

Return of Organization Exempt From Income Tax
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.

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH LAKELAND DISCOVERY CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 237 City or town, state or province, country, and ZIP or foreign postal code MANITOWISH, WI 54545	D Employer identification number 39-1852858 E Telephone number 715.543.2085
F Name and address of principal officer: JOHN HEUSINKVELD SAME AS C ABOVE		G Gross receipts \$ 896,176. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DISCOVERYCENTER.NET		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE PURPOSE OF ENRICHING LIVES AND INSPIRE AN ETHIC OF CARE FOR WISCONSIN'S NORTHWOODS, THROUGH THE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	225
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 849,668.	Current Year 661,890.
	9 Program service revenue (Part VIII, line 2g)	212,511.	132,036.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,769.	7,037.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,901.	75,898.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,098,849.	876,861.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	440,617.	396,307.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,247.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	446,341.	272,428.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	886,958.	668,735.	
19 Revenue less expenses. Subtract line 18 from line 12	211,891.	208,126.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,645,466.	End of Year 2,843,421.
	21 Total liabilities (Part X, line 26)	32,182.	30,541.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,613,284.	2,812,880.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN HEUSINKVELD, EXECUTIVE DIRECTOR Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name JONI R. HOWELL, CPA	Preparer's signature JONI R. HOWELL, CPA	Date 08/13/21	Check <input type="checkbox"/> if self-employed PTIN P00370968
	Firm's name ▶ MBE CPAS, LLP Firm's address ▶ 1136 E MAIN STREET REEDSBURG, WI 53959	Firm's EIN ▶ 20-0794302 Phone no. 608-524-8998		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PURPOSE OF ENRICHING LIVES AND INPIRE AN ETHIC OF CARE FOR WISCONSIN'S NORTHWOODS, THROUGH THE FACILITATION OF CONNECTIONS AMONG PEOPLE, NATURE, AND COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 529,382. including grants of \$) (Revenue \$ 187,418.) THE PURPOSE IS TO SPONSOR OUTDOOR EDUCATION PROGRAMS REGULARLY THROUGHOUT THE YEAR. PARTICIPATION IS FROM AREA RESIDENTS, TOURISTS, AND VISITORS WITH PAYMENT OF MEMBERSHIP DUES. AREA SCHOOLS AND YOUTH PROGRAMS ARE ALSO REGULARLY SERVICED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 529,382.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JOHN HEUSINKVELD - 715.543.2085 PO BOX 237, MANITOWISH, WI 54545

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC KOSTER CHAIR	1.00	X		X				0.	0.	0.
(2) RICHARD PHILLIPS VICE CHAIR	1.00	X		X				0.	0.	0.
(3) GARY ENGSTROM SECRETARY	1.00	X		X				0.	0.	0.
(4) TOM JOSEPH TREASURER	1.00	X		X				0.	0.	0.
(5) KARENT DIXON IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(6) DIANNE BRIGGS DIRECTOR	1.00	X						0.	0.	0.
(7) MARC KETTLESON DIRECTOR	1.00	X						0.	0.	0.
(8) JOANN MILLER DIRECTOR	1.00	X						0.	0.	0.
(9) TOM OLSON DIRECTOR	1.00	X						0.	0.	0.
(10) STEPHEN RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(11) RUSS SCHROEDER DIRECTOR	1.00	X						0.	0.	0.
(12) BETH WETZLER DIRECTOR	1.00	X						0.	0.	0.
(13) BRENT JELINSKI DIRECTOR	1.00	X						0.	0.	0.
(14) CRAIG DALTON DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	241,408.					
	b Membership dues	1b	245,483.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	174,999.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,031.					
	h Total. Add lines 1a-1f			661,890.				
	Program Service Revenue	2 a PROGRAM FEES	Business Code	713990	108,683.	108,683.		
b FACILITIES USE			713990	23,353.	23,353.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				132,036.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,966.	10,966.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other		3,400.			
	b Less: cost or other basis and sales expenses	7b		7,329.				
	c Gain or (loss)	7c		-3,929.				
d Net gain or (loss)			-3,929.	-3,929.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		36,497.					
		b Less: direct expenses	8b	8,944.				
		c Net income or (loss) from fundraising events			27,553.		27,553.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a		2,784.					
		b Less: cost of goods sold	10b	3,042.				
		c Net income or (loss) from sales of inventory			-258.	-258.		
Miscellaneous Revenue	11 a UNCOLLECTIBLE PLEDGES	Business Code	713990	44,515.	44,515.			
	b MISCELLANEOUS INCOME		713990	3,000.	3,000.			
	c DISCOUNT ON PLEDGES		713990	1,088.	1,088.			
	d All other revenue							
	e Total. Add lines 11a-11d			48,603.				
12 Total revenue. See instructions			876,861.	187,418.	0.	27,553.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	371,690.	260,183.	81,772.	29,735.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	24,617.	17,232.	5,416.	1,969.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,700.	3,145.		555.
13 Office expenses	10,289.	8,746.		1,543.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	53.	37.	12.	4.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,458.	112,458.		
23 Insurance	13,719.	13,719.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	47,158.	47,158.		
b DONOR FUNDED PROJECTS	21,047.	21,047.		
c SUPPLIES	12,483.	8,738.	2,746.	999.
d PROFESSIONAL SERVICES	10,382.		10,382.	
e All other expenses	41,139.	36,919.	3,778.	442.
25 Total functional expenses. Add lines 1 through 24e	668,735.	529,382.	104,106.	35,247.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	40,106.	1	99,447.
	2 Savings and temