Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ 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.

2018 2017, and ending For the 2017 calendar year, or tax year beginning Oct 1 D Employer Identification number C Name of organization NORTH LAKELAND DISCOVERY CENTER 39-1852858 Check If applicable: Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Address change (715) 543-2085 Name change PO BOX 237 City or town, state or province, country, and ZIP or foreign postal code Initial return G Gross receipts \$ 1,474,187. Final return/terminated MANITOWISH WATERS, WI 54545 H(a) Is this a group return for subordinales? Yes 🗵 No Amended return F Name and address of principal officer: H(b) Are all subordinates included? Tyes No JOHN HEUSINKVELD, PO BOX 237, MANITOWISH WATERS, WI 54545 Application pending If "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c) (H(c) Group exemption number > X 501(c)(3) Tax-exempt status: WWW.DISCOVERYCENTER.NET 1996 M State of legal domicile: WI L Year of formation: Website: > Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ► Briefly describe the organization's mission or most significant activities: THE PURPOSE OF ENRICHING LIVES Part I AND INSPIRE AN ETHIC OF CARE FOR WISCONSIN'S NORTHWOODS, THROUGH THE FACILITATION OF CONNECTIONS AMONG PEOPLE, NATURE AND COMMUNITY Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 240 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 1,151,699. 192,770 Contributions and grants (Part VIII, line 1h) 190,401. 548,735. 8 Program service revenue (Part VIII, line 2g) 7,837. Revenue 17,685. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 86,185. 2,986. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . ,436,122 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 762,176 11 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12 Benefits paid to or for members (Part IX, column (A), line 4) 13 391,296. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 389,716. 14 Professional fundraising fees (Part IX, column (A), line 11e) 15 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 456,202. 482,974. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 847,498. 872,690. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 588,624. -110,514. 18 Revenue less expenses. Subtract line 18 from line 12 . End of Year Beginning of Current Year 19 2,428,562. 1,828,745. Total assets (Part X, line 16) 27,423. 17,714. 20 Total liabilities (Part X, line 26) . 2,401,139. 1,811,031. 21 Net assets or fund balances. Subtract line 21 from line 20 22 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 Part II true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 03/10/2019 Signature of officer Sign JOHN HEUSINKVELD, EXECUTIVE DIRECTOR Here Type or print name and title Date Check [if Preparer's signature -03/10/2019 self-employed P00894801 PrinVType preparer's name Paid KIMBERLY J PETERSON, CPA Firm's EIN ▶ 20-0429268 Preparer Firm's name ▶ PETERSON METZ LTD Phone no. (715) 358-4004 Firm's address ▶ 9531 Townline Rd, MINOCQUA, WI 54548 Use Only X Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

art	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u> L</u>
	" " " " " " " " " " " " " " " " " " "	
1	Briefly describe the organization's mission:	
	AND INSPIRE AN ETHIC OF CARE FOR WISCONSIN'S NORTHWOODS, IMMOOSA THE FACILITATION OF CONNECTIONS AMONG PEOPLE, NATURE AND COMMUNITY	
	THE FACILITATION OF CONNECTIONS AND ADDRESS OF THE PAGE AND ADDRESS OF THE PAG	
2	prior Form 990 or 990-EZ?	es ⊠No
3	services?	es 🗵 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
	0.)(Revenue \$ 190,4	01.)
42	a (Code:) (Expenses \$ 570,190. including grants of \$0.) (Revenue \$190,4	
744	THE PURPOSE IS TO SPONSOR OUTDOOK EDUCATION FOR DESIDENTS TOURISTS,	
	THE PURPOSE IS TO SPONSOR OUTDOOR EDUCATION PROGRAMS RESULTANTS. THROUGHOUT THE YEAR. PARTICIPATION IS FROM AREA RESIDENTS, TOURISTS, THROUGHOUT THE YEAR. PARTICIPATION IS FROM AREA SCHOOLS AND	
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	AND VISITORS WITH PAYMENT OF MEMBERSHIP DOES: TAXABLE PAYMENT OF	
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	4b (Code:) (Expenses \$including grants of \$) (Revenue \$	
41	4b (Code:) (Expenses 5	

	\ (Payanua ¢)
 ,	4c (Code:) (Expenses \$including grants of \$) (Revenue \$	
4	4c (Code:) (Experience +	

	4d. Other program services (Describe in Schedule O.)	
	4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 570,190.	Form 990

Page 2

	(2017) Checklist of Required Schedules	Y	es !	No
Part I	Onechios of requires 5	_	\top	
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	×	
1	complete Schedule A		×	
2	Is the organization required to complete Schedule B, S			
3	Did the organization engage in direct of indirect points.	3		<u>×</u> _
	candidates for public office? If Tes, complete states in labbying activities, or have a section 501(h)		1	
4	Section 501(c)(3) organizations. Did the organization organization of Section 501(c) (3) organizations.	4	\dashv	<u>×</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization and section 501(c)(6), or	5		<u>×</u>
	Part III		1	
6	Part III	6		_×_
	"Yes," complete Schedule D, Fait 1.			
7	Did the organization receive or hold a conservation easement, motion as complete Schedule D. Part II	7		<u>×</u> _
8	the environment, historic land areas, or historic at the environment, historical treasures, or other similar assets? If "Yes,"	В		×
J	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow of oddstatement, credit repair, or custodian for amounts not listed in Part X; or provide credit conselling, debt management, credit repair, or	9		×
	debt negotiation services? If "Yes," complete Schedule D, Part V. Did the organization, directly or through a related organization, hold assets in temporarily restricted Did the organization, directly or through a related organization, hold assets in temporarily restricted Did the organization, directly or through a related organization, hold assets in temporarily restricted Did the organization, directly or through a related organization, hold assets in temporarily restricted Did the organization or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	×	
10	Did the organization, directly or through a related organization, note assets in temporary or the following questions is "Yes," complete Schedule D, Part V endowments, permanent endowments, or quasi-endowments? If "Yes," then complete Schedule D, Parts VI,	10		
. 11	If the organization's answer to any of the following questions to			
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
	complete Schedule D, Part VI			1
1	complete Schedule D, Part VI	11b	-	×
	of its total assets reported in Part X, line for investments—program related in Part X, line 13 that is 5% or more	11c		×
	of its total assets reported in Fart X, line 15 to 2.	1		ر ا
	reported in Part X, line 10711 Test, Complete Schedule D. Part X	11e		×
	Did the organization report an amount for other liabilities in Part X, line 2017, 100, 500 include a footnote that addresses			1
	f Did the organization's separate or consolidated financial to FIN 49 (ASC 740)2 If "Yes " complete Schedule D, Part X	111	}	+
12	a Did the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate, independent addited interioral control of the organization obtain separate in the organization of the organization	128	<u> </u>	4
	Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If b Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
	b Was the organization included in consolidated, independent audited financial statements for the text year. "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "Yes," and if the organization answered "No" to line 12a, then completing Schedule E	121		+;
	"Yes," and if the organization answered No to line Yea, and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14		
13	Is the organization a school described in section 170(b)(1)(-)(4)(1) 11 11 11 11 11 11 11 11 11 11 11 11 1		-	+-
14	a Did the organization maintain an office, employees, or agents outside of the Shines States. b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking b Did the organization have aggregate and program service activities outside the United States, and the organization have been been been been been been been be	<u>'</u>		1
	fundraising, business, investment, and program are trace to applicate Schedule F. Parts I and IV.	14	b	 ;
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule 1, 1 and IV	1!	5	
18	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	r - 13	+	
10	Bid the organization report on Part IX, column (A), time of Chockillo E Parts III and IV.	1	6	
1	assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or for foreign individuals? A services of assistance to or foreign individuals? A services of assistance to or foreign individuals? A services of a service	n 1	7	
	Part IX, column (A), lines 6 and 1167 if 1765, Semple and contributions of	n		
1	B Did the organization report more than \$15,000 total of Contributions	1	8	×
4	o Did the organization report more than \$15,000 of gloss mooths with 3		19	
	If "Yes," complete Schedule G, Part III		Form	990 (2

