu	stodial accou	unt liabil	ity?		Ye	s [No
b	If "Yes," explain the arrangement in Part XIII.									[
Pai	t V Endowment Funds. Complete i	f the organization and	swered	"Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year		rior year	(c) Two year			ree years b	ack (e)	our yea	ars back
1a	Beginning of year balance	96,463.		77,139.	64	,541.					
b	Contributions	25,000.		18,750.	12	,500.		64,50	00.		
c	Net investment earnings, gains, and losses	7,945.		574.		98.			41.		
d	Grants or scholarships	,									
	Other expenditures for facilities										
-											
	and programs										
	Administrative expenses	120 409		06 462	77	1 1 2 0		61 5	41		
g	End of year balance	129,408.		96,463.		,139.		64,5	± - ·		
2	Provide the estimated percentage of the curr	ent year end balance		j, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ►100	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organizat	tion that	t are held an	d administer	ed for th	ne orga	anization		_	
	by:								_	Ye	
	(i) Unrelated organizations								3a	(i)	X
	(ii) Related organizations								3a	(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on So	chedule R?					3	b	
4	Describe in Part XIII the intended uses of the	organization's endov	vment f	unds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV	, line 11a. S	ee Form 990,	Part X,	line 1	0.			
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) A	ccum	ulated	(d) E	Book va	alue
		basis (investm		basis (I .	٠,	precia		(-, -		
12	Land	Ì	•		0,000.				13.0	10	000.
	Buildings				6,590.	1.	672	,438.			152.
	Leasehold improvements				6,456.			,269.			187.
					9,244.			,928.			316.
	Equipment				7,503.	Δ,	<u> </u>	, , , , , , , , , , , , , ,	۷, ۵		503.
	Other								2/1 (
ıotal	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 🕽	K. colum	nn (B). line 10	Oc.)			🕨	J4,5	/ / / /	158.

Schedule D (Form 990) 2021

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

		CENTER FOR	THE ARTS	46-4121514 Page 3
Part VII				
	Complete if the organization answered "Yes"	_		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
Part VIII	_	an Farm 000 Dort IV	ing 11a Cao Farm 000 Dart	V line 10
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		tion: Cost or end-of-year market value
	(a) Description of investment	(b) BOOK value	(c) Method of Valua	tilon. Cost of end-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				
<u>(7)</u>				
<u>(8)</u> (9)				
	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, I	ine 11d. See Form 990, Part	X, line 15.
	-	Description		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990	0, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colu	imn (h) must equal Form 990. Part X. col. (R) line	0.25.)		▶

Schedule D (Form 990) 2021

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

	Form 990) 2021 GREAT LAKES CENTER FOR TI				4121514 Page 4
Part XI	Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
				1	7,080,978.
	its included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	E10		
	realized gains (losses) on investments		510. 87,601.	-	
	ed services and use of facilities		07,001.	-	
	eries of prior year grants Describe in Part XIII.)		620,612.	-	
,	Describe in Part XIII.) es 2a through 2d		-	2e	708,723.
	ct line 2e from line 1			3	6,372,255.
	its included on Form 990, Part VIII, line 12, but not on line 1:				, . ,
	nent expenses not included on Form 990, Part VIII, line 7b	4a			
	Describe in Part XIII.)				
	es 4a and 4b			4c	0.
5 Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	6,372,255.
Part XII	Reconciliation of Expenses per Audited Financial State	ements With	Expenses per l	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				4 242 014
	xpenses and losses per audited financial statements			1	4,343,814.
	ts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	07 601		
	d services and use of facilities		87,601.	-	
	ear adjustments			-	
	osses Describe in Part XIII.)		620,612.	-	
•	es 2a through 2d		•	2e	708,213.
	ct line 2e from line 1			3	3,635,601.
	its included on Form 990, Part IX, line 25, but not on line 1:				, ,
	nent expenses not included on Form 990, Part VIII, line 7b	4a			
	Describe in Part XIII.)				
	es 4a and 4b	·		4c	0.
5 Total ex	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,635,601.
	Supplemental Information.				
	lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	•		l; Part >	(, line 2; Part XI,
lines 2d and 4	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		
PART XI	, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAI	SING EXPENSES				291,334.
COST OF	F GOODS SOLD				14,318.
ד משונה ב	EXPENSES				214 060
RENTAL	EXPENSES				314,960.
π∩πΣτ. π	O SCHEDULE D, PART XI, LINE 2D				620,612.
TOTAL I	O SCHEDOLE D, TAKT AI, HINE ZD				020,012.
PART XI	II, LINE 2D - OTHER ADJUSTMENTS:				
<u>FUNDRAI</u>	SING EXPENSES				291,334.
~~~					44.040
COST OF	GOODS SOLD				14,318.
ד ג חוזאים ס	EYDENCEC				214 050
VENTAL	EXPENSES				314,960.
TOTAL I	O SCHEDULE D, PART XII, LINE 2D				620,612.
	, , ===-= ==				. , . — — .

132054 10-28-21

Schedule D	(Form 990) 2021	GREAT LA	KES	CENTER	FOR	$\mathtt{THE}$	ARTS	46-4121514	Page 5
Part XIII	(Form 990) 2021 Supplemental Info	rmation (contin	uod)						J
	темричения пис	COILLII	ueu)						
- <u></u>								 	
		<u> </u>						 	<del></del>
-									

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

**Employer identification number** 

	AKES CENTER FOR THE	E AI	RTS		46-4121	514		
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.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(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)								
		Yes	No					
- Tabal								
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.								

132081 10-21-21

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			GALA			col. <b>(c)</b> )			
Revenue			(event type)	(event type)	(total number)	001. <b>(0)</b>			
	1	Gross receipts	637,600.			637,600.			
	2	Less: Contributions	554,300.			554,300.			
	3	Gross income (line 1 minus line 2)	83,300.			83,300.			
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
irect Ex	7	Food and beverages	162,341.			162,341.			
	8	Entertainment	128,993.			128,993.			
	9	Other direct expenses							
	10	,				291,334.			
Do	11 rt I	Net income summary. Subtract line 10 from li		000 D + N/ E + 40	<b></b>	-208,034.			
Pa	IT L I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than				
		ψ13,000 0111 01111 990-L2, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add			
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
Ж	1	Gross revenue							
Se	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
_	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No	No				
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		<b>&gt;</b>				
	0	Not gaming income cummon, Cubtract line 7	from line 1 column (d)		_				
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		······				
		ter the state(s) in which the organization condu	_			V N.			
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:									
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-	rear?	Yes No			
		-							

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 GREAT LAKES CENTER FOR THE ARTS 46-4	#TZT2	<u>) 1 4</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es (	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	'es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?	v	'es	☐ No
<b>h</b>			63	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \( \subseteq \) \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lino		)h 10h
·u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, IIIIe	5 9, 5	<i>5</i> D, 10D,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	${ t GREAT}$	LAKES	CENTER	FOR	$\mathtt{THE}$	ARTS	46-4121514	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (co	ntinued)						
		(00	minucu)						
-									
-									

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GREAT LAKES CENTER FOR THE ARTS

 $\begin{array}{c} \text{Employer identification number} \\ 46-4121514 \end{array}$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW WAWRO	(i)	185,000.	0.	0.	0.	0.	185,000.	0.
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JILL O'NEILL	(i)	171,907.	0.	0.	0.	6,356.	178,263.	0.
DIRECTOR AND EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE ORGANIZATION ALONG
WITH THE CURRENT MARKET AND PAYS OUT BONUSES FOR THE EXECUTIVE DIRECTOR AT
THEIR DISCRETION.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 for instructions and the latest information.

Name of the organization GREAT LAKES CENTER FOR THE ARTS Employer identification number 46-4121514

Pai	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut	•	to
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii contribut	ion amoun	
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	X	13	731,411.	FAIR MARKET	VALUE	I
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	37	3	F.C. F.O.O.	DATE MARKED	773 T TTD	
25	Other (GALA PACKAGES)	X	3	30,300.	FAIR MARKET	VALUE	
26	Other ()						
27	Other ()						
<u>28</u> 29	Other ( )   Number of Forms 8283 received by the organize	otion during	the tax year for a	ontributions			
29	for which the organization completed Form 828	-	•				
	for which the organization completed Form 626	o, rait v, L	onee Acknowledge	ement 29		Voc	No
302	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	163	INO
Sua	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	•		30a	Х
h	If "Yes," describe the arrangement in Part II.					30a	
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	Х
	Does the organization hire or use third parties of					<del></del>	† <del></del>
JEU	contributions?		_			32a	X
h	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked.		
	describe in Part II.	(5) 101	1, po or proporty	men selami (a) le orioc			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GREAT LAKES CENTER FOR THE ARTS

**Employer identification number** 46-4121514

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATE AND SERVE ALL IN NORTHERN MICHIGAN YEAR-ROUND BY PRESENTING
EXCEPTIONAL EXPERIENCES ACROSS THE FULL SPECTRUM OF THE PERFORMING ARTS
AND OFFERING IMPACTFUL EDUCATIONAL OPPORTUNITIES.
FORM 990, PART VI, SECTION A, LINE 1A:
THERE IS AN EXECUTIVE COMMITTEE WITH RIGHTS TO CONDUCT GREAT LAKES CENTER
FOR THE ARTS (GLCFA) BUSINESS AT TIMES THAT THE BOARD DOES NOT MEET.
