### EXTENDED TO NOVEMBER 15, 2021

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning	and	ending					
В	Check if applicable	C Name of organization			D Employer identific	cation number			
	Addre								
	Name chang	e Doing business as			82-35821	32			
	Initial return Final	Number and street (or P.O. box if mail is not delivere		Room/suite	E Telephone number				
L	return termir	-			213-941-				
	ated Amen	City or town, state or province, country, and ZIP			G Gross receipts \$	354,427.			
H	lreturn ∏Applio	INAVERSE CITI, MI 49004			H(a) Is this a group re				
L	tion pendi	F Name and address of principal officer:	EM METCH		for subordinates				
		SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in	cluded? Yes No			
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
		te: ► WWW.CIRCLEOFBLUE.ORG			H(c) Group exemption				
K	Form of	organization: X Corporation Trust Associ	ation Other 🕨	<b>L</b> Year	of formation: $2017$ $ m M$	State of legal domicile; MI			
P	art I	Summary							
Φ	1	Briefly describe the organization's mission or most sign							
& Governance		IMPORTANT DECISIONS ABOUT W	ATER, FOOD &	ENERGY	IN A CHANG	ING CLIMATE			
ű	2	Check this box if the organization discontinu	ued its operations or dispo	sed of more	than 25% of its net as	sets.			
ove.	3	Number of voting members of the governing body (Par	t VI, line 1a)		3	4			
Ğ		Number of independent voting members of the govern				4			
တ္တ		Total number of individuals employed in calendar year				0			
įŧį		Total number of volunteers (estimate if necessary)				5			
Activities		Total unrelated business revenue from Part VIII, colum				0.			
ď		Net unrelated business taxable income from Form 990			·····	0.			
	<del>  ~</del>	The difference business taxable moothe from 1 offit coo		Prior Year	Current Year				
-	8	Contributions and grants (Part VIII, line 1h)			166,550.	354,427.			
ne	9				0.	0.			
Revenue	10				0.	0.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and		0.	0.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			166,550.	354,427.			
		Total revenue - add lines 8 through 11 (must equal Par		0.	0.				
		Grants and similar amounts paid (Part IX, column (A), li		0.	0.				
		Benefits paid to or for members (Part IX, column (A), lir			0.	0.			
Expenses	15	Salaries, other compensation, employee benefits (Part			0.	0.			
en	16a	Professional fundraising fees (Part IX, column (A), line	11e)	70	0.	0.			
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25	32,0	70.	220 062	240 050			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f			330,863.	348,950.			
		Total expenses. Add lines 13-17 (must equal Part IX, co	olumn (A), line 25)		330,863.	348,950.			
	19	Revenue less expenses. Subtract line 18 from line 12			-164,313.	5,477.			
Net Assets or Find Balances				Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)			13,824.	120,034.			
at A	21	Total liabilities (Part X, line 26)			199,601.	300,334.			
		Net assets or fund balances. Subtract line 21 from line	20		-185,777.	-180,300.			
_	art II	Signature Block							
		llties of perjury, I declare that I have examined this return, inclu			•	/ knowledge and belief, it is			
true	e, correc	et, and complete. Declaration of preparer (other than officer) is	based on all information of wh	nich preparer	has any knowledge.				
		Cinnature of officer			Data				
Sig	ın	Signature of officer Date							
He	re	MATTHEW WELCH, TREASURER							
		Type or print name and title			Oata !	I DIN			
		1	parer's signature	l l	Date Check	PTIN			
Pai		JAMES M. TAYLOR, CPA			1/08/21 self-employe	P00439891			
Pre	parer	Firm's name ▶ DGN , LLC			Firm's EIN ▶	20-2349670			
Use	Only	Firm's address P.O. BOX 947							
		TRAVERSE CITY, MI	49685-0947		Phone no. 23	1-946-1722			
1/10	v tho II	RS discuss this return with the preparer shown above?	Sac instructions			X Ves No			

Pai	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EDUCATING THE PUBLIC ON THE CHALLENGES AND SOLUTIONS OF THE GLOBAL
	FRESHWATER CRISIS THROUGH A COLLABORATIVE ALIGNMENT OF JOURNALISM,
	SCIENTIFIC RESEARCH, DATA COLLECTION AND ANALYSIS, AND COMMUNICATION
	DESIGN; ENGAGING AND CONNECTING INDIVIDUALS AND GROUPS BY LEADING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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 expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	00 500
4a	(Code: ) (Expenses \$ 89,502. including grants of \$ ) (Revenue \$) IN-DEPTH REPORTING - TELLING THE STORY OF THE INTENSE COMPETITION
	BETWEEN WATER, FOOD, AND ENERGY IN A CHANGING CLIMATE.
	DEIWEEN WAIER, FOOD, AND ENERGI IN A CHANGING CLIMATE.
4b	(Code: ) (Expenses \$ 71,420 • including grants of \$ ) (Revenue \$ )
40	WATER, TEXAS - REPORTING ON WATER ISSUES IN TEXAS WITH A FOCUS ON THE
	ENERGY SECTOR.
	ENERGI SECIOR:
4c	(Code: ) (Expenses \$ 42,700 • including grants of \$ ) (Revenue \$
	WATER, GREAT LAKES - GREAT LAKES NEWS COLLABORATIVE TO ELEVATE
	DISCUSSION, AMPLIFY THE VOICE OF RESIDENTS AND PRODUCE ACTION THAT
	PROTECTS THE REGION'S WATERS FOR THE FUTURE.
	TROTECTS THE REGION S WATERS FOR THE FOTORE:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 8,420 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 212,042.
ru	Form <b>990</b> (2020)
	10111000 (2020)

