Form

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2021 calendar year, or tax year beginning and ending C Name of organization COMMUNITY FOUNDATION OF THE D Employer identification number Check if applicable: UPPER PENINSULA Address change Doing business as 38-3227080 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 2420 1ST AVENUE SOUTH Initial return 906-786-6654 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated **ESCANABA** MI 49829 12,951,397 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending WILL CARNE, SR 2118 20TH AVE S H(b) Are all subordinates included? **ESCANABA** If "No," attach a list. See instructions 49829 X 501(c)(3) Tax-exempt status: 501(c) (insert no.) 4947(a)(1) or 527 WWW.CFUP.ORG Website: H(c) Group exemption number X Corporation Form of organization: L Year of formation: 1994 Other > Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 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) 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 75 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,299,630 2,435,354 9 Program service revenue (Part VIII, line 2g) 343,307 476,605 1,072,447 3,326,904 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111,963 149,618 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,827,347 6,388,481 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,193,271 1,472,065 14 Benefits paid to or for members (Part IX, column (A), line 4) **15** Salaries, other compensation, employee benefits (Part (X, column (A), lines 5–10) 455,982 373,819 16a Professional fundraising fees (Part IX, column (A), line 0 b Total fundraising expenses (Part IX, column (D), Jin (S) 17 Other expenses (Part IX, column (A), lines 114-124e) 634,707 830,809 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,201,797 2,758,856 19 Revenue less expenses. Subtract line 18 mm line 12 1,625,550 3,629,625 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 34,161,402 48,940,788 21 Total liabilities (Part X, line 26) 2,159,067 3,350,196 22 Net assets or fund balances. Subtract line 21 from line 20 32,002,335 45,590,592 Signature Block Part II Under penalties of perjury, I declare the warmined 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. Sign Signature of of Date CHERYL Here ANDZEJEWSKI PRESIDENT/CEO Print/Type preparer's name Preparer's signature Check Paid DAVI ECHAWER CPA self-employed P00399385 Preparer Firm's SCHNEIDER, LARCHE, HAAPALA & CO PLLC 20-0345993 Firm's EIN **Use Only** 401 LUDINGTON STREET ESCANABA, MI 49829 906-786-6151 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

	990 (2021) COMMUNITY FOUN		38-3227080		Page 2
Pa		Service Accomplishments			₹.
1	Briefly describe the organization's mission	tains a response or note to an	y line in this Part III		X
	EE SCHEDULE O				
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	553 556 - 559	10. Exclusive Management Management		Winner Rei etwellen in reans	88 - 1 (6) 10(100) (6) - 1.82 (66) -
2	Did the organization undertake any signif	icant program services during the yea	ar which were not listed on the	;	
	prior Form 990 or 990-EZ?			717. 75. 717. 75. 774. S.	Yes X No
_	If "Yes," describe these new services on				
3	Did the organization cease conducting, o	r make significant changes in how it c	conducts, any program		
	services? If "Yes," describe these changes on Sche				Yes X No
4	Describe the organization's program serv		hree largest program services	e as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, f	4) organizations are required to report			
D	(Code:)(Expenses \$ IRECT GRANTS FOR VAR HE UPPER PENINSULA O		THER 501(C)(3)	ORGANIZATIO) NS SERVING
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				une Test total selfassilling	and Book Chickenhato's
	Other program services (Describe on Sch	•			
	(Expenses \$	including grants of \$) (Revenue \$)
46	Total program service expenses ▶	2,320,361			

Part IV

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

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

38-3227080

Form	990 (2021) COMMUNITY FOUNDATION OF THE 38-3227080			P		age 5
-	it V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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 16	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		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 a	authority over	er,			
	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 A	ccounts (Fi	BAR).			
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		X
C		f "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				7.7
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 g	oods	1		v	2000000
	* * * * * * * * * * * * * * * * * * * *			7a	X	_
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	S		_		x
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		e co esse o esse co	7e 7f	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		required?	7g	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file For			79 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interesting a resistance desired funds. Did a depart advised fund maintaine		DIII 1090-C:			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	u by tile	80	8	0000000000	х
9	sponsoring organization have excess business holdings at any time during the year?		reconstitution of			
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any tayable distributions under section 1966?		**	9a	0000000000	х
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		14 FM 1010 DEC 15 11 E	9b		X
10	Section 501(c)(7) organizations. Enter:	99000				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
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.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	21		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	= 1110101111			14a		X
b	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 remuner	ration or				
	excess parachute payment(s) during the year?		(1000×1000×1000×1000×1000×1000×1000×100	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					17
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.					E
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	n andrews of	ra. en .vvv. en .one :	17		
	If "Yes," complete Form 6069.					43

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

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	1a	14		res	IAO
Iu	If there are material differences in voting rights among members of the governing body, or	1.0		1		
	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	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-				
	and all an efficient directors beyond and an employee?					X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1000 00	1000 00 100 00	2		
•	supervision of officers, directors, trustees, or key employees to a management company or other person?					x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					Х
6	Did the organization have members or stockholders?					X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				r = -:	
	one or more members of the governing body?					x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	0.00	-0000-0100-0			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	ne 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	235. 53	20124 84 1 1 1025			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			ode.)		
					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,	200				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi		rm?	11a		X
b	Describe on 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				X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		15.555			
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	X	
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?					
а	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 on Schedule O. See instructions.	0000 500				
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?	(100 mm)		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
_	organization's exempt status with respect to such arrangements?	00000000	000000000000000000000000000000000000000	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI				01.55	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X 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, and					
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords 🕨				
C	HERYL ANDZEJEWSKI 2420 1ST AVE SOUTH				_	
E	SCANABA MI 498	29	90	6-78	6-6	654