FORM 990, PART VI, SECTION A, LINE 2:
JENNIFER MERRIMAN AND DAVID JOHNSON HAVE A BUSINESS AND FAMILY
RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD OF DIRECTORS WERE PROVIDED A COPY OF FORM 990 FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS RECUSE THEMSELVES FROM MEETINGS AND/OR VOTING WHEN CONFLICTS
OF INTEREST ARE PRESENT.
FORM 990, PART VI, SECTION B, LINE 15:
EXECUTIVE DIRECTOR AND DIRECTOR OF DEVELOPMENT COMPENSATION WAS BENCHMARKED
AGAINST NON-PROFIT COMPENSATION STUDIES FOR NON-PROFIT ORGANIZATIONS OF
SIMILAR SIZE WITHIN MICHIGAN. THE BOARD INDEPENDENT OF ANY MANAGEMENT
PERSONNEL DETERMINED WAGE AND FRINGE BENEFITS FOR KEY STAFF. LAST REVIEWED

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

Schedule O (Form 990) 2021

Name of the organization  GREAT LAKES CENTER FOR THE ARTS	Employer identification number 46-4121514
FEBRUARY OF 2022.	
EODW 000 DADW VI GEOWION G LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	
AVAILABLE TO THE PUBLIC UPON REQUEST AND ON OUR WEBSITE.	IAL STATEMENTS
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

	2 Annual Limitation		Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amour
rigi-	Original Carryover Amount	Total Amount	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
ated 2021	531.	Used									
etail S ype E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
vpe   E	S Used for 3	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used 1
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						1	1	1	1	1	

	and Entity: CAT 382 Annual Limitation	ERING REVENUE	POST - 2017 NOL Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	1,343.	5554									
2021											
İ	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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Type and	d Entity: VENT	JE RENTAL POS'	Γ-2017 NOL FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo
2021	191,975.										
etail S	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used
etail S ype B C											
	<del>,</del>										

	llc
A B C D E F G H L J K L M N O P Q R S T U V W	
A B C D E F G H L J K L M N O P Q R S T U > W	Det

Year Original Carryover Amount Used for	Type a	nd Entity: NET	POSITIVE ACE	ADJUSTMENT F	ED	DETAIL C	ARRYOVER SCH	IEDULE				
F Amount	Year Origi- nated	Original	Total Amount Used	Amount	Amount	Amount Used for						
F Amount	2021	161,856.	<u> </u>									
Detail & Amount Used for Used												
Detail 8   Amount Used for Use												
Betal S Used for Type B C C C C C C C C C C C C C C C C C C												
Betal S Used for Used												
Barrier   Amount   Amount   Amount   Amount   Used for   Used fo												
Betail S Used for Use												
E   Amount   Amount   Amount   Amount   Amount   Amount   Used for   Used f												
Detail Type 8												
Detail Type 8 C See See See See See See See See See S												
Detail Type B C Amount Used for Used fo												
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Detail S Not Used for Type B C C C C C C C C C C C C C C C C C C												
Detail S Amount Used for Used												
Detail S Amount Used for Used												
Detail S R Amount Used for Use												
Detail S B C												
	Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for		Amount Used for	Amount Used for	Amount Used for	Amount Used for		Amount Used for

### PUBLIC DISCLOSURE COPY

Form <b>990-T</b>	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
	For ca	lendar year 2021 or other tax year beginning , and ending		2021
Department of the Treasury Internal Revenue Service	<b>•</b>	► Go to 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
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmbl	oyer identification number
<b>B</b> Exempt under section	Print	GREAT LAKES CENTER FOR THE ARTS	4	6-4121514
X 501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  800 BAY HARBOR DR		p exemption number nstructions)
408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code BAY HARBOR, MI 49770	F [	Check box if
	С Во	ok value of all assets at end of year		an amended return.
G Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to	<b>&gt;</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b>&gt;</b>
J Enter the number of	attach	ed Schedules A (Form 990-T)		3
K During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	ightharpoons	Yes X No
If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
		MATTHEW KACERGIS  d Business Taxable Income  Telephone number ▶	231-	439-2600
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
instructions)			1	0.
2 Reserved			2	
3 Add lines 1 and 2			3	
4 Charitable contrib		see instructions for limitation rules)	4	0.
5 Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net	operati	ng loss. See instructions	6	
7 Total of unrelated	busine:	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from			7	
8 Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
		duction. See instructions	9	
10 Total deductions.	. Add li		10	1,000.
11 Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		·	11	0.
Part II Tax Com	putat	ion		
1 Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
		ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	ı: [	Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins	structio	ns	▶ 3	
4 Other tax amounts	s. See i	nstructions	4	
5 Alternative minimu	ım tax (	(trusts only)	5	
		cility income. See instructions	6	
7 Total Add lines 3	throug	h 6 to line 1 or 2 whichever annlies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part	III .	Tax and Payments						<u>g. <b>L</b></u>
1a	Foreig	gn tax credit (corporations attach Form 11	118; trusts attach Form 1116)	1a				
b	Other	credits (see instructions)		1b				
С	Gene	ral business credit. Attach Form 3800 (see	e instructions)	1c				
d		t for prior year minimum tax (attach Form						
е	Total	credits. Add lines 1a through 1d				1e		
2	Subtr					2		0.
3	Other	amounts due. Check if from: Form	4255 Form 8611 Forn	n 8697	Form 8866			
		Other	(attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if includes tax pre	viously de	eferred under			
	sectio	n 1294. Enter tax amount here		▶		4		0.
5	Curre	nt net 965 tax liability paid from Form 965	5-A or Form 965-B, Part II, column (k),	line 4	1			0.
6a	Paym	ents: A 2020 overpayment credited to 20	21 <u>.</u>	6a	1,806	•		
b		estimated tax payments. Check if section	n 643(g) election applies 🕨 📙	<u>6b</u>				
С								
d		gn organizations: Tax paid or withheld at s						
е	Backı	up withholding (see instructions)		<u>6e</u>				
f		t for small employer health insurance prer		6f				
g		credits, adjustments, and payments:	Form 2439	-   .				
_			Other Total			_	1 (	206
7		payments. Add lines 6a through 6g				7	1,0	806.
8		ated tax penalty (see instructions). Check			▶ ∟	8		
9		lue. If line 7 is smaller than the total of line				9	1 5	806.
10		payment. If line 7 is larger than the total on the amount of line 10 you want: Credited			06. Refunded	10		0.
11 Part		Statements Regarding Certain				·		
1		y time during the 2021 calendar year, did			· · · · · · · · · · · · · · · · · · ·		Vac	s No
•		a financial account (bank, securities, or otl	· ·	•		•	103	110
		N Form 114, Report of Foreign Bank and		-	•			
	here				······,			х
2		g the tax year, did the organization receive	e a distribution from, or was it the gra	antor of. o	r transferor to. a			
		n trust?						Х
		s," see instructions for other forms the or						
3	Enter	the amount of tax-exempt interest receive	ed or accrued during the tax year		<b>&gt;</b> \$			
4	Enter	available pre-2018 NOL carryovers here	▶ \$ Do not	t include a	any post-2017 NOL o	arryover		$\perp$
	show	n on Schedule A (Form 990-T). Don't redu	ce the NOL carryover shown here by	any dedu	iction reported on Pa	art I, line 4		
5	Post-2	2017 NOL carryovers. Enter available Bus	iness Activity Code and post-2017 N	OL carryo	vers. Don't reduce			
	the ar	mounts shown below by any NOL claimed	d on any Schedule A, Part II, line 17 fo	or the tax	year. See instruction	ıs.		
		Business Activit	y Code	Avai	lable post-2017 NOL	. carryover	<u>r</u>	
				\$				
				\$				1
6a		ne organization change its method of acco	,					<u> </u>
b		s "Yes," has the organization described the	ne change on Form 990, 990-EZ, 990	-PF, or Fo	rm 1128? If "No,"			+
Part	explai	in in Part V Supplemental Information						
					- to sky settings			
Provide	the ex	xplanation required by Part IV, line 6b. Als	so, provide any other additional inforn	nation. Se	e instructions.			
		nder penalties of perjury, I declare that I have examined t				ledge and bel	lief, it is true,	
Sign	co	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which prep	parer has any	knowledge.			
Here			CHAIR				discuss this return shown below (see	
	<b>₽</b>	Signature of officer	Date CHAIR Title				? X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid		'' ' '	'		self- employe			
r aiu Prepa	irer	DAVID LOWENTHAL	DAVID LOWENTHAL	11/13			0378651	<u>L</u>
Use C		Firm's name ▶ PLANTE & MOR			Firm's EIN	38	3-135795	51
	· · · · y		IDGE CT., STE. 300					
		Firm's address  AUBURN HIL	LS, MI 48326		Phone no.		375-71	
123711 0	1-31-22						Form <b>990-T</b>	(2021)

123711 01-31-22

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to 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).

<b>A</b> N	ame of the organization GREAT LAKES CENTER FOR THE ARTS				er identification	n number
<u>c</u> ს	Inrelated business activity code (see instructions) > 54180	0		<b>D</b> Sequen	ce: 1	of 3
<b>E</b> [	escribe the unrelated trade or business   SALES OF PRO	GRAM	ADVERTISEN	MENTS		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	5				
6	statement) Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
Ū	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
_	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10	7,400			7,400.
11	Advertising income (Part IX)	11	,			,
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	7,400			7,400.
Par	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r limitations on de	eductions. Dec	ductions m	ust be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	5,384.