Form 990		<u></u>	Yes	No	
Part I	Officerring of the state of the	20a		×	
20 a		20b			
1	k (Vac) to line 20a did the organization attach a copy				
04	Did the organization report more than \$6,000 to 10 to 20 to	21		<u></u> ×	-
	Did the organization report more than \$5,000 of grather land III	22		×	-
23	Did the organization answer "Yes" to Part VII, Section A, line 5, 4, organization's current and former officers, directors, trustees, key employees, and highest compensated organization's current and former officers, directors, trustees, key employees, and highest compensated	23	×		_
24 a	Did the organization have a tax-exempt bond issue with all oddatas 24b \$100,000 as of the last day of the year, that was issued as 150,000 as of the last day of the year, that was issued as 150,000 as of the last day of the year, that was issued as 150,000 as of the last day of the year, that was issued as 150,000 as of the last day of the year, that was issued as 150,000	24a		×	_
þ	through 24d and complete Scriedarc N. If the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year bid the organization maintain an escrow account other than a refunding escrow at any time during the year	24c			_
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit section 501(c)(4), and 501(c)(4), and 501(c)(29) organizations.	24d		1	
2 5a	Section 501(c)(3), 501(c)(4), and 501(5)(4), and 50	25a	-	+	<u> </u>
b	year, and that the transaction has not been been seen and that the transaction has not been been seen as the seen seen as the seen seen seen seen seen seen seen se	25b	-	\ ;	<u><</u>
26	Did the organization report any amount on Part X, line 3, 5, 6, 22 to the state of	26	-		<u>×</u> _
27	Did the organization provide a grant or other assistance to an ommittee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	21			<u>×</u>
28	Was the organization a party to a business transaction from and exceptions);	28:		湯湯	×
a	A current or former officer, director, trustee, or key employee? If "Yes," complete A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	281	b		×
(Schedule L, Part IV Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule M	28		×	×
29 30	Did the organization receive more than \$25,000 if non-cash definitions of art, historical treasures, or other similar assets, or qualified	3			×
31	Did the organization liquidate, terminate, or dissolve and deast operations	, , ,	1	_	×
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,	″ з	32	_	×
33	complete Schedule N, Part II	is	33		×
34	sections 301.7701-2 and 301.7701-31 in 765, complete Schedule R, Part II, II.	", 3	34		×
31	or IV, and Part V, line I	a 3	5a		×
0.	b If "Yes" to line 35a, and the organization reconstrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ole	35b		
3(Section 501(c)(3) organizations. Did the organization 2. Cont. V line 2	l_	36		>
3	7 Did the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization conduct more than 5% of its activities through at the organization of its activities through at the organization conduct more through at the organization of the organization conduct more than 5% of its activities through at the organization of the organization of the organization conduct more through at the organization of the organization conduct more through at the organization of	.	37		;
3	Part VI	.nd	38	×	
,	Did the organization complete Scriedule O and plotte Schedule O. 19? Note. All Form 990 filers are required to complete Schedule O.		Forn	n 99	J (2

Statements Regarding Orient Rishmung Check (I Schedule O Contains a response or note to any line in this Part V Check (I Schedule O Contains a response or note to any line in this Part V Check (I Schedule O Contains a response or note to any line in this Part V Check (I Schedule O Contains a response or note to any line in this Part V The state of the contains a contain the state of the state of the contains a contain the contains and the contains a contain the contains a contain the contains and the contains and the contains a contain the contains and the contains	orm 990	(2017) Statements Regarding Other IRS Filings and Tax Compliance	
18 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15 J 0	Part V	Statements Regarding Other Ins Fillings and Factoring in this Part V	
a Elter the number reported in Box 3 of Form 1096. Enter 4- In Not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax statements, filed for the calendary pear ending with or within the year covered by this return? 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2 as is greater than 250, you may be required to -effic (see instructions) Note. If the sum of lines is and 2 as is greater than 250, you may be required to -effic (see instructions) Note. If the sum of lines is and 2 as is greater than 250, you may be required to -effic (see instructions) Note. If the sum of lines is and 2 as is greater than 250, you may be required to -effic (see instructions) Note. If the sum of lines is and 2 as is greater than 250, you may be required to -effic (see instructions) Note. If the sum of lines is and 2 as is greater than 250, you may be required to -efficiency in the see of the complex of the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, societies account, or other financial accounts (repAR). By Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Was the organization shelt were very solicitation an express statement that such contributions or gifts were not tax deductible? We should be organization that were tax tax detuctible as charidable contributions or gifts were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that		Check If Schedule O contains a response of flore to dry line in the second seco	Yes No
1a Entor the number opported in Box 3 of Form 104s. There for it not applicable. Enter the number of prompts w-2d included in line 1a. Enter 10-8 in not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ambling) withings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax statements, filled for the calendar year ending with or within the year covered by this return. Statements, filled for the calendar year ending with or within the year covered by this return. Note, if the sum of lines 1s and 2s is greated than 250, you may be required to e-fill (see instructions). Note, if the sum of lines 1s and 2s is greated than 250, you may be required to e-fill (see instructions). Note, if the sum of lines 1s and 2s is greated than 250, you may be required to e-fill (see instructions). Note, if the sum of lines 1s and 2s is greated than 250, you may be required to e-fill (see instructions). Note, if the sum of lines 1s and 2s is greated than 250, you may be required to e-fill (see instructions). Note, if the sum of lines 1s and 2s is greated than 250, you may be required to e-fill (see instructions). If "Yes," has if filled a Form 980-1 for this year? If "No" to fill 85, provide an explanation in Schedule 0. If "Yes," anter the name of the foreign country [w. If "Yes," on the remains of the foreign country [w. If "Yes," on the remains of the foreign country [w. If "Yes," on the remains of the foreign country [w. If yes, "on the remains of the foreign country [w. If yes," on the organization and partly to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts (FSAR). We the organization specified that organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization in fell fore misses." If "Yes," did the organization in fell foreign self-self-self-self-self-self-self-self-			
b Enter the number of Forms W-21 unfolded in interesting rules for reportable payments to vendors and reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax to the property of the prop	1a 1	Enter the number reported in Box 3 of Form 1096. Enter 40- in 104 applicable	
c Did the organization comply with Busbuy winners? reportable gaming (gambling) withings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	h !	Enter the number of Forms W-2G included in line 1a. Enter -U- if not applicable payments to vendors and	
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return If at least one is reported on line 2d, did the organization file all required federal employment tax returns? Note, if the sum of fines 1 and 2 is greater than 250, you may be required to e-file (see instructions). If I' Yes, 'has it filled a Form 990-T for this yean? I' *No" to fine 3b, provide an explanation in Schedule 0. If 'Yes,' has it filled a Form 990-T for this yean? If "No" to fine 3b, provide an explanation in Schedule 0. 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 (FisAR). 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 (FisAR). Sa Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FisAR). Sa Was the organization a perty to a prohibited tax shelter transaction as a party to a prohibited tax shelter transaction? If 'Yes,' did the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' did the organization that it was or is a party to a prohibited tax shelter transaction? Foreign in year and year	C I	Did the organization comply with backup withholding rules for reportable paymores	ic
2a Enter the number of employees reported on Profit Number 1 Statements, filled for the calendar year ending with or within the year covered by this return 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		reportable gaming (gambling) winnings to prize winners?	SE 28 28 28 28 28 28 28 28 28 28 28 28 28
Statements, filed for the calendar year enough with 0 without of the property			
b If at least one is reported on line 2a, did the organization Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a	Enter the filed for the calendar year ending with or within the year covered by this return 2a 1	
Note. If the sum of lines 1a and 2s ig steate the graph and the graph a		Statements, filed to the capacitation and the organization file all required federal employment tax returns 7	
3a Did the organization have unrealed Dissines (19 No.)* to line 3b, provide an explanation in Schedule O. If "Yes," has it lilled a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O. 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; when the same of the foreign country. By the "Yes," enter the name of the foreign country: Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Soe Did any taxable party notify the organization file form 888-17. In Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any taxable party notify the organization file form 888-17. In Was the organization a party to a prohibited tax shelter transaction? If "Yes," if the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions line and shelf the organization solicit any contributions that were not tax deductible as charitable contributions? Organization stat may receive deductible contributions under section 170(c). Organization stat may receive deductible contributions under section 170(c). Organization stat may receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If "Yes," idid the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If "Yes," idid the organization organization self, and the section of the value of the goods or services provided? If the organization self, exchange, or otherwise dispose of targible personal property or which it was required to file form 8889 as required? If the organization receive any funds, directly or i	b	If at least one is reported on the 2d is greater than 250, you may be required to e-file (see instructions)	
b if "Yes," has it flied a Form 990-1 for this year? If No Co. See the Interest In, or a signature or other authority over, a financial account in a foreign country, leuch as a bank account, securities account, or other financial account? As a manufaction of the financial account in a foreign country, leuch as a bank account, securities account, or other financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). The Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? So bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line Sa or Sb, did the organization flet Form 8886-17. If "Yes," did 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? Organization solicit any contributions that were not tax deductible contributions or gifts were not tax deductible? Organization state may receive deductible contributions under section 170(c). If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If If "Yes," did the organization notify the donor of the value of the goods or services provided? If If "Yes," indicate the number of Forms 8282 filed during the year. If If the organization receive a payment in excess of \$75 made partiy as a contribution and partiy for which it was required to file Form 8282? If If the organization receive a payment in excess of directly or indirectly, to pay premiums on a personal benefit contract? If the organization oreceived a contribution of cas, boats, alphanes, or other vehicles, did the organization file Form 1099-C7 for the sponsoring organizations mainta		Note. If the sum of lines is a file Za is greated business gross income of \$1,000 or more during the year?	
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the organization is licensed to issue qualified reality plants c. Enter the amount of reserves on hand 13c 13c 14a 2		E 1-11 the amount of reserves the organization is require	
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			1/2
14a Did the organization receive any payments and payments? If "No," provide an explanation in Schedule O . 14b		c Enter the amount of reserves any payments for indoor tanning services during the tax year?	
	14	a Did the organization receive any payments and these payments? If "No," provide an explanation in Schedule O	