# Form 990 (2020) CIRCLE OF BLUE INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١,		X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ü	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,	Ť		
•	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>			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	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			X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		1
f	the organization's separate of 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
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- '''		
ızu	Schedule D, Parts XI and XII	12a		х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	Contraction and a second of the contraction of the			

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		
C		200		х
00	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
65	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0=-		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			. v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule 0  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms wize included in line 1a. Enter of infocuspicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х						
	, ,									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			. v						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х						
_	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х						
٦	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		22						
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
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:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	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  Enter the amount of receives on head									
с 14а	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	15 DV 11 1 15 CU 1 5 700 L LU L	14a		<del></del>						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-tu								
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.	.5								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
		Form	990	(2020						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 231-941-1355			
	800 COTTAGEVIEW DR., SUITE 1042, TRAVERSE CITY, MI 49684			

032006 12-23-20

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

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

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

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

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

Name and title  Average hours per week (list any hours for related organizations)	X Check this box if neither the organization		orga	aniza			mpei	nsat		director, or trustee.	
Contraction to the compensation from the organizations week (list any hours for related organizations below line)   Total East and a director/frustee)   Total East and other compensation from the organizations (W-2/1099-MISC)   Total East and other compensation from the organization (W-2/1099-MISC)   Total East and other compensation from the organization organization (W-2/1099-MISC)   Total East and other compensation from the organization organization (W-2/1099-MISC)   Total East and other compensation from the organization organization organization organization (W-2/1099-MISC)   Total East and other compensation from the organization organ	(A)	(B)			((	C)			(D)		(F)
week (list any hours for related organizations below line)	Name and title	_					than		•		Estimated
Compension   Com										•	amount of
DOARD PRESIDENT		<b>I</b>	_					É			
Company			direct				Ę		1		•
Company			ee or	stee			nsate			(** 2/ 1000 1/1100)	organization
Company		<b>I</b>	trust	al tru		yee	educ		,		and related
Company		below	/id ual	tution	ia	omple	est co loyee	Jer.			organizations
DOARD PRESIDENT   X		,	Indi	Insti	Offic	Key	High emp	Forn			
California   Cal	(1) J. CARL GANTER	20.00									
BOARD SECRETARY   X	BOARD PRESIDENT				Х				0.	0.	0.
Color	(2) EILEEN GANTER	5.00									
BOARD TREASURER	BOARD SECRETARY				Х				0.	0.	0.
(4) RICHARD ODELL       1.50         BOARD MEMBER       X       0.0.         (5) PETER GLEICK       1.50         BOARD MEMBER       X       0.0.         (6) MARGARET CATLEY-CARLSON       1.50         BOARD MEMBER       X       0.0.         (7) JERRY LINENGER       1.50	(3) MATTHEW WELCH	20.00									
BOARD MEMBER   X	BOARD TREASURER				Х				0.	0.	0.
1.50   BOARD MEMBER   X   0.   0.	(4) RICHARD ODELL	1.50									
BOARD MEMBER         X         0.         0.           (6) MARGARET CATLEY-CARLSON         1.50         0.         0.           BOARD MEMBER         X         0.         0.           (7) JERRY LINENGER         1.50         0.         0.	BOARD MEMBER		X						0.	0.	0.
(6) MARGARET CATLEY-CARLSON BOARD MEMBER X 0. 0. 0.	(5) PETER GLEICK	1.50									
BOARD MEMBER X 0. 0. (7) JERRY LINENGER 1.50	BOARD MEMBER		Х						0.	0.	0.
(7) JERRY LINENGER 1.50	(6) MARGARET CATLEY-CARLSON	1.50									
	BOARD MEMBER		X						0.	0.	0.
BOARD MEMBER X 0. 0.	(7) JERRY LINENGER	1.50									
	BOARD MEMBER		X						0.	0.	0.
			1								
			1								
				T			T				
			1								
			1								