3	Repairs and maintenance				3	
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)		GEE GUY	<b>пемен</b> т 1	13	2 5/7
14 15	Other deductions (attach statement)				14	2,547. 7,931.
15 16	Total deductions. Add lines 1 through 14				15	1,331.
16	Unrelated business income before net operating loss deduction. So				16	-531.
17	column (C)				16	-331.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	-531.
	For Paperwork Reduction Act Notice, see instructions.					(Form 990-T) 2021

Pac	ıe	2

	III Cost of Goods Sold Enter met	hod of inventory valuation	nn 🔽		
1				1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	•			Yes No
Part					
1	Description of property (property street address, city,		-		
-	A	, <u>_</u>			
	В				
	c $\square$				
	D				
		A	В	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
u	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				
	500/ if the count is because on the first in a count				
С	Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D				
	Add in 65 Ed did Eb, Soldini 5 A through B				
					_
2	Total rents received or accrued Add line 2c columns A	through D. Enter here	and on Part I line 6 col	umn (A)	0.
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income		and on Part I, line 6, col	umn (A)	0.
3			and on Part I, line 6, col	umn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E	nter here and on Part I, li			0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s	nter here and on Part I, li	ine 6, column (B)	<b>&gt;</b>	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,	nter here and on Part I, li	ine 6, column (B)	<b>&gt;</b>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,	nter here and on Part I, li	ine 6, column (B)	<b>&gt;</b>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (street address, A	nter here and on Part I, li	ine 6, column (B)	<b>&gt;</b>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E.  V Unrelated Debt-Financed Income (street address, A	nter here and on Part I, li	ine 6, column (B)	<b>&gt;</b>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (street address, A	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A	nter here and on Part I, li	ine 6, column (B)	<b>&gt;</b>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)	nter here and on Part I, li see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 1 2 2 3 a .	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (add lines 3a and 3b,	nter here and on Part I, liee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)	nter here and on Part I, liee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 2 art 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, liee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)	nter here and on Part I, liee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, liee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E. V. Unrelated Debt-Financed Income (s. Description of debt-financed property (street address, A. B. C. D.	nter here and on Part I, lisee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E. V. Unrelated Debt-Financed Income (s. Description of debt-financed property (street address, A. B. C. D.	nter here and on Part I, Ii see instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	nter here and on Part I, liee instructions) city, state, ZIP code). Ch	neck if a dual-use. See in	nstructions.	D 9
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5	A  A  %	B  B  %	nstructions.	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6	A  A  %	B  B  %	nstructions.	D 9
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, A  B  C  D  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable to debt-financed property (attach statement)  Average adjusted basis of or allocable to debt-financed property (attach statement)  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6	A  A  %	B  B  %	nstructions.	D 9
4 5 Part 1 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. E. V. Unrelated Debt-Financed Income (s. Description of debt-financed property (street address, A. B. C. D.	A  A  See instructions)  City, state, ZIP code). Check the see instructions of	B  B  1, line 7, column (A)	nstructions.	D 9

1 Page 3

Part VI Interest, Ann	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (s	ee instruct	tions)		Page 3
·	•			Exempt Controlled Organizations							
Name of controll organization	ed	2. Employer identification number	identification income		unrelated ne (loss) structions)  4. Total of payme		5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)			<u> </u>								
7 Tavabla lasans				Controlled Or	-	1	-£!.				d
7. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded	in the zation's		cor	ductions directly nnected with le in column 10
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here line 8, c	and or	n Part I,		er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals					<b>&gt;</b>			0.			0.
Part VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee ins	tructions)			
	scription of	income		2. Amou incon		3. Deduction directly connuctation (attach states	ected	4. Set (attach s		·	5. Total deductions and set-asides (add cols 3 and 4)
(1)										_	
(2)											
(3)										-	
(4) Totals			•	Add amou column 2. here and or line 9, colu	Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	Exempt A	ctivity Income,	Other 1	han Adve	rtising	Income	see in	structions)	,		
Description of exploit						<u> </u>					_
2 Gross unrelated busi				r here and or	n Part I,	line 10, colum	n (A)		2		7,400.
3 Expenses directly co											
line 10, column (B)									3		0.
4 Net income (loss) from											
									4		7,400.
5 Gross income from a									5		0.
6 Expenses attributable									6		0.
7 Excess exempt expe	nses. Subtr	act line 5 from line 6	3, but do no	ot enter more	than th	ne amount on I	ine				•
4. Enter here and on	Part II, line	12							7		0.

Schedule A (Form 990-T) 2021

	IX Advertising Income				_
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a d	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	orresponding column.			
	1	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F			<b>•</b>	0.
а	ű	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	-		<b>•</b>	0.
	ű	, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	5			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	·	al or zero here and or	1	_
	Part II, line 13			<b>&gt;</b>	0.
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title	C	f time devoted	attributable to
				to business	unrelated business
(1)				to pacificos	arii ciatea basii 1655
				%	differences business
(2)				% %	arrolated basiness
(2) (3)				% % %	uniolated basiness
(2) (3)				% %	uniolated basiness
(2) (3) (4)				% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1			% % %	0.
(2) (3) (4)		· instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	: instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	: instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1	instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1	instructions)		% % %	
(2) (3) (4) Total.	Enter here and on Part II, line 1  XI Supplemental Information (see	instructions)		% % %	
(2) (3) (4) Total.	Enter here and on Part II, line 1  XI Supplemental Information (see	e instructions)		% % %	
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see	e instructions)		% % %	
(2) (3) (4) Total.	Enter here and on Part II, line 1  XI Supplemental Information (see	e instructions)		% % %	

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PROGRAM MATERIALS TAX PREPARATION FEES		2,347. 200.
TOTAL TO SCHEDULE A, PART	II, LINE 14	2,547.

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

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

OMB No. 1545-0047

Department of the Treasury

► Go to 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).

	nevertue Service				D Elavari		501(c)(3) Organizations Only
AN	ame of the organization GREAT LAKES CENTER FOR THE ARTS				B Employer i 46 – 41		
<u>c</u> ι	Inrelated business activity code (see instructions) > 72232	0			<b>D</b> Sequence	e: 2	2 of 3
			_				
<u>E</u> [	escribe the unrelated trade or business    CATERING REV	ENUE	3				
Par	t I Unrelated Trade or Business Income		(A) Incon	ne	(B) Expense	s	(C) Net
1a	Gross receipts or sales 8,648.						
b	Less returns and allowances c Balance	1c	8,	648.			
2	Cost of goods sold (Part III, line 8)	2		791.			
3	Gross profit. Subtract line 2 from line 1c	3	-1,	143.			-1,143.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
<u>13</u>	Total. Combine lines 3 through 12	13	-1,	143.			-1,143.
Par	TII Deductions Not Taken Elsewhere See instructi		r limitations	on dec	luctions. Dedu	ctions	s must be
	directly connected with the unrelated business in	come					
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions		7	.	9,791.		
8	Less depreciation claimed in Part III and elsewhere on return				9,791.	8b	0.
9	Depletion		· · · · · · · · · · · · · · · · · · ·	•		9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		SEE	STAT	EMENT 2	14	200.
15	Total deductions. Add lines 1 through 14					15	200.
16	Unrelated business income before net operating loss deduction. S						
	column (C)					16	-1,343.
17	Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 10					18	-1,343.
LHA	For Paperwork Reduction Act Notice, see instructions.				S	chedul	le A (Form 990-T) 2021

2 Page <b>2</b>	
0.	
0.	
0.	
0.	
791.	
791.	
0.	
<u>791.</u>	
X No	

Part I	II Cost of Goods Sold Enter me	thod of inventory valuation	► N/A		
1	Inventory at beginning of year			1	0.
2	Purchases			_	0.
3	Cost of labor			. 3	0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)		STATEMENT 3	. 5	9,791.
6	Total. Add lines 1 through 5				9,791.
7				I _ I	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	9,791.
9	Do the rules of section 263A (with respect to property				Yes X No
Part I	V Rent Income (From Real Property an	d Personal Property Le	eased with Real Prop	perty)	
1	Description of property (property street address, city,	state, ZIP code). Check if a du	ıal-use. See instructions.		
	A				
	В 🗌				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns	A through D. Enter here and o	n Part I, line 6, column (A)		0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
				_	0
5 Part \	Total deductions. Add line 4 columns A through D. E  Unrelated Debt-Financed Income	nter here and on Part I, line 6,	column (B)	<u></u>	0.
			for almost one One in a town atten-		
1	Description of debt-financed property (street address,	city, state, ZIP code). Check i	t a dual-use. See instruction	ins.	
	A				
	B				
	<u> </u>				
	<b>и</b>				
^	Gross income from or allocable to debt-financed	Α	В	С	<u>D</u>
2					
2	property  Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
_	Other deductions (attach statement)				
b	Total deductions (add lines 3a and 3b,				
С	,				
4	columns A through D)  Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5					
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6			%	0/	
6 7	Divide line 4 by line 5	70	70	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	) Enter here and an Dart Line	o 7. column (A)		0.
8	Total gross income (add line 7, columns A through [	n. Enter here and on Part I, III	e <i>i</i> , coluitiri (A)		
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns A th	orough D. Enter here and on D	art Lline 7 column (R)		0.