Form 990	(2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes in Schedule O. See	d for a	"No"
Part V	Governance, Management, and Disclosure For each "Yes" response to lines 2 tillough his below, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	Instruction	ons.
	response to line 8a, 8b, or 10b below, describe the circumstances, processes,	<u> </u>	<u> </u>
	Chack if Schedule O contains a response or note to any		No
Section	on A. Governing Body and Management	Yes	190
	stly a reversing body at the end of the tax year 1a 13		
1a	Enter the number of voting members of the governing body at the state of the governing body, or If there are material differences in voting rights among members of the governing body, or If there are material differences in voting rights among members of the governing body, or If there are material differences in voting rights among members of the governing body at the state of the governing body at the governing body at the state of the governing body at the state of the governing body at the gover		
	If there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O. 1b 13	談問題	
_	committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent . [15] [16] [18]		
ь	- director tristee of key employed have	2	×
2	any other officer, director, trustee, or key employee?		
3	Did the organization delegate control over management company or other person?	3	×
·	supervision of officers, directors, or trustoss, or trust	4	×
4	supervision of officers, directors, or trustees, or key employees to a management supervision of officers, directors, or trustees, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of officers, directors, or key employees to a management supervision of the prior Form 990 was filled? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	×
5	Did the organization become aware during the formation of the organization of the organization become aware during the formation of the organization of the	6	×
6	Did the organization have members of stockth the persons who had the power to elect or appoint	_	١.,
7a	Did the organization have members, stockholders, or other persons with the members of the governing body?	7a	<u> ×</u>
	one or more members of the services by members, i	7b	×
b	Are any governance decisions of the organization reserved to (or subject to appear and a stockholders, or persons other than the governing body? stockholders, or persons other than the governing body?		
8	stockholders, or persons other than the governing body? Stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during		
	AL a year by the following:	8a ×	
а	The governing hody?	8b ×	<u> </u>
b	Fach committee with authority to act on benalf of the governing South Operation A, who cannot be reached at		
9	to thorough officer director, trustee, or key directors and the same in Schedule ().	9	
	the organization's mailing address? If "Yes," provide the names and addresses in occidence of the organization's mailing address? If "Yes," provide the names and addresses in occidence of the Internal Revertion B. Policies (This Section B requests information about policies not required by the Internal Revertion B. Policies (This Section B requests information about policies not required by the Internal Revertion B.	ue Coa	es No
Sect	tion B. Policies (This Section B requests information)	10a	×
	Did the organization have local chapters, branches, or affiliates?	100	
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, if "Yes," did the organization have written policies are consistent with the organization's exempt purposes?	10b	
b	If "Yes," did the organization have written policies and procedures governing the activities of the second of the		×
11a	affiliates, and branches to ensure their operations are consistent with the organization affiliates, and branches to ensure their operations are consistent with the organization body before filing the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	支援 型	
t	Describe in Schedule O the process, it any, used by the signal and the 19		×
128	a Did the organization have a written committed in the organization have a written to disclose annually interests that could give rise to conflicts?	12b	×
L L	Windows divortors of Misters, and key simpley ood to quite		
(Did the organization regularly and consistently monitor and officer and office	120	×
	describe in Schedule O'now this was defined a describe in Schedule O'now this was described a describe in Schedule O'now this was described a describe in Schedule O'now this was described a described on the described of the described	13	×
13	Did the organization have a written whistieplower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy?	, (Magaga	
14	Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the deliberation and decision?		
15	Did the process for determining compensation of the following persons include a rotton and decision? independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X
	independent persons, comparability data, and contemporarieous substantial independent persons and	15b	×
	b. Other officers or key employees of the organization	17749999	
	If "Ves" to line 15a or 15b, describe the process in content in a joint venture or similar arrangement	t E	
16	Did the organization invest in, contribute assets to, or parameters	16a	X
	with a taxable entity during the year.	S 接線器	
	b If "Yes," did the organization follow a written policy or procedure requiring the organization to organizati	e 16b	THE HEALT
	participation in joint venture arrangements under applicable federal tax law, and taxted organization's exempt status with respect to such arrangements?	[100]	
	O. Disalogue		
	ction C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ► WI 8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 501(c)(3)s only)
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 550, and 555 (and 555 feet applicable).	·	
10	illable for public inspection, titulogo illow / ""		
	available for public hisposition that are all a superiorists of the public hisposition of the public hisposition of the public during the tax year. ■ Other (explain in Schedule O) ■ Other (explai	interest	policy, and
1	9 Describe in Schedule O whether (and if so, how) the organization made its grant and if so, how) the tax year.		_
·	financial statements available to the public darks	i records	s: >
2	State the name, address, and telephone number of the person who possesses the organization of the person who person of the p	E	m 990 (2017
	TOHN HEUSINKVELD, FO BOX 2017	FOI	000 /2011