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average hours per		Position (do not check more than one box, unless person is both a			than		Reportable	Reportable			imate	
	week					is bot or/trus		compensation from	compensation from related			ount c other	ıΤ
	(list any	ctor						the	organization			oensat	ion
	hours for	or dire	a)			rted		organization	(W-2/1099-MI	SC)		om the	
	related organizations	ustee	truste		92	suadı		(W-2/1099-MISC)				anizatio I relate	
	below	Individual trustee or director	Institutional trustee		nploye	st con	<u></u>					nizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form						
		$\square$											
		-											
		П											
		$\vdash$											
		Ш											
1b Subtotal							<b></b>	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
<ul><li>Total number of individuals (including but compensation from the organization</li></ul>	not limited to th	iose	liste	ed a	bov	e) wi	no re	eceived more than \$100	0,000 of reportab	·le			C
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the	-		-					•	the organization				37
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.	•				-	•		ed organization or indiv	idual for services	,	5		Х
Section B. Independent Contractors	mpiete deriedai	001	01 30	ucii	pers	3011							
1 Complete this table for your five highest of										npens	ation fi	rom	
the organization. Report compensation fo	r the calendar y	ear e	endi	ing v	vith	or w	rithir T	the organization's tax : (B)	year.		(C	`	
<b>(A)</b> Name and busines	s address	NC	INC	E				Description of s	ervices	С	omper omper		1
							_			<u> </u>			
2 Total number of independent contractors		ot lir	mite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compensation from the organ	nization >					U					Form \$	<b>390</b> (2	020)

032008 12-23-20

Pa	rt V	Ш						
			Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII	(B)	(C)	[D]
					Total revenue	Related or exempt		Revenue excluded
					rotarrovendo		business revenue	
<u> </u>								sections 512 - 514
ints			Federated campaigns 1a					
Sign of			Membership dues 1b					
ts,		С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
ns,			Government grants (contributions) 1e	7,000.				
er S		f	All other contributions, gifts, grants, and					
ξġ			similar amounts not included above 1f	347,427.				
a de		g	Noncash contributions included in lines 1a-1f 1g \$					
ă Č		h	Total. Add lines 1a-1f	<u></u>	354,427.			
				Business Code				
Se	2	а						
ë Zi		b						
n Si		С						
ran ?ev		d						
Program Service Revenue		е						
<u>م</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b>&gt;</b>				
	3		Investment income (including dividends, inte	,				
			other similar amounts)	<b>&gt;</b>				
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u></u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nu			and sales expenses <b>7b</b>					
Revenue			Gain or (loss)					
			Net gain or (loss)	<u></u>				
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188	_				
			Less: direct expenses8	-				
			Net income or (loss) from fundraising events	<b>_</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses					
			Net income or (loss) from gaming activities	<u> </u>				
	10	а	Gross sales of inventory, less returns					
		_	and allowances 10					
			Less: cost of goods sold 10	I				
-		С	Net income or (loss) from sales of inventory					
sn				Business Code				
e e	11						1	
Miscellaneous Revenue		b					1	
Re		С						
Ĕ			All other revenue					
		е	Total. Add lines 11a-11d		25/ /27	^	_	
	12		Total revenue. See instructions	<u></u>	354,427.	0.	0.	0.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations		·	- '			
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees						
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (nonemployees):						
а	Management						
b							
С	Accounting	1,769.	200.	1,569.			
d	Lobbying						
е	D ( ' ' ( ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' ' ' ' '						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)	319,781.	207,111.	61,905.	50,765		
12	Advertising and promotion	1,129.	54.		1,075		
13	Office expenses	383.		383.			
14	Information technology	6,491.	1,870.	4,287.	334		
15	Royalties						
16	Occupancy	13,300.		13,300.			
17	Travel	2,621.	2,332.	26.	263		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	499.		499.			
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)						
а	TELEPHONE	1,631.		1,631.			
b	BANK AND MERCHANT FEES	700.	225.	34.	441		
С	DUES AND SUBSCRIPTIONS	315.	250.	65.			
d	MEALS	311.		311.			
е	All other expenses	20.		20.			
25	Total functional expenses. Add lines 1 through 24e	348,950.	212,042.	84,030.	52,878		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

Par	τλ	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X	<u> </u>		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			13,824.	1	120,034
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer	nt or for	mer officer, director,			
		trustee, key employee, creator or founder, su	ubstant	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
ទ	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ine 11			12	
	13	Investments - program-related. See Part IV, I	line 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal lir	e 33)	13,824.	16	120,034
	17	Accounts payable and accrued expenses			199,601.	17	254,534
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
ß	22	Loans and other payables to any current or	former o	officer, director,			
		trustee, key employee, creator or founder, so	ubstant	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
-	23	Secured mortgages and notes payable to ur				23	45 000
	24	Unsecured notes and loans payable to unrel				24	45,800
	25	Other liabilities (including federal income tax	, payab	es to related third			
		parties, and other liabilities not included on I	ines 17	24). Complete Part X			
		of Schedule D			100 601	25	200 224
	26	Total liabilities. Add lines 17 through 25			199,601.	26	300,334
ž.		Organizations that follow FASB ASC 958,	check	nere 🕨 🔼			
בַ		and complete lines 27, 28, 32, and 33.			105 777		100 200
ן מ	27	Net assets without donor restrictions			-185,777.	27	-180,300
5	28	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB AS	SC 958,	check here   L			
5	00	and complete lines 29 through 33.				00	
2	29	Capital stock or trust principal, or current fur				29	
155	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund balances	31	Retained earnings, endowment, accumulate			105 777	31	100 200
ž	32	Total net assets or fund balances			-185,777.	32	-180,300
	33	Total liabilities and net assets/fund balances	3		13,824.	33	120,034

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8	35	4,42 8,95 5,45	50. 77.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-18	0,30	00.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>	990 (2	2020)		