11	Total dividends-received deductions included in lin				0.
	Total altidorido receitod deddetions incidded in iii	<u> </u>			

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see ins	tructions)		Page 3
		-					Exempt Contro				
	Name of controlled organization		2. Employer identification number			al of specified nents made that is included controlling organized tion's gross in		column 4 ided in the organiza-	d in the connected		
(1)											
(2)											
(3)											
<u>(4)</u>											
	<del> </del>			1	Controlled O		1		1		
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization s income	e n's	con	ductions directly inected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10 and on Part column (A)		er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgai	nization (s	ee instruction	ons)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (atta	Set-asides ch stateme	ent)	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>											_
(2)											
(3)										_	
(4)					Add amou	unto in					Add amounts in
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,				ı	column 5. Enter here and on Part I, line 9, column (B)
Part		xempt /	Activity Income	, Other 1	Than Adve		g Income	(see instruct	ions)		
1	Description of exploite			-				•			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con	nected wit	h production of unr	elated busi	iness income	e. Enter	here and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from										
	lines 5 through 7								4		
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	me				5		
6	Expenses attributable								6		
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12						7	l	

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Pac	ıе	4

Part	IX Advertising Income					v
1	Name(s) of periodical(s). Check box if reporting	ng two or	more periodicals on a d	consolidated basis		
	Α 🔲					
	В 💹					
	c					
	D					
Enter	amounts for each periodical listed above in the	correspor	nding column.			
			Α	В	С	D
2	Gross advertising income					0.
	Add columns A through D. Enter here and on	Part I, Iin	e 11, column (A)		<b>&gt;</b>	<u> </u>
a	Divert advertising seets by poviedical					
3 a	Direct advertising costs by periodical		o 11 column (P)			0.
а	Add coldnins A through b. Enter here and on	i aiti, iiii	e 11, column (b)			
4	Advertising gain (loss). Subtract line 3 from lir	ne				
•	2. For any column in line 4 showing a gain,	.0				
	complete lines 5 through 8. For any column ir	า				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	ss				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr					0.
Part	X Compensation of Officers, Dir	rectors	and Trustees /a	o inaturations)	<b>P</b>	U •
ı art	Z Compensation of Officers, Diff	cotors,	and musices (Se	ee instructions)	3. Percentage	4. Compensation
	<b>1.</b> Name		<b>2.</b> Title		of time devoted	attributable to
	n Name		2. 11.10		to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1				<b>)</b>	0.
Part	XI Supplemental Information (se	e instruct	ions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		200
TOTAL TO SCHEDULE A, PART	II, LINE 14	200
FORM 990-T (A) CO	OST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
FORM 990-T (A) CO	OST OF GOODS SOLD - OTHER COSTS	STATEMENT 3  AMOUNT
	OST OF GOODS SOLD - OTHER COSTS	

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

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

	tment of the Treasury							Open to Pub	lic Inspection for
Intern	al Revenue Service Do not enter SSN numbers on this form as it	may be	made public	it your	organiz	ation is a 501(c)(3	).	501(c)(3) Org	ganizations Only
A 	Name of the organization GREAT LAKES CENTER FOR THE ARTS					B Employer i			oer
<u>c</u>	Unrelated business activity code (see instructions) > 53200	0				<b>D</b> Sequence	:	3 of	3
<u>E</u>	Describe the unrelated trade or business   VENUE RENTAL	ı						1	
Pa	rt I Unrelated Trade or Business Income		(A) Ind	come		(B) Expenses	s	(C	) Net
1 a	Gross receipts or sales117,601.								
b		1c	11'	7,60	01.				
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3	11'	7,60	01.			1:	17,601.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)). See instructions	4a							
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11			_				
12	Other income (see instructions; attach statement)	12	4.4		24				1 = 604
<u>13</u>	Total. Combine lines 3 through 12	13	11	7,60	)1.			1	17,601.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come	!				Γ	s must b	e
1	Compensation of officers, directors, and trustees (Part X)						1		30 000
2	Salaries and wages						2		39,923. 27,589.
3	Repairs and maintenance						3	· ·	41,309.
4	Bad debts						4		
5	Interest (attach statement). See instructions						5		
6	Taxes and licenses					206,017.	6		
7	Depreciation (attach Form 4562). See instructions			7		200,017.	OL	21	06,017.
8 9	Less depreciation claimed in Part III and elsewhere on return						8b 9		UU,UII.
10	Depletion Contributions to deferred compensation plans						10		
11	Employee benefit programs						11		
12	Excess exempt expenses (Part VIII)						12		
13	Excess readership costs (Part IX)						13		
14	Other deductions (attach statement)		SF	E S	TATE	MENT 4	14		36,047.
15	Total deductions. Add lines 1 through 14			<del></del>	.=====		15	3	09,576.

For Paperwork Reduction Act Notice, see instructions.

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16 ......

Deduction for net operating loss. See instructions

**Total deductions.** Add lines 1 through 14

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-191,975.

16

17

15 16

17

3 Page <b>2</b>
Yes No
D
0.
0.
D

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	on 🕨		
1	Inventory at beginning of year			1	
2	Purchases			1 2 1	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part		•	-		
1	Description of property (property street address, city,	state, ZIP code). Check i	f a dual-use. See instruc	tions.	
	<u>A</u>				
	B				
	D	Ι Δ	В	С	
2	Rent received or accrued	A	D		<u>U</u>
2	From personal property (if the percentage of				
а	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)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	<b>g</b>		•		
3	Total rents received or accrued. Add line 2c columns	A through D. Enter here a	and on Part I, line 6, colu	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					_
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I, li	ne 6, column (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income	see instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	eck if a dual-use. See ir	structions.	
	A <u> </u>				
	В				
	c				
	D	T T			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	\	1.11		
8	Total gross income (add line 7, columns A through D	)). Enter here and on Part	I, line 7, column (A)	<b>&gt;</b>	0.
^	Allocable deductions Multiply first On houses O	Т	T		
9	Allocable deductions. Multiply line 3c by line 6	Provide D. Enter have and	on Doubling 7	(D)	0.
10	Total dividends received deductions included in lin				0.
	Total dividends-received deductions included in lin	C 10		<b>P</b>	U •

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (se	e instruct	ions)	<u></u>
						E	xempt Contro	lled Or	ganization	ıs	
	1. Name of controlled		2. Employer	3. Net	unrelated 4. Total		al of specified		art of colur		6. Deductions directly
	organization		identification	I	ne (loss)	payn	nents made		included olling orga		connected with
			number	(see ins	structions)				gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
			No		Controlled Or	-	ons			1	
7	. Taxable Income		Net unrelated		otal of specif		10. Part of that is income.				Deductions directly
			ncome (loss)	pa	yments mad	е	controlling			l .	connected with
		(See	e instructions)					incom		inco	ome in column 10
<u>(1)</u>											
(2)											
(3)											
(4)											
							Add colum Enter here				columns 6 and 11. here and on Part I,
							line 8, d		,		ne 8, column (B)
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7) (	9) or (17)	Organ	ization (a	oo inat	ructions)	<u> </u>	<u> </u>
		ription of		.(5)(1); (	2. Amou		3. Deduction		<b>4.</b> Set-	aehiae	5. Total deductions
					incon		directly conn		(attach st		and set-asides
							(attach stater	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in
					column 2.						column 5. Enter here and on Part I,
					line 9, colu	,					line 9, column (B)
Totals				<b>&gt;</b>		0.					0.
Part	VIII Exploited Exploited	xempt A	Activity Income,	Other 1	han Adve	ertising	g Income	see ins	structions)		
1	Description of exploite	•									
2	Gross unrelated busine						•			2	
3	Expenses directly conr		·					•			
	line 10, column (B)									3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from act									5	
6	Expenses attributable									6	
7	Excess exempt expens			i, but do no	ot enter more	e than th	ne amount on I	ine		_	
	4. Enter here and on P	art II. line	12							7	

Schedule A (Form 990-T) 2021

	3
Pag	ge <b>4</b>
D	
	0.
	0.
	0.
mpensation	
ibutable to ted business	
	0.

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting tv	vo or more periodicals on a c	onsolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the corr	responding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Par	•		<b>•</b>	0.
а	•				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Par			<b>•</b>	0.
	•				
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater	er of the line 8a, columns tot	al or zero here and	on	
	Part II, line 13			<b>&gt;</b>	0.
Part	X Compensation of Officers, Direct	tors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	5. I 5. II 5				0
Part	Enter here and on Part II, line 1				0.
Part	VI Supplemental Information				
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			
	XI Supplemental Information (see in	structions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
UTILITIES INSURANCE SECURITY WEBSITE		28,087. 5,664. 1,221. 1,075.
TOTAL TO SCHEDULE A, PA	RT II, LINE 14	36,047.

# **Depreciation and Amortization** (Including Information on Listed Property)

RENT ► Attach to your tax return.