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of organization's tax year. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

List persons in the following order. Ind compensated employees; and former such particles this box if neither the organization	persons,		alzat	ion	con	nen	sate	ed any current	officer, director	or trustee.
☐ Check this box if neither the organization (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	do x di or director	P t che nless and	osition ck me perse a dire	on oré th on is ector/	nan or both a	ne an (e)	(D)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JACK COOPER	1.00	×				_		0.	- 0.	0.
BOARD MEMBER (2) KAREN DIXON	1.00	×		×				0.	0.	0.
CHAIR (3) GLENN GOLDSCHMIDT	1.00			×				0	0.	0.
SECRETARY (4) BRENT JELINSKI	1.00		\vdash				T	0	0	0.
BOARD MEMBER	1.00	×	+				\dagger	0		0.
(5) TOM JOSEPH TREASURER	1.00) ×	+	×	-		+		•	
(6) ERIC KOSTER VICE PRESIDENT		×	_	×	-		+	0		
(7) DIANNE BRIGGS BOARD MEMBER	1.0	×	-	_	_		\downarrow	0	. 0	
(8) TOM OLSON BOARD MEMBER	1.0	이 ×					1	C	0.	0.
(9) BARBARA MCFARLAND	1.0	의 ×	:					().	0.
BOARD MEMBER (10) RUSS SCHROEDER	1.0	0 ×							o	0.
VICE PRESIDENT (11) LAUREN PRENTISS	1.0	00 ,	T	1	\top		1		0.	0.
BOARD MEMBER	1.0	00		+	+	+	+		0.	0.
(12) SARAH PISCHER BOARD MEMBER	40.		\	+	+	+	-			0. 4,404
(13) JOHN HEUSINKVELD EXECUTIVE DIRECTOR	40.		\dashv	+	+	4	_	53,14	<u> </u>	
(14) JODY MILLER BOARD MEMBER	301		X EV 10	16119	LPRO				0.	0. Form 990 (2017

I 5) AZAEL MEZA PRIOR EXECUTIVE DIRECT	week (lis hours relate organize below d line	for ed ations dotted	Individual trustee or director	Institutional trustee	Officer	줐ㅣ		(e)	from	compensation from related	other compensation
15) AZAEL MEZA			ě	trustee	7	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
PRIOR EXECUTIVE DIRECT	OR	.00				×			0.	0.	6,914.
16)					<u> </u>			_			
17)					_			_			
18)								_			
(19)			-					_			
(20)			-					_			
(21)			-			_		_			
(22)											
(23)								-			
(24)											
(25)								\downarrow	53,140		0. 11,318
1b Sub-total	neets to Part VII,	360	tion 7	`	•		•		53.14	0.	0. 11,318 0,000 of
2 Total number of individuals	including but no) om the organizati	ion 🟲	·								1 165 1 110
3 Did the organization list a employee on line 1a? If "Ye	ny form er office es," complete Sch	er, di nedul	rector	r, o or su	r tr ich	uste indi	e, ke vidual	уе	mployee, or h	nighest compen	3 ×
4 For any individual listed or	n line 1a, is the su organizations gre	ım ot eater	repo than	1 \$1	150,	000	7 If '	Yes			141 / 2
5 Did any person listed on ling for services rendered to the	ne 1a receive or a e organization? <i>If</i>	ccrui f "Yes	e con	mpi	lete	Sch	edule	J 1	for such perso	<u> </u>	5 2
Section B. Independent Contract Complete this table for you compensation from the or	etors									- lund more tha	n \$100,000 of
year.	(A)									(B) on of services	(C) Compensation
Nam	e and business addres										
2 Total number of indepe		- /!	ماييطاب	NG 1		not	limite	ed	to those liste	d above) who	

rt V		Statement of Revent Check if Schedule O c	16 10	roor	onse or note to	any line in this	Part	VIII		<u> </u>
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Check if Schedule O c	ontains a	a resp	JOHAN OF THE STREET	(A) Total revenue	n f	(B) elated or exempt unction evenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
		556454754054666	Tale of Progression	1a			(8.5)		en e	
and Other Similar Amounts	1a	Federated campaigns Membership dues		1b	199,400.					
3	b	Membership dues .	•	1c			T.			
₹	C	Fundraising events .		1d						
E I	d	Related organizations	hutions)	1e						
Ē	е	Government grants (contributions, gift	orants				Y			
2	f	and similar amounts not inclu	ded above	11	952,299.					
Š		and similar amounts not meta	dia linaa 1s		33,111.	. Harrage			AL AND THE	
9	g	Noncash contributions include	U 111 111100 10	μ-11, ψ		1,151,699.		建筑线线		
	h	Total. Add lines 1a-1f	<u></u>	<u> </u>	Business Code		建建			0.
riogiani se mecanica					713990	64,632.	<u> </u>	64,632.	0.	0.
	2a	FACILITIES USE			713990	125,769.		125,769.	0.	J
	b	PROGRAM INCOME			713330					
	С	*******************								
3	d						T_{-}			
	e									
ž	f	All other program serv	ice revei	iuo .	. •	190,401	· 建建	以为"天"的	as a supplied that	
	g	Total. Add lines 2a-2f	inaludino	· divi	dends interest.					7 027
	3	Investment income	inciuuliig untel	j uivi	, , , , ,	7,837	.	0.	0	. 7,837.
1		and other similar amo	uritoj ·	omnt	hand proceeds▶					
	4	Income from investment	or tax-ex	empi	Dona process.				and the second second	
	5	Royalties	(i) Re	eal ·	(ii) Personal					
					· · ·					
	6a	Gross rents						1.0	3 (43) 10 (14) 1577 1 (24) 15 (14) 1577	
	b	Less: rental expenses								
	С	Rental income or (loss)	<u></u>							
	d	Net rental income or	(i) Sect	udtion	(ii) Other		经货	nt i le c		
	7a	Gross amount from sales of	(i) Sect	unnes	(4) 5			的基件是		
		assets other than inventory								
	b	Less: cost or other basis								
		and sales expenses .				一步的数				
	C		L				EXS. 27	The state of the s		200000000000000000000000000000000000000
	d	Net gain or (loss)			· • • • • • •	S1.5000041251415	級以來	约是可能发展的		
ne	8a	Gross income from f	undraisir	ng						
ē	-	events (not including \$								
ě		of contributions repor	ted on lin	e 1c).	55					
F		See Part IV, line 18			a 119,75					
Other Revenue	1	Less: direct expense	es		b 36,24		5			0. 83,51
0		Net income or (loss)	from fun	idrais	ing events .	83,51	動信 2			
	9	a Gross income from (gaming a	Ctivitie	es.					
		See Part IV, line 19		•	a					
			es		b		BEET S	ospanie sieni	Decide and an interest of the se	
	1	Net income or (loss)	from ga	ming	activities	eric som sealor sale	STATE A	1 page 115 (7 b)		
	- 1	a Gross sales of	inventor	y, le	SS					
	'	returns and allowan	ces .		a = 3, 1		語			
			sold .		b 1,83		202	1,89	2	0.
		c Net income or (loss) from sa	les of	inventory	1,8	92.	1,03	Cat Sylvania Victoria	
	-	Miscellaneou	s Revenue		Business C.			出版機能を指揮 ママ	8.	0.
	-				713990		78.			
	11									
		b								
		d All other revenue						stantistic appeared to be	(-20) -200 0.240 0.00	on a limit is the Like
			a-11d				78.	美國軍機關係	1000年(1852年) 7.1	0. 91,3
		e Total. Add lines 11 2 Total revenue. Se	u 114 1			▶ 1,436,1	.22	193,0	/ L •	Form 990

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 (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 25,356. 82,167. 259,951 367,474. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,644. 4,926. 17,252. 9 23,822. Payroll taxes 10 Fees for services (non-employees): 11 а Legal b Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 0. 18,635 (A) amount, list line 11g expenses on Schedule O.) . . . 18,635. 44. 1,672. 10,478. 12,194. Advertising and promotion 456. 7,738. 7,873. 12 16,067. Office expenses 13 Information technology 14 560. 10,971. 18,476. 15 30,007. 4. 292. 626. 16 922. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0. 604. 70. 674. Conferences, conventions, and meetings . 19 Interest 20 0. Payments to affiliates 14,011. 102,745. 21 116,756. Depreciation, depletion, and amortization . 0. 2,048. 8,192. 22 10,240. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 17,633. 14,825. 11,221. 43,679. a DONOR FUNDED PROJECTS 23,810. 22,847. 98,128. 144,785. 0. PROGRAM EXPENSES 2,505. 5,764. 8,269. 1,951. 13,267. VEHICLE EXPENSE 135. 15,353. 7. 9,335. 29,279. SUPPLIES 38,621. 82,781. 194,527. All other expenses 570,190. Total functional expenses. Add lines 1 through 24e A 847,498. Joint costs. Complete this line only if the 25 organization reported in column (B) joint costs from a combined educational campaign and Form 990 (2017)

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX	<u>····</u>	<u> </u>
		Check if Schedule O contains a response of note to any income	(A) Beginning of year		(B) End of year
			208,230.	1	185,116.
T	1	Cash—non-interest-bearing	20,710.	2	240,475.
	2	Savings and temporary cash investments		3	587,666.
			43,757.	4	86,268.
	4				
	5	Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6 7	
Assets	7	Notes and loans receivable, net	2,425.	8	2,425.
Asi	8		2,132.	9	0.
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or Ather basis, Complete Part VI of Schedule D 10a 2,146,333.			1,248,157.
		Less: accumulated depreciation 10b 898,176.	1,356,914.		77,099.
	b		193,088.		1110331
	11	Investments—publicly traded to See Part IV line 11		12	
	12	Investments—other securities. See Fact Vy line 11	1 100		1,356.
	13	Investments—program-related, 666 Factor, and Intangible assets	1,489		1,330.
	14	Other assets. See Part IV, line 11		15	2,428,562
	15	Total assets. Add lines 1 through 15 (must equal line 34)	1,828,745		7,329
	16	Accounts payable and accrued expenses	3,245		1,323
	17	Grants payable		18	
	18	Deferred revenue		19	
	19	the and trabilities		20	
	20	. ". I Ichility (Complete Part IV of Corroccio P		21	
	21				
es	22				KIND OF THE REAL PROPERTY.
Liabilities	1	" " " " " " " " " " " " " " " " " " "		22	
ap		Secured mortgages and notes payable to unrelated third parties		23	
				24	
	24	Unsecured notes and loans payable to until tax, payables to related third Other liabilities (including federal income tax, payables to related third Other liabilities (including federal income tax, payables to related third other liabilities (including federal income tax, payables to related third other liabilities (including federal income tax, payables to related third other liabilities).	1	1	
	25		()	05	20,094
	1	- Cahadula D	14,46		
	1		17,71	4. 26	21,42
	26	- Hone that follow SFAS 11/ (ASC 930), Cliebk Held	nd		
U	,	anniate lines 27 through 29, and lines 33 and 04			1,498,94
و	3	the destruction of the second	1,609,04		
2	27	- structulated not assets	151,98		
å	28		50,00	U・ 29	
Not Accets or Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 950), Orico Riscoving	nd	30)
3	5 30			3	1
Ì	31 31			3	2
3	ASS 3		1,811,03		2,401,13
3) 3	ar fund halances	1,828,74		
	Z 3	and not accets/fund balances	1,020,7		Form 990 (

Page 12

SCHEDULE A

(E)

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 39-1852858 NORTH LAKELAND DISCOVERY CENTER Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ 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 ☐ 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ 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 An organization that normally receives: (1) more than 331/3% 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 331/3% of its receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 b 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 d 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 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). (vi) Amount of (v) Amount of monetary (v) is the organization (iii) Type of organization other support (see (ii) EIN (i) Name of supported organization support (see listed in your governing (described on lines 1-10 instructions) instructions) document? above (see instructions)) Yes No (A) (B) (C) (D)

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.) Schedule A (Form 990 or 990-EZ) 2017 Part II

	Part III. II the organization				40.0016	(e) 2017	(f) Total	
Sectio	n A. Public Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	10 10.0	
1	ar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	300,797.	251,782.	167,450.	192,770.	1,151,699.	2,064,498.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge	300,797.	251,782.	167,450.	192,770.	1,151,699	. 2,064,498.	
4	Total. Add lines 1 through 3	300, 131.	CHICAGON AND AND	ing a strong state			0.5	
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)			(2)			2,064,498.	
•	Public support. Subtract line 5 from line 4	等的表现的关系	2001年初966年	[1] [世紀]新州(1) [1]	of Salata and Assessment			
6 Socti	on B. Total Support		1 010044	(c) 2015	(d) 2016	(e) 2017	(f) Total	
Section	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014			. 1,151,69	9. 2,064,498.	
	Amounts from line 4	300,797	. 251,782	167,430	152///			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,454	. 5,978	. 2,484	. 17,685	7,83	7. 40,438.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,615	472,274	516,787	7. 551,72	1. 286,20	1,829,599. 3,934,535.	
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
Sec	tion C. Computation of Public Supp	ort Percent	divided by lin	e 11. column	(f))	. 14	52.4/90	
	= 1 V v = nort porcentage for 2017 UV	ie o, column ()	, 4.,			15	45.15 %	
15	n i li aumort percentage from 2010 v	Schledale Wit	att tij mie		and line 1/1 i	is 331/3% or n	nore, check this	
16	equal our part test = 2017. If the org	anization did i	101 0110 011	ted organization	on		▶ ⊠	
	Public support percentage from 2016 Schedule A, Part II, line 14 Public support percentage from 2016 Schedule A, Part II, line 14 Public support percentage from 2016 Schedule A, Part II, line 14 331/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization this box and stop here. The organization qualifies as a publicly supported organization this box and stop here. The organization qualifies as a publicly supported organization.							
17	this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%-facts-and-circumstances test, check this box and stop here. Explain in 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly organization. 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13							
	b 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organization	—2016. If the inization meet on meets the	s the "facts-a "facts-and-cir	ind-circumstar cumstances" t	nces" test, ch	eck this box nization qualited to the control of th	and stop here. fies as a publicly	
	supported organization	on did not ched	ck a box on lin	e 13, 16a, 16b), 11a, 01 11b,	CHOOK AND DO	🕨 🛚	
18	Private foundation. If the organization instructions			· · · ·	<u> </u>	Schedule A (Form 990 or 990-EZ) 2017	