1

OMB No. 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Sequence No. 179 Identifying number

2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5 11 Susiness income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, less line 12 12 Section 179 expense deduction to 2022. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 14 Special depreciation Allowance and Other Depreciation (Don't include listed property.) 15 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 Special depreciation (Including ACRS) 16 Other depreciation (Including ACRS) 17 MACRS Depreciation (Don't include listed property. See instructions.)  Section A	mount (see instructions)  f section 179 property placed in service (see instructions)  post of section 179 property before reduction in limitation  post of section 179 property before reduction in limitation  Illimitation. Subtract line 3 from line 2. If zero or less, enter -0-  for tax year. Subtract line 4 from line 1. If zero or less, enter -0-  (a) Description of property  (b) Cost (business use only)  post of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amounts in column (c), lines 6 and 7  did cost of section 179 property. Add amount					omplete Pa					_
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	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (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    roperty   roperty	2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2 if zero or less, enter -0. 5 Dollar limitation for tax year. Subtract line 1 from line 1, if zero or less, enter -0. If manifed filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. 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c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         /       27.5 yrs.         MM       S/L	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions)  (c) Basis for depreciation (business/investment use only - see instructions)  (d) Recovery period  (e) Convention (f) Method (g) Depreciation deduction  (g) Depreciation deduction  (p) Depreciation deduction  (g) Depreciation deduction  (	2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. 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c         7-year property           d         10-year property           e         15-year property           f         20-year property           g         25-year property           h         Residential reptal property   / 25 yrs. S/L	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions)  (c) Basis for depreciation (business/investment use only - see instructions)  (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction  (roperty roperty	2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Delize limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. 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c         7-year property           d         10-year property           e         15-year property           f         20-year property           g         25-year property           h         Residential rental property           i         Nonresidential real property           j         39 yrs.           MM         S/L           39 yrs.         MM           S/L	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (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    roperty   (e) Convention   (f) Method   (g) Depreciation    roperty   (f) Method   (g) Depreciation   (g) Depreciation   (g) Depreciation    roperty   (f) Method   (g) Depreciation   (g) Deprec	2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation. 3 2,620,000. 4 Reduction in limitation. Subtract line 3 from line 1. If zero or less, enter -0. 5 Doller limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married limitation separately, see instructions 6 (a) Description of property (b) Cost [positives use only) 7 Listed property. 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c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         /       27.5 yrs.         MM       S/L         27.5 yrs.       MM         S/L       39 yrs.         MM       S/L         MM       S/L         MM       S/L         MM       S/L         MM       S/L	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (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    roperty   (f) Method   (g) Depreciation    roperty   (f) Method   (g) Depreciation    roperty   (g) Pereciation   (g) Pereciation    g) Pereciation    roperty   (g) Pereciation   (g) Pereciatio	2 Total cost of section 179 property before reduction in limitation. Subtract line 3 from line 2.1 fazor or less, enter -0.   4	1	2   Total cost of section 179 property before reduction in limitation   3   2 , 620 , 000 .	9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.)  15 Special Depreciation Allowance and Other Depreciation (Don't include listed property.)  16 Special Depreciation (Including ACRS)  17 MACRS deductions for assets placed in service in tax years beginning before 2021  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  Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (a) Classification of property  (a) Classification of property  (b) Month and year places/inservice business/inservice units (c) Basis for depreciations only see instructions)  (c) Tayler property  (d) 10-year property  (e) Convention (f) Method (g) Depreciation deduction deduction fire accounts only see instructions)  (e) Convention (f) Method (g) Depreciation deduction deduction deduction description only see instructions)  (e) Convention (f) Method (g) Depreciation deduction deduction deduction deduction deduction deduction deduction deduction deduction description deduction d	(e) Convention  MM  MM  MM  MM	accounts, check here ear Using the Ger on see (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	ears beginning before into one or more general assece During 2021 Tax  (c) Basis for deprecia (business/investment only - see instructio	vice during the tax year in  s Placed in Servic  (b) Month and year placed in service  // // // // //	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property	9a  b  c  d  e  f  g
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c         7-year property	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (c) Month and year placed in service only - see instructions)  (d) Recovery period  (e) Convention (f) Method (g) Depreciation deduction  (f) Method (g) Depreciation deduction  (g) Depr	2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2.1 fez or or less, enter -0. 5 bolls infinitation for tax year. Subtract line 4 from line 1.1 zero or less, enter -0. 6 (s) Description of property  7 Listed property. Enter the amount from line 29  3 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. 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c         7-year property	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in Service In service (b) Honth and year placed in Service (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (housiness/investment use only - see instructions)  (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (housiness/investment use only - see instructions)  (e) Convention (f) Method (g) Depreciation deduction (housiness/investment use only - see instructions)  (f) Method (g) Depreciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation deduction (housiness/investment use only - see instructions)  (g) Pereciation	2   Total cost of section 179 property placed in service (see instructions)   3   2   6.20   0.00   .	Maximum amount (see instructions)	2   Total cost of section 179 property before reduction in limitation. Sutrost time 3 to 1   4   5   5   5   5   5   5   5   5   5	9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 1 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.)  15 Special Depreciation Allowance and Other Depreciation (Don't include listed property.)  16 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 16 Other depreciation (including ACRS)  17 MACRS deductions for assets placed in service in tax years beginning before 2021  18 if you are electing to group any assets placed in service lin fax years beginning before 2021  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  Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  19 3-year property  10 Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation deduction in service in service during the tax year into one or more general asset accounts, check here  19 Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  10 Object of the Service During 2021 Tax Year Using the General Depreciation deduction in service only service during the tax year into one or more general asset accounts, check here  20 Section B - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation deduction only service during the tax year into one or more general asset accounts, check here  21 Section B - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation deduction only service during the tax year into one or more general asset accounts, check h	MM MM MM MM	accounts, check here ear Using the Ger  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the Alter  12 yrs.	ears beginning before into one or more general assece During 2021 Tax  (c) Basis for deprecia (business/investment only - see instructio	vice during the tax year in  s Placed in Servic  (b) Month and year placed in service  // // // // //	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year	99a b c d e f g h i
c         7-year property         0         10-year property         0         0         10-year property         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in service only - see instructions)  (c) Basis for depreciation (business/investment use only - see instructions)  (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction only - see instructions)  (e) Convention (f) Method (g) Depreciation deduction only - see instructions)  (g) Depreciation deduction only - see instructions only - see instructions)  (g) Depreciation deduction only - see instructions on - see instructions only - see instructions on - see instructi</td> <td>  2   Total cost of section 179 property placed in service (see instructions)   3   2 , 620 , 000 .    </td> <td>  Maximum amount (see instructions)</td> <td>2 Total cost of section 179 property placed in service (see instructions)  3 2,620,000.  4 Reduction in limitation. 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c         7-year property         0         10-year property         0         10-year property         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (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  (g) Depreciation ded</td> <td>  2   Total cost of section 179 property placed in service (see instructions)   3   2 , 620,000 .    </td> <td>  1</td> <td>  2 Total cost of section 179 property placed in service (see instructions)</td> <td>9 Tentative deduction. 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c         7-year property	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in Service (b) Basis for depreciation (b) Basis for deprecia	2 Total cost of section 179 property placed in service (see instructions)  3	Maximum amount (see instructions)	2   Total cost of section 179 property placed in service (see instructions)   3   2 , 620 , 000 .	9 Tentative deduction. Enter the smaller of line 5 or line 8   9   10   10   10   10   10   10   10	MM	accounts, check here ear Using the Ger on (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the Alter  12 yrs. 30 yrs.	ears beginning before into one or more general assece During 2021 Tax  (c) Basis for deprecia (business/investment only - see instructio	yice during the tax year in s Placed in Service  (b) Month and year placed in service  // // // Placed in Service	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year	99a b c d e f g h i
c         7-year property	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions)  (c) Basis for depreciation (e) Convention (f) Method (g) Depreciation deduction (e) Convention (f) Method (g) Depreciation deduction (f) Method (g) Depreciation (	2   Total a cost of section 179 property placed in service (see instructions)   3   2   6   20   0.000	1	2   Total cost of section 179 property placed in service (see instructions)   3   2 , 620,000 .   A Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter-0-   5     6   (all Description of troperty   1 zero or less, enter-0-   5     6   (all Description of property   1 zero or less, enter-0-   5     7   Listed property. Enter the amount from line 29   7     7   Listed property. Enter the amount from line 29   7     8   7   Table elected cost of section 179 property. Add amounts in column (c), lines 6 and 7   8   9     9   Tentative deduction. Enter the smaller of line 5 or line 8   9     10   Carryover of disallowed deduction from line 13 of your 2020 From 1656   9     10   Carryover of disallowed deduction to 2022. Add lines 9 and 10, but don't enter more than line 11   12   13     12   Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11   12   13     13   Carryover of disallowed deduction to 2022. Add lines 9 and 10, but don't enter more than line 11   13   14     14   Special Depreciation allowance and Other Depreciation (Don't include listed property.)    14   Special Depreciation allowance and Other Depreciation (Don't include listed property.)    14   Special Depreciation allowance and Other Depreciation (Don't include listed property.)    15   Property subject to section 188()(1) election   15   15   16   20.6 , 0.17 .    16   Citer depreciation (Don't include listed property.) See instructions.)    17     Special Depreciation allowance and Other Depreciation (Don't include listed property.)   16   16   20.6 , 0.17 .    17   Part III   MACRS Depreciation (Don't include listed property.)   25   yrs.   17   18   19   19   19   19   19   19   19	9 Tentative deduction. Enter the smaller of line 5 or line 8   9   10   Caryover of disallowed deduction from line 13 of your 2020 Form 4562   11   11   12   13   12   13   14   12   13   14   14   14   15   15   15   15   15	MM	accounts, check here ear Using the Ger  (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  ar Using the Alter  12 yrs.  30 yrs.  40 yrs.	ears beginning before into one or more general assece During 2021 Tax  (c) Basis for deprecia (business/investment only - see instruction)  a During 2021 Tax Y	Placed in Service  // // Placed in Service  // // Placed in Service  // / Placed in Service	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property 25-year property Nonresidential rental property  Section C - Assets P  Class life 12-year 30-year 40-year  Summary (See instructions.)  ed property. Enter amount from line	9a