Part VI Supplemental Information. Provide the explanations required by Part II, Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 18, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 2, 5, and 6. Also complete this part for any additional information. (Section B)	es 5. 6 and 8: and Part V, Section E,
lines 2, 5, and 6. Also complete the party of the party o	INCOME 2013: 2615.
Pt II Ln 10: Other Income Part II, Line 10 Description: OTHER	100000000000000000000000000000000000000
2014: 0. 2015: 0. 2016: 0. 2017: 777. Description: MEMBERSHIP	DUES 2013: 0. 2014:
187919. 2015: 196729. 2016: 201199. 2017: 0. Description: PROC	GRAM INCOME 2013:
187919. 2015: 196729. 2010: 2010: 192770. 2017: 190401. Des	scription: FUNDRAISING/MISC
2013: 0. 2014: 172450. 2015: 193855. 2016: 154766. 2017: 8351	5. Description:
2013: 0. 2014: 1/2450. 2015. 1255	017: 1892. Description:
SALE OF INVENTORY 2013: 0. 2014: -468. 2015: 0. 2016: 2986. 2	
DISPOSAL OF ASSETS 2015: -3280. 2016: 0. 2017: 9617.	
	Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Department	nt of the Treasury evenue Service	► Go to www.irs.gov/Form	990 for instructions and the latest inte	Employer identification number
Name of	the organization		•	39-1852858
NORT	H LAKELANI	DISCOVERY CENTER	ised Funds or Other Similar Full 'Yes" on Form 990, Part IV, line 6	nds or Accounts.
Part	Organi	zations Maintaining Donor Adv	"Yes" on Form 990 Part IV. line 6	
	Comple	ete if the organization answered	'Yes" on Form 990, Part IV, line 6	(b) Funds and other accounts
			(4)	
1	Total number	at end of year		
2	Aggregate val	ue of contributions to (during year)		
2	Aggregate val	ue of grants from (during year) .		
1	Aggregate val	ue at end of year	advisors in writing that the assets	held in donor advised
5	Did the organ	ization inform all donors and donor	r advisors in writing that the assets ne organization's exclusive legal control depart advisors in writing that gr	rol? Yes No
c	Did the organ	ization inform all grantees, donors,	and donor advisors in writing that graft of the donor or donor advisor, or	for any other purpose
6	only for chari	table purposes and not for the bene	and donor advisors in writing that given the fit of the donor or donor advisor, or	Yes No
	conferring imi	permissible private benefit		
Par				
	Comp	lete if the organization answered	"Yes" on Form 990, Part IV, line	
1	Purpose(s) of	conservation easements held by the	organization (choose all the first	of a historically important land area
,	☐ Preservat	ion of land for public use (e.g., recre	Preservation	of a certified historic structure
	□ Protection	n of natural habitat		
	☐ Preservat	ion of open space	neld a qualified conservation contribu	ution in the form of a conservation
2				
		the last day of the tax year.		2a
а				
b	Total acreage	e restricted by consolvation acertified	historic structure included in (a) (c) acquired after 7/25/06, and n	2c
C				
d	Number of the	ture listed in the National Register	tologged extinguished or	2d
3	Number of c	onservation easements modified, tra	insferred, released, extinguished, or	terminated by the organization during the
	tax year 🟲		Itmont is located >	
4	Number of s	tates where property subject to con-	regarding the periodic monitoring,	inspection, handling of
5	Does the o	rganization have a written policy	regarding the periodic monitoring, easements it holds?	□ Yes □ No
	violations, a	nd enforcement of the consolvation	ecting, handling of violations, and enforce	ing conservation easements during the year
6	Staff and volu	inteer hours devoted to monitoring, insp	Cotting; Harrens	
	>	incurred in monitoring inspec	cting, handling of violations, and enforce	cing conservation easements during the year
7	Amount of e	xpenses incurred in monitoring, inspense		470/h\/4\/P\/i\
_	▶ \$	conservation easement reported on I	ine 2(d) above satisfy the requiremen	ts of section 170(n)(4)(D)(l) Yes No
8	Does each	170(h)(4)(B)(ii)?	ine z(u) above saliely the requirements in its revi	
_	4 Day VIII	describe how the organization repor	ts conservation easements in its reverse of the footnote to the organization	enue and expense statement, and
9	I -l-waa abe	sat and incline. If applicable, the ter		's financial statements that describes the
	organizatio	n's accounting for conservation ease	ements.	or Other Similar Assets.
De.	et III Orga	anizations Maintaining Collecti	ons of Art, historical froductive	ne 8
1.5	Corr	inlete if the organization answere	d tes difformode, and the	in the revenue statement and balance sheet
1:	If the organ	nization elected, as permitted under	SFAS 116 (ASC 930), Not to report	n education, or research in furtherance of
	works of a	rt, historical treasures, of other sin	mar according to the financial statement	s that describes these items.
	nublic serv	ice, provide, in Part Air, the text of t		the revenue statement and balance sheet
1	b If the orga	nization elected, as permitted unde	eller assets held for public exhibition	n its revenue statement and balance shee on, education, or research in furtherance o
	warke of a	H historical treasures, or other sin	III WI WOOD I	
	public serv	ice, provide the following amounts r	201	similar assets for financial gain, provide the
	(i) Revenu	e included on Form 990, Part VIII, III	10 1	▶ \$
	(ii) Assets	included in Form 990, Part X	art, historical treasures, or other s	similar assets for financial gain, provide th
2	If the orga	inization received or field works of	ler SFAS 116 (ASC 958) relating to the	nese items:
	following a	Mounts required to be reperted and		\$
	a Revenue il	rollided on Form 990 Part X		
	h Assets Inc	Judea III i onii 330, i ait / i		Schedule D (Folili 880) 201

	O (Form 990) 2017 Organizations Maintaining C	ollections of Ar	. Historical Tre	asures, or Ot	her Similar Assets	icent use of its
art II	Organizations Maintaining C Jsing the organization's acquisition, ac	cession and other	records, check	any of the follow	ving that are a signii	icani use of its
3	Jsing the organization's acquisition, ac	Cossion, are and				
С	collection items (check all that apply).		a □ Loan or	exchange prog	rams	
a [Public exhibition	•	a ☐ Other			
	T o Laterly recearch					
c	Preservation for future generations		I I - I - I - I - I - I - I - I - I - I	v further the ord	ranization's exempt	purpose in Part
4 5	☐ Scholarly research ☐ Preservation for future generations Provide a description of the organization	n's collections and	d explain now the	y lutation and ons	9	
4 }	VIII			Lancas inc	or other similar	
_ ′	XIII. During the year, did the organization s	olicit or receive do	onations of art, hi	storical treasure	ollection?	☐ Yes ☐ No
5 [accets to be sold to raise junius rainer i	Tall to be man				
Part I		igements.	on Form 990 Pa	art IV. line 9, of	reported an amou	int on Form
	Complete if the organization	answered tes	3[[FO((((300)))		·	
	990. Part X, line 21.		t t was diant for	contributions 0	or other assets not	
40	990, Part X, line 21. Is the organization an agent, trustee,	custodian or othe	r intermediary lor	CONTRIBUTIONS		🗌 Yes 🗌 No
					•	_
	included on Form 990, Part XI	rt XIII and complet	e the following tal	ole:	I Amo	ount
b	If "Yes," explain the arrangement in a			i .		
					C	
С	Beginning balance			[1	d	
d	Additions during the year			[1	le	
	Distributions during the year				1f	
	Ending balance			av austad	lal account liability?	🗌 Yes 🗌 No
١	Ending balance Did the organization include an amour If "Yes," explain the arrangement in Particular	it on Form 990, Pa	rt X, line 21, for e	SCIOW OF CUSTOR	dod on Part XIII	🗆
2a	WWV " avaloin the arrangement in Pi	art XIII. Check here	if the explanation	has been provi	ded on rait xiit ? .	
b	Endowment Funds.					
Part	EV Endowment Funds. Complete if the organization	answered "Yes"	on Form 990, F	art IV, line 10.		(e) Four years back
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
			70,045.	64,275	. 66,594.	62,645.
1a	Beginning of year balance	75,077.	70,0431			
_	Contributions					
b	Net investment earnings, gains, and			- 770	-2,319.	3,949.
С	losses	2,022.	5,032.	5,770	-2/315.	
	losses					
d	Grants or scholarships			1		
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	== 200	75,077.	70,045	64,275.	66,594.
_		77,099.	13,011.	a column (a)) he	eld as:	
g						
^	Dravide the estimated percentage of	the current year er	nd balance (line 1	9, 00.0	, (a ab)	
2	Dravide the estimated percentage of	the current year erent	nd balance (line 1)	9, 00.00.00.	,ia ao,	
2 a	Provide the estimated percentage of Board designated or quasi-endowners	ent 🚩	nd balance (line 1)	9, 00	yiu uer	
	Provide the estimated percentage of Board designated or quasi-endowmen	%	nd balance (line 1)	9, 00 (//	na ao	
a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Femporarily restricted endowment	% %				
a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Femporarily restricted endowment	% %				e
a b	Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the	% %				e Yes No
a b	Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	% 12c should equal the possession of the				e Yes No
a b	Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by:	% 12c should equal ne possession of t	100%. he organization tl			3a(i) ^
a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations	% 1 2c should equal the possession of the possession of the state of	100%. he organization the	nat are held and	I administered for th	3a(i) ^ 3a(ii) ×
a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations	% % % % % % % % % % % % % % % % % % %	he organization to	nat are held and	I administered for th	3a(i) ^
a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations	% % % % % % % % % % % % % % % % % % %	he organization to	nat are held and	I administered for th	3a(i)
a b c	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	% 1 2c should equal the possession of the organizations liste es of the organizations	noo%. the organization to th	nat are held and Schedule R? . funds.	administered for th	3a(ii) X 3a(ii) X
a b c 3a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	% 1 2c should equal the possession of the organizations liste es of the organizations	noo%. the organization to th	nat are held and Schedule R? . funds.	administered for th	3a(ii) X 3a(ii) X
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a b c 3a b	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment ► Temporarily restricted endowment ↑ The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us Complete if the organization Description of property Land, Buildings, and Equipment of Property	% 1 2c should equal the possession of the possession of the organizations listed the organization answered "Yellon answered "Yellon Cost or the Occupant the possession of the organization that is the possession of the organization answered the possession of the organization of the organizatio	d as required on sion's endowment on Form 990 other basis (b) Costment)	nat are held and	administered for the second se	3a(i) X 3a(ii) X 3b X A Sharp
a b c 3a b 4 Pa	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us Complete if the organization Description of property Land, Buildings, and Equipment Description of property Land Description of property	% 1 2c should equal the possession of the possession of the organizations listed the organization answered "Yellon answered "Yellon Cost or the Occupant the possession of the organization that is the possession of the organization answered the possession of the organization of the organizatio	d as required on sion's endowment on Form 990 other basis (b) Costment)	nat are held and	1 administered for the second	3a(i) X 3a(ii) X 3b X , Part X, line 10. (d) Book value
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a b c 3a b 4 Pa	Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us TEVI Land, Buildings, and Equipment of property Description of property a Land b Buildings c Leasehold Improvements	% 1 2c should equal the possession of the possession of the organizations listed the organization answered "Yellon answered "Yellon Cost or the Occupant the possession of the organization that is the possession of the organization answered the possession of the organization of the organizatio	d as required on sion's endowment on Form 990 other basis (b) Costment)	nat are held and	1 administered for the second	3a(i) X 3a(ii) X 3b X , Part X, line 10. (d) Book value
a b c 3a b 4 Pa	Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us Complete if the organization Description of property Land, Buildings, and Equipment Description of property Land Description of property	% ## 2c should equal the possession of the possession of the organizations listed es of the organization answered "Ye (a) Cost or (invest)	d as required on sion's endowment on Form 990 other basis (b) Costment)	schedule R? funds. Part IV, line 1 of or other basis (other) 681,191. 465,142.	1 administered for the	3a(ii) X 3a(ii) X 3b X , Part X, line 10. (d) Book value

	Complete if the organization ans	wered tes onto	rm 990, Par	10, 1110	(c) Meth	990, Part X, line 12.
	(a) Description of security or category (including name of security)	1	(b) Book v	alue	Cost or end-	of-year market value
Financial	derivatives					
Closelv-h	eld equity interests					
Other						
(A)			-			
(B)			•			
(C)		******************				
(D)						
(E)						
(F)						
(G) (H)	***************************************					
otal (Column	(b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments-Program Relate	ed.	orm 000 Pa	art IV. line	e 11c, See Forr	n 990, Part X, line 13.
	Investments – Program Relate Complete if the organization an	swered "Yes on r	(b) Book	value	(c) M	ethod of valuation:
	(a) Description of investment	•	(5) 200		Cost or en	d-of-year market value
		, , , , , , , , , , , , , , , , , , ,				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)			_			
(8)					-	
					第四条 计多数图像	基制 新半级 生产
total. (Column						
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	nswered "Yes" on	Form 990, F	Part IV, li	ne 11d. See Fo	rm 990, Part X, line 15
Part IX		nswered "Yes" on (a) Description	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	art IV, lir	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1)	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1) (2)	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1) (2) (3)	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization a	nswered "Yes" on	Form 990, F	Part IV, lin	ne 11d. See Fo	rm 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization a	nswered "Yes" on (a) Description		Part IV, lin		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization a	nswered "Yes" on (a) Description		Part IV, lin		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization a	nswered "Yes" on (a) Description X, col. (B) line 15.)				>
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization a Diumn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a	nswered "Yes" on (a) Description X, col. (B) line 15.) answered "Yes" or				>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization a blumn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25.	nswered "Yes" on (a) Description X, col. (B) line 15.)				>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization a Dolumn (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization in 1 line 25. (a) Description of liability	nswered "Yes" on (a) Description X, col. (B) line 15.) answered "Yes" or (b) Book v				>
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (CC Part X	Other Assets. Complete if the organization a Complete if the organization a Other Liabilities. Complete if the organization in the complete if the organization in the complete if the organization in the complete in the complete if the organization in the complete in the complete in the organization in the complete	nswered "Yes" on (a) Description X, col. (B) line 15.) answered "Yes" or (b) Book v				>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X	Other Assets. Complete if the organization a Complete if the organization a Other Liabilities. Complete if the organization a line 25. (a) Description of liability al income taxes	nswered "Yes" on (a) Description X, col. (B) line 15.) answered "Yes" or (b) Book v				>
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Feder (2) ACCE (3) ACCE (4) (5) (6) (7) (8)	Other Assets. Complete if the organization a Complete if the organization a Other Liabilities. Complete if the organization in the complete if the organization in the complete if the organization in the complete in the complete if the organization in the complete in the complete in the organization in the complete	nswered "Yes" on (a) Description X, col. (B) line 15.) answered "Yes" or (b) Book v	Form 990, alue 19,884. 210.	Part IV,	line 11e or 11f.	See Form 990, Part X,