c         7-year property         0         10-year property         0         10-year property         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in service (b) Sasis for depreciation (b) Sasis for depreciation period (c) Basis for depreciation period (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (e) Convention (f) Method (g) Depreciation deduction (g) Depreciation (g) Depre</td> <td>  2   Total cost of section 179 property placed in service (see instructions)   2   3   2 , 6 20 , 0 00 .    </td> <td>  1</td> <td>  2   Total accost of section 179 property placed in service (see instructions)   2   3   2,620,000.    </td> <td>9 Tentative deduction. 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Section A  17 MACRS deductions for assets placed in service in tax years beginning before 2021  18 In you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here   </td> <td>MM MM /td> <td>accounts, check here ear Using the Ger  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the Alter  12 yrs. 30 yrs. 40 yrs.</td> <td>ears beginning before into one or more general assec During 2021 Tax  (c) Basis for deprecia (business/investment only - see instruction)  During 2021 Tax Y</td> <td>Placed in Service  // // Placed in Service  // // Placed in Service  // / Placed in Service</td> <td>Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 15-year property 20-year property 25-year property W Section C - Assets P Class life 12-year 30-year 40-year W Summary (See instructions.) ed property. Enter amount from line al. Add amounts from line 12, lines</td> <td>9a b c d e f g h i</td>	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (b) Month and year placed in service (b) Sasis for depreciation (b) Sasis for depreciation period (c) Basis for depreciation period (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (e) Convention (f) Method (g) Depreciation deduction (g) Depreciation (g) Depre	2   Total cost of section 179 property placed in service (see instructions)   2   3   2 , 6 20 , 0 00 .	1	2   Total accost of section 179 property placed in service (see instructions)   2   3   2,620,000.	9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Increasive of disalowed deduction from line 1 3 or your 2020 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Increase of disalowed deduction. Add lines 9 and 10, but don't enter more than line 1 Increase of disalowed deduction to 2022. Add lines 9 and 10, but don't enter more than line 1 Increase of disalowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property, Instead, use Part V.  Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property.)  14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year  15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS)  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 2021  18 In you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	MM	accounts, check here ear Using the Ger  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the Alter  12 yrs. 30 yrs. 40 yrs.	ears beginning before into one or more general assec During 2021 Tax  (c) Basis for deprecia (business/investment only - see instruction)  During 2021 Tax Y	Placed in Service  // // Placed in Service  // // Placed in Service  // / Placed in Service	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 15-year property 20-year property 25-year property W Section C - Assets P Class life 12-year 30-year 40-year W Summary (See instructions.) ed property. Enter amount from line al. Add amounts from line 12, lines	9a b c d e f g h i
c         7-year property         0         10-year property         0         10-year property         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td>Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (c) 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 deduction (g) Depreciation deduction (g) Depreciation deduction (g) Depreciation deduction deduction deduction deduction (g) Depreciation deduction deduction deduction deduction deduction deducti</td> <td>2 Total cost of section 179 property placed in service (see instructions) 3</td> <td>  1</td> <td>2 Total cost of section 179 property before reduction in imitation 4 Reduction in limitation. Subtract line 3 from line 2. if zero or less, enter 0. 5 Date initiation in imitation. Subtract line 3 from line 2. if zero or less, enter 0. 6                                      </td> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td>MM MM /td> <td>25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs.</td> <td>ears beginning before into one or more general assece During 2021 Tax  (c) Basis for deprecia (business/investment only - see instruction)  During 2021 Tax Y  During 2021 Tax Y  are During 2021 Tax Y</td> <td>Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // // Placed in Service  // // placed in Service</td> <td>Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets P Class life 12-year 30-year V Summary (See instructions.) ed property. Enter amount from line al. Add amounts from line 12, lines ar here and on the appropriate lines</td> <td>9a   9a   6   6   6   6   6   6   6   6   6  </td>	Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System  (c) 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 deduction (g) Depreciation deduction (g) Depreciation deduction (g) Depreciation deduction deduction deduction deduction (g) Depreciation deduction deduction deduction deduction deduction deducti	2 Total cost of section 179 property placed in service (see instructions) 3	1	2 Total cost of section 179 property before reduction in imitation 4 Reduction in limitation. Subtract line 3 from line 2. if zero or less, enter 0. 5 Date initiation in imitation. Subtract line 3 from line 2. if zero or less, enter 0. 6	9 Tentative deduction. Enter the smaller of line 5 or line 8	MM	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs.	ears beginning before into one or more general assece During 2021 Tax  (c) Basis for deprecia (business/investment only - see instruction)  During 2021 Tax Y  During 2021 Tax Y  are During 2021 Tax Y	Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  // // Placed in Service  // // placed in Service	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets P Class life 12-year 30-year V Summary (See instructions.) ed property. Enter amount from line al. Add amounts from line 12, lines ar here and on the appropriate lines	9a   9a   6   6   6   6   6   6   6   6   6
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5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filling separately, see instructions  6 (a) Description of property (b) Cost (business use only) (c) Elected cost  7 Listed property. Enter the amount from line 29  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  9 Tentative deduction. Enter the smaller of line 5 or line 8  9 Tentative deduction in the smaller of line 5 or line 8  10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5  11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  12 Section 179 expense deduction to 2022. Add lines 9 and 10, less line 12  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.)  14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year  15 Property subject to section 188(f)(1) election  16 Other depreciation (including ACRS)  16 206 ,  Part III MACRS Depreciation (Don't include listed property. See instructions.)	for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions  (a) Description of property  (b) Cost (business use only)  (c) Elected cost  (d) Cost (business use only)  (e) Elected cost  (f) Cost (business use only)  (g) Elected cost  (g) Elec	Total cost of section 179 property placed in service (see instructions)	1 Maximum amount (see instructions)11,050,000.2 Total cost of section 179 property placed in service (see instructions)2	2 Total cost of section 179 property placed in service (see instructions)  2					•		
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.  5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions  6 (a) Description of property (b) Cost (business use only) (c) Elected cost  7 Listed property. Enter the amount from line 29  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  9 Tentative deduction. Enter the smaller of line 5 or line 8  10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5  11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  12 Section 179 expense deduction to 2022. Add lines 9 and 10, less line 12  13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12  14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.)  15 Property subject to section 168(f)(1) election  16 Other depreciation (including ACRS)  17 Part III MACRS Depreciation (Don't include listed property. See instructions.)  Section A	A limitation. Subtract line 3 from line 2. If zero or less, enter -0- for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see instructions  (a) Description of property  (b) Cost (business use only)  (c) Elected cost  entry. Enter the amount from line 29  of cost of section 179 property. Add amounts in column (c), lines 6 and 7  disallowed deduction from line 13 of your 2020 Form 4562  come limitation. Enter the smaller of business income (not less than zero) or line 5  expense deduction. Add lines 9 and 10, but don't enter more than line 11  expense deduction to 2022. Add lines 9 and 10, less line 12  Part III or Part III below for listed property. Instead, use Part V.  ecial Depreciation Allowance and Other Depreciation (Don't include listed property.)  reciation allowance for qualified property (other than listed property) placed in service during  ciation (including ACRS)  16 206,017.		1 Maximum amount (see instructions) 1 1,050,000.		2 Total dest of section 170 property placed in service (see instruction)				•		
3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Total elected cost of disallowed deduction from line 13 of your 2020 Form 4562 10 Listed property. Enter the smaller of business income (not less than zero) or line 5 11 Esusiness income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 14 Special depreciation Allowance and Other Depreciation (Don't include listed property.) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Other depreciation (including ACRS) 17 Part III MACRS Depreciation (Don't include listed property. See instructions.)	2 2,620,000.  a 2,620,000.  a 2,620,000.  a 2,620,000.  b imitation. Subtract line 3 from line 2. If zero or less, enter -0-  for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions  (a) Description of property  (b) Cost (business use only)  cost of section 179 property. Add amounts in column (c), lines 6 and 7  do cost of section 179 property. Add amounts in column (c), lines 6 and 7  do disallowed deduction from line 13 of your 2020 Form 4562  come limitation. Enter the smaller of business income (not less than zero) or line 5  expense deduction. Add lines 9 and 10, but don't enter more than line 11  disallowed deduction to 2022. Add lines 9 and 10, less line 12  Part II or Part III below for listed property. Instead, use Part V.  ecial Depreciation Allowance and Other Depreciation (Don't include listed property.)  reciation allowance for qualified property (other than listed property) placed in service during  14  bject to section 168(f)(1) election  15  ciation (including ACRS)  16  206,017.	1 050 000								, , ,	
2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 13 of your 2020 Form 4562 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, less line 12 12 Section 179 expense deduction to 2022. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 The property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Other depreciation (including ACRS) 17 MACRS Depreciation (Don't include listed property. See instructions.)  Section A	section 179 property placed in service (see instructions)  ost of section 179 property before reduction in limitation  in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions  (a) Description of property  (b) Cost (business use only)  orty. Enter the amount from line 29  do cost of section 179 property. Add amounts in column (c), lines 6 and 7  do duction. Enter the smaller of line 5 or line 8  diduction. Enter the smaller of line 13 of your 2020 Form 4562  come limitation. Enter the smaller of business income (not less than zero) or line 5  disallowed deduction Add lines 9 and 10, but don't enter more than line 11  disallowed deduction to 2022. Add lines 9 and 10, less line 12  Part II or Part III below for listed property. Instead, use Part V.  ecial Depreciation Allowance and Other Depreciation (Don't include listed property.)  reciation allowance for qualified property (other than listed property) placed in service during  listentian and the property of the section 168(f)(1) election  ciation (including ACRS)  16  206,017.	- and a substant to Expense destant reports disease and indication in you have any noted property, complete that it is belone you complete that it.					, notou proporty,	Hoto, il you liave	5		

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 (			•											
		Depreciation				ution: S	See the	instruc							
<u>24a</u>	a Do you have evidence to s	1		nent use cla	aimed?	<u> </u>	es _	No	24b If "Y	es," is th	e evide	nce writt	en?	_ Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	nt	(d) Cost or ther basis	l (bu	(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	<b>g)</b> thod/ ention	Depre	( <b>h)</b> eciation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified liste	d property	placed	in servic	e during	the ta	x year and	i					
	used more than 50% in a	a qualified bu	usiness use								25				
26	Property used more than										•				
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ss in a qualif	ied business	s use:											
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27.	Enter here	e and on	line 21,	page 1				28				
	Add amounts in column												29		
				Section	B - Infor	mation	on Use	of Veh	icles						
	mplete this section for ve		•								-			ehicles	
30	Total business/investment i		•	Vel	a) nicle	1	( <b>b)</b> hicle	V	(c) 'ehicle	1	d) iicle	1	e) nicle	(f Veh	-
31	Total commuting miles											<u> </u>			
	Total other personal (nor driven	ncommuting	) miles												
33	Total miles driven during														
00	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.	during off-duty hours?	•			110	100	110	100	110	1.00	110	100	110	100	110
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa														
	use?	•													
			- Questions		overs W	/ho Pro	vide Vel	nicles f	or Use by	Their E	mplove	es			
An	swer these questions to c			-	-				-				ren't		
	re than 5% owners or rela	•		·		Ü				,	. ,				
37	Do you maintain a writte employees?		-		-				-		by your	•		Yes	No
38	Do you maintain a writte										our				
	employees? See the inst	tructions for	vehicles use	ed by corp	orate of	icers, di	irectors,	or 1%	or more o	wners					
39	Do you treat all use of ve	ehicles by en	nployees as	personal ı	use?										
40	Do you provide more that	an five vehicl	es to your e	mployees,											
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "\	res," don'	t comple	te Secti	ion B for	the co	vered veh	icles.					
P	art VI Amortization														
	(a)			(b)		(c)	L. I.		(d)		(e)			(f)	
	Description of	costs	l D	ate amortization begins		Amortizal amoun	bie t		Code section		Amortize period or pe		Ar fo	nortization or this year	
_				bogino							ponou or po				
42	Amortization of costs that	at begins du	ring your 20		ır:						ponou or po				
42	·	at begins du	ring your 20		ır:						ponou or po				
<u>42</u>	·	at begins du	ring your 20.	21 tax yea	ir:						ponoa or po				
_	·	-		21 tax yea								43			

Form **4562** (2021)

# **Depreciation and Amortization** (Including Information on Listed Property)

A COGS ► Attach to your tax return.

Business or activity to which this form relates

2

Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

OILE	EAT LAKES CENTER FOR			SCHEDUL				46-4121514
Pai	Tt   Election To Expense Certain Prope	rty Under Section 17	79 Note: If you have a	any listed prop	perty, co	omplete Part	V before	<del></del>
<b>1</b> N	Maximum amount (see instructions)						1	1,050,000.
<b>2</b> T	otal cost of section 179 property plac	ed in service (see	instructions)				2	
<b>3</b> T	hreshold cost of section 179 property	before reduction	in limitation				3	2,620,000.
	Reduction in limitation. Subtract line 3						1	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filing separatel	y, see instructions			5	
6	(a) Description of pr	operty	(b) Cos	(business use on	ly)	(c) Elected of	cost	
7 L	isted property. Enter the amount from	line 29			7			
<b>8</b> T	otal elected cost of section 179 prope	erty. Add amounts	in column (c), lines 6	and 7			8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8					9	
<b>10</b> C	Carryover of disallowed deduction from	n line 13 of your 20	020 Form 4562				10	
11 E	Business income limitation. Enter the s	maller of business	s income (not less tha	n zero) or line	5		11	
<b>12</b> S	Section 179 expense deduction. Add li	nes 9 and 10, but	don't enter more tha	n line 11 <u></u>			12	
	Carryover of disallowed deduction to 2				13			
Note	: Don't use Part II or Part III below for	listed property. In	stead, use Part V.	•	•			•
Par	rt II Special Depreciation Allowa	nce and Other D	epreciation (Don't	nclude listed	property	/. <b>)</b>		
14 8	Special depreciation allowance for qua	lified property (oth	ner than listed proper	v) placed in s	service c	durina		
	he tax year		• •	,,,		•	14	
	Property subject to section 168(f)(1) ele							
	Other depreciation (including ACRS)						. 16	0 001
	rt III MACRS Depreciation (Don't						10	
	(2 on the contract of th		Section A	,				
17 N	MACRS deductions for assets placed i	n service in tax ve		2021			17	Τ
	you are electing to group any assets placed in serv	•	0 0			▶ □	ï 🛗	
10				raccourne, erroerr				
	Section B - Assets	Placed in Servic	e During 2021 Tax \	'ear Using th	e Gene	ral Depreciat	tion Svst	em
		(b) Month and	e During 2021 Tax \ (c) Basis for depreciat	on (d) De		T -		
	Section B - Assets (a) Classification of property		·	on (d) Re	e Gener ecovery eriod	(e) Convention	(f) Method	
102	(a) Classification of property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re	ecovery	T -		
19a	(a) Classification of property  3-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re	ecovery	T -		
b	(a) Classification of property  3-year property  5-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re	ecovery	T -		
b c	(a) Classification of property  3-year property  5-year property  7-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re	ecovery	T -		
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re	ecovery	T -		
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re	ecovery	T -		
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re pe	ecovery priod	T -	(f) Method	
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on isse (d) Re pe	ecovery riod	(e) Convention	(f) Method	
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	on (d) Re pe	yrs.	(e) Convention	(f) Method	
b c d e f g	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property  25-year property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	(d) Re pe	yrs. 5 yrs.	(e) Convention  MM  MM	(f) Method	
b c d e f g	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property	(b) Month and year placed	(c) Basis for depreciat (business/investment of	(d) Re pe	yrs.	(e) Convention  MM  MM  MM	(f) Method	
b c d e f g	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	(d) Reperior (25 27.5 27.5 39	yrs. 5 yrs. yrs. yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	(d) Reperior (25 27.5 27.5 39	yrs. 5 yrs. yrs. yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	25 27.5 27.5 39	yrs. 5 yrs. 5 yrs. yrs.	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c d e f g h	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	25 27.5 27.5 39 ar Using the	yrs. 5 yrs. 5 yrs. 4 Alterna	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L s/L s/L s/L s/L s/L s/L s/L	(g) Depreciation deduction
b c d e f g h i	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	25 27.5 27.5 39 ar Using the	yrs. 5 yrs. yrs. 4lterna yrs. yrs.	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	25 27.5 27.5 39 ar Using the	yrs. 5 yrs. 5 yrs. 4 Alterna	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L s/L s/L s/L s/L s/L s/L s/L	(g) Depreciation deduction
b c d e f g h i 20a b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	25 27.5 27.5 39 ar Using the	yrs. 5 yrs. yrs. yrs. yrs. yrs. yrs.	MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year	(b) Month and year placed in service	(c) Basis for depreciat (business/investment under only - see instruction)	25 27.5 27.5 39 ar Using the	yrs. 5 yrs. yrs. yrs. yrs. yrs. yrs.	MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Pai	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  **T IV Summary (See instructions.)	(b) Month and year placed in service	(c) Basis for depreciat (business/investment to only - see instruction  During 2021 Tax Ye	25 27.5 27.5 27.6 39 ar Using the	yrs. 5 yrs. Kalterna yrs. yrs. yrs. yrs. yrs.	MM	S/L	(g) Depreciation deduction
b c d 20a b c d Par 21 L 22 T	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  *T IV Summary (See instructions.)	(b) Month and year placed in service  // // // // // // // // // // // // /	(c) Basis for depreciat (business/investment only - see instruction  During 2021 Tax Ye  es 19 and 20 in colui	25 27.5 27.5 39 ar Using the 12 30 40	yrs. 5 yrs. 5 yrs. yrs. yrs. yrs. yrs. yrs.	MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Pai 21 L 22 I	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  **T IV Summary (See instructions.)  isted property. Enter amount from line  Total. Add amounts from line 12, lines	/ / / / / / / / / / / / / / / / / / /	(c) Basis for depreciat (business/investment only - see instruction  During 2021 Tax Ye  es 19 and 20 in columartnerships and S cor	25 27.5 27.5 39 ar Using the 12 30 40 mn (g), and lin porations - se	yrs. 5 yrs. 5 yrs. yrs. yrs. yrs. yrs. yrs.	MM	S/L	(g) Depreciation deduction