Schedule	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	
Part		
	Complete if the organization answered 163 cm. Statements	1,502,071.
1		
2	Amounts included on line 1 but not on Form 950, 1 at Vin, in State 1, 484. Net unrealized gains (losses) on investments	•
а	Net unrealized gains (losses) on investments	
b		
c		65,949.
d	Other (Describe in Part XIII.)	1,436,122.
е	1 to the second line 1	1,430,1221
3	an Earm 000 Part VIII. line 12, but not on the first the line of the first the line of the first	
4	the space not included on Form 990, Fait VIII, III 0 7.5	
a		
ь	Other (Describe in Part XIII.)	1,436,122.
c	Add lines 4a and 4b	rn.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	• • • •
Fair	a late if the every first of all swelled too on the same and the same	911,963.
1	and losses per audited financial statements	
2	an line 1 but not on Form 990, Fall (A) line 201	
a	the second facilities and the second facilities the second facilit	
b	The second secon	
C	00 000	
d	to the In Dort VIII \	64,465.
e	4 Littings On through 2d	847,498.
3	in a from line 1	
4	The second of the second secon	
а	have an experience and included on Form 990, Fair vin, into 70	
b	Other (Describe in Part XIII.)	0.47 400
С	1 + 1 + 1 + 1 = A and A h	847,498.
5	Total expenses. Add lines 3 and 40. (7785 most og and 40.)	V line 4: Dort V line
Par	tXIII Supplemental Information.	V, IIIIE 4, FAIL X, MIC
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information in the second second section in the second se	uon.
2; P	art XI, lines 20 and 45, and the first of th	
	GEOMION 501/C)/3) OF THE I	NTERNAL
Oth	er: THE ORG IS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE I	
	TYCOND MAYES The Organization is requ	ired
REV	VENUE CODE, AND THUS IS EXEMPT FROM INCOME TAXES. The Organization is requ	
	that a tax position will be sug	stained
to	assess whether it is more-likely-than not that a tax position will be sug	
	on examination on the technical merits of the position assuming the taxing	g
upo	on examination on the technical melits of the Fig.	
	thority has full knowledge of all information. If the tax position does n	ot
au	thority has full knowledge of all information	
	et the more-likely-than-not recognition threshold, the benefit of that po	sition
me	et the more-likely-than-not recognization	_
	not recognized in the financial statements. The Organization has determi	ned
is	not recognized in the financial statements.	
	ere are no amounts to record as assets or liabilities related to uncertai	n
th	ere are no amounts to record as assets of	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ta	x positions.	

	XI, Line 2d. CODI of The Coding of the Codin	
_	XII, Line 2d: COST OF INVENTORY AND FUNDRAISING	
Pt	XII, LINE 24. COST TO	
	·	

SCHEDULE G (Form 990 or 990-EZ)

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

t at at the Treesunt		► Att	ach to Form 9	30 or Form 99	est instructions.		Inspection
rtment of the Treasury al Revenue Service		► Go to www.i	rs.gov/rom95	o for the tate		Employer identifica	tion number
e of the organization	NTGCOVERY CF	NTER	*			39-1852858	no 17
RTH LAKELAND	ing Activities.	Complete if the	e organizat	ion answ	ered "Yes" on Fo	orm 990, Part IV, li	He II.
Fundraisi	-EZ filers are no	ot required to	complete t	his part.		and all that apply	
Indicate whethe	r the organization	raised funds th			wing activities. On	eck all that apply. nent grants	
Indicate whether a	tions		e 📙	Solicitation	on of non-government	arants	
b 🔲 Internet and	email solicitation	ıs	f L	Solicitation	undraising events	granto	
- D Phone solici	tations		g 🗀	•			
d 🔲 In-person so	olicitations	or oral agree	ement with a	anv individ	ual (including offic	ers, directors, trusto undraising services?	ees,
a Did the organiz	ation have a will	990. Part VII) o	r entity in co	nnection v	vith professional fo	undraising services? ents under which th	Yes I
- 10 1134 - 11 lint the	. 10 highest bald	ingividuals of c	THURSO TIGHT	Iraisers) pu	irsuant to agreem	ents under which th	e fullaraisor is to
b If "Yes," list the	t least \$5,000 by	the organization	n.				
Compensator					Т	(v) Amount paid to	(vi) Amount paid t
			(iii) Did fundraiser have (iv) Gross receipts			(or retained by) fundraiser listed in	or retained by)
(i) Name and addres	 i) Name and address of individual or entity (fundraiser) 	(ii) Activity	custody or control of contributions?		from activity	fundraiser listed in col. (i)	organization
5) 5/1m/, (Yes	No			
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2	,						
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10		ļ					
•				>		ons or has been no	Hillad It is sysma
otal	in which the or	nanization is re	gistered or	licensed to	solicit contributi	ons or has been no	filled it is evenib
registration o	or licensing.	9011121111111	•				
registration							

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		gross receipts greater than	\$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			FUND A WISH (event type)	BIG EVENT (event type)	NONE (total number)	col. (c))
	1	Gross receipts	32,823.	85,872.		118,695.
	2	Less: Contributions Gross income (line 1 minus line 2)	32,823.	85,872.		118,695.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment Other direct expenses .		36,240.		36,240.
	10	Direct expense summary. An Net income summary. Subtr	dd lines 4 through 9 in act line 10 from line 3,	column (d) column (d)		36,240. 82,455.
_	11	Gaming. Complete if the than \$15,000 on Form 9	e organization answ	column (d) ered "Yes" on Form (  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Coming Complete if th	e organization answ 190-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
שמעפווממ	1	Gaming. Complete if the than \$15,000 on Form 9	e organization answ 190-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
מפוחם	1	Gaming. Complete if the than \$15,000 on Form S  Gross revenue	e organization answ 190-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
	1	Gaming. Complete if the than \$15,000 on Form \$  Gross revenue  Cash prizes  Noncash prizes	e organization answ 190-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
שמעפווממ	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form \$  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	e organization answ 190-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
שמעפווממ	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form \$  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	e organization ariswigo-EZ, line 6a.  (a) Bingo  Yes  No  Add lines 2 through 5	(b) Pull tabs/instant bingo/progressive bingo  W    Yes    No	(c) Other gaming  W Yes No	(d) Total gaming (add col. (a) through col. (c))
שמעפווממ	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form \$  Gross revenue	e organization arisw 190-EZ, line 6a.  (a) Bingo  Yes  No  Add lines 2 through 5 in ary. Subtract line 7 from	(b) Pull tabs/instant bingo/progressive bingo  W Yes No  In column (d)	% Yes No	(d) Total gaming (add col. (a) through col. (c))
שמעפווממ	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form \$  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary  Enter the state(s) in which the	e organization answipo-EZ, line 6a.  (a) Bingo  Yes  No  Add lines 2 through 5 in ary. Subtract line 7 from organization conducts of conduct gaming actions and the conduct gaming actions are subtract line and the conduct gaming actions are subtract lines.	(b) Pull tabs/instant bingo/progressive bingo  Wes No In column (d)  Signaming activities:  Wities in each of these s	(c) Other gaming  96 Yes No No	(d) Total gaming (add col. (a) through col. (c))

ا ادامه معادد	le G (Form 990 or 990-EZ) 2017
	Does the organization conduct gaming activities with nonmembers?
11 12	le the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership of other entry
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:  The exemplation's facility  (13a)
а	The Ordanization Statility
b	An outside facility
14	
	records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
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
47	Mandatory distributions:
17 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
•	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	REV 10/16/18 PRO Schedule G (Form 990 or 990-EZ) 2017
	REV 10/16/18 PRO Schedule G (Form 990 of 990-E2) 2017

BAA