**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 (									., .					
_		-	n and Other I			ution: S	See the i								
<u>24a</u>	a Do you have evidence to s			it use cla	imed?	Y	es	_ No	24b If "Y	es," is th	e evide	nce writt	en?	_ Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ot	<b>(d)</b> Cost or her basis	(bus	(e) is for depressiness/inveuse only	stment	(f) Recovery period	Met	<b>g)</b> hod/ ention	Depre	h) eciation uction	Elec sectio	
<u></u>	Special depreciation allo	wance for q	ualified listed p	roperty	placed	in servic	e during	the ta	x year and	<u> </u>					
	used more than 50% in	a qualified bu	usiness use								25				
26	Property used more than										•	•			
		: :	%	5											
		: :	%	5											
		: :	%												
27	Property used 50% or le	ss in a qualif	ied business u	se:		•				•		•		•	
		1 1	%	,						S/L -					
		: :	%							S/L -					
		: :	%							S/L -					
28	Add amounts in column	(h), lines 25	through 27. En	ter here	and on	line 21,	page 1				28				
	Add amounts in column		-										29		
		.,,				mation								•	
	mplete this section for ve your employees, first ansv			n C to s	ee if you	ı meet aı	n except		completin	g this se	ction fo	r those v	ehicles.	Г	
30	Total business/investment i		* I	-	a) nicle	1	b) nicle	V	(c) 'ehicle	Veh			e) nicle	(f Veh	
<b>.</b>	year (don't include commut														
	Total commuting miles of Total other personal (nor	ncommuting	) miles												
~~	driven														
33	Total miles driven during														
04	Add lines 30 through 32		I	V	N _a	V	N ₂	Vas	l Na	Vaa	N _a	V	N ₂	V	NI-
34	Was the vehicle available	•	1	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25	during off-duty hours? Was the vehicle used pr														
55	than 5% owner or relate														
36	Is another vehicle availal		 nal												
00	use?	•													
	use:		- Questions fo	r Empl	overe M	/ho Prov	ride Veh	icles f	or Hea by	Their F	mnlove	AS	l	<u> </u>	
Δn	swer these questions to c			•	-				-				ren't		
	ore than 5% owners or rela			ooption	10 00111	olothig C	0011011	7 101 10	1110100 000	a by om	picyccc	W110 Q			
	Do you maintain a writte employees?	en policy stat	ement that pro		•				ū	•	by your			Yes	No
38	Do you maintain a writte employees? See the ins	en policy stat	ement that pro	hibits p	ersonal	use of ve	ehicles,	except	commuti	ng, by yo					
	Do you treat all use of ve				_										
30	Do you treat all use of ve								mployees						
	Do you provide more that		e information r											-	
40	Do you provide more that the use of the vehicles, a	and retain th			shile der	monetrat	ion uce'	2							
40	Do you provide more that the use of the vehicles, and Do you meet the require	and retain the ements conce	erning qualified	automo											
40 41	Do you provide more that the use of the vehicles, a Do you meet the require <b>Note:</b> If your answer to 3	and retain the ements conce	erning qualified	automo											
40 41	Do you provide more that the use of the vehicles, and Do you meet the require Note: If your answer to cart VI Amortization	and retain the ements conce	erning qualified	automo		te Section			vered veh					(f)	
40 41	Do you provide more that the use of the vehicles, a Do you meet the require <b>Note:</b> If your answer to 3	and retain the ements conce 37, 38, 39, 4	erning qualified 0, or 41 is "Yes Date a	automo			on B for			icles.	(e) Amortiza period or per	ition	Ar	(f) mortization or this year	
40 41 P	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to art VI Amortization  (a)	and retain the ments conce	erning qualified 0, or 41 is "Yes Date a	automo	comple	te Section (c) Amortizab	on B for		(d)	icles.	(e) Amortiza	ition	Ar	nortization	
40 41 P	Do you provide more that the use of the vehicles, and Do you meet the require Note: If your answer to art VI Amortization  (a)  Description of	and retain the ments conce	erning qualified 0, or 41 is "Yes  Date a	automo	comple	te Section (c) Amortizab	on B for		(d)	icles.	(e) Amortiza	ition	Ar	nortization	
40 41 <b>P</b>	Do you provide more that the use of the vehicles, and Do you meet the require Note: If your answer to art VI Amortization  (a)  Description of	and retain the ments conce	erning qualified 0, or 41 is "Yes  Date a  ring your 2021	automo s," don't  (b) mortization pegins tax yea	comple	te Section (c) Amortizab	on B for		(d)	icles.	(e) Amortiza	ition	Ar	nortization	
40 41 P	Do you provide more that the use of the vehicles, and Do you meet the require Note: If your answer to art VI Amortization  (a)  Description of	and retain the ments concers 37, 38, 39, 4	erning qualified 0, or 41 is "Yes  Date a ring your 2021	automo s," don't (b) mortization begins tax yea	comple r:	te Section (c) Amortizab	on B for		(d)	icles.	(e) Amortiza	ition	Ar	nortization	

# **Depreciation and Amortization** (Including Information on Listed Property)

A PG1 ► Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

3

REAT LAKES CENTER FOR			ENUE RENTA			46-4121514
Part   Election To Expense Certain Prope	rty Under Section 17	/9 Note: If you have a	ny listed property, c	omplete Part		
Maximum amount (see instructions)						1,050,000
Total cost of section 179 property place						2 (20 000
Threshold cost of section 179 property						2,620,000
Reduction in limitation. Subtract line 3					4	
Dollar limitation for tax year. Subtract line 4 from line				(a) Flacted (		
(a) Description of pr	operty	(b) Cost	(business use only)	(c) Elected (	osi	
Listed property. Enter the amount from	1 line 29		7			
Total elected cost of section 179 proper						
Tentative deduction. Enter the smaller	r of line 5 or line 8				9	
Carryover of disallowed deduction from	n line 13 of your 20	020 Form 4562			10	
Business income limitation. Enter the s		·				
Section 179 expense deduction. Add li					12	
Carryover of disallowed deduction to 2			13			
te: Don't use Part II or Part III below for		· · · · · · · · · · · · · · · · · · ·	-1. d- P-4-d			
Special Depreciation Allowa		•				
Special depreciation allowance for qua	1 1 7 (		77 1	3		
the tax year					45	
Property subject to section 168(f)(1) ele						206,01
Other depreciation (including ACRS)  art III MACRS Depreciation (Don't		norty Coo instruction			16	200,01
MACRS deductions for assets placed in figure are electing to group any assets placed in services and the services of the servi	vice during the tax year in	0 0	accounts, check here	▶ □		n
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only - see instructions	on (d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
3-year property						
5-year property						
7-year property						
10-year property						
15-year property						
20-year property						
25-year property			25 yrs.		S/L	
n Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
Nonresidential real property	/		39 yrs.	MM	S/L	
	/ /	D : 0004 T W		MM	S/L	
	Placed in Service	During 2021 Tax Yea	ar Using the Alterna	ative Depreci		em
Class life			10		S/L	
12-year	,		12 yrs. 30 yrs.	NANA	S/L S/L	
30-year d 40-year	/		40 yrs.	MM	S/L S/L	
d 40-year  art IV Summary (See instructions.)	/	l	1 40 yrs.	I IVIIVI	3/L	
Listed property. Enter amount from line					21	
<b>Total.</b> Add amounts from line 12, lines		se 10 and 20 in calum	an (a) and line 21		21	
Enter here and on the appropriate lines	-				22	206,017
For assets shown above and placed in	•	·			, ==	===,02
nortion of the basis attributable to sect	tion 262A costs		23			

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 (			•											
		Depreciation				ution: S	See the	instruc							
<u>24a</u>	a Do you have evidence to s	1		nent use cla	aimed?	<u> </u>	es _	No	24b If "Y	es," is th	e evide	nce writt	en?	_ Yes ∟	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	nt	(d) Cost or ther basis	l (bu	(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	<b>g)</b> thod/ ention	Depre	( <b>h)</b> eciation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified liste	d property	placed	in servic	e during	the ta	x year and	i					
	used more than 50% in a	a qualified bu	usiness use								25				
26	Property used more than										•				
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ss in a qualif	ied business	s use:											
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27.	Enter here	e and on	line 21,	page 1				28				
	Add amounts in column												29		
				Section	B - Infor	mation	on Use	of Veh	icles						
	mplete this section for ve		•								-			ehicles	
30	Total business/investment i		•	Vel	a) nicle	1	( <b>b)</b> hicle	V	(c) 'ehicle	1	d) iicle	1	e) nicle	(f Veh	-
31	Total commuting miles											<u> </u>			
	Total other personal (nor driven	ncommuting	) miles												
33	Total miles driven during														
00	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.	during off-duty hours?	•			110	100	110	100	110	1.00	110	100	110	100	110
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa														
	use?	•													
			- Questions		overs W	/ho Pro	vide Vel	nicles f	or Use by	Their E	mplove	es			
An	swer these questions to c			-	-				-				ren't		
	re than 5% owners or rela	•		·		Ü				,	. ,				
37	Do you maintain a writte employees?		-		-				-		by your	•		Yes	No
38	Do you maintain a writte										our				
	employees? See the inst	tructions for	vehicles use	ed by corp	orate of	icers, di	irectors,	or 1%	or more o	wners					
39	Do you treat all use of ve	ehicles by en	nployees as	personal ı	use?										
40	Do you provide more that	an five vehicl	es to your e	mployees,											
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "\	res," don'	t comple	te Secti	ion B for	the co	vered veh	icles.					
P	art VI Amortization														
	(a)			(b)		(c)	L. I.		(d)		(e)			(f)	
	Description of	costs	l D	ate amortization begins		Amortizal amoun	bie t		Code section		Amortize period or pe		Ar fo	nortization or this year	
_				bogino							ponou or po				
42	Amortization of costs that	at begins du	ring your 20		ır:						ponou or po				
42	·	at begins du	ring your 20		ır:						ponou or po				
<u>42</u>	·	at begins du	ring your 20.	21 tax yea	ir:						ponoa or po				
_	·	-		21 tax yea								43			

Form **4562** (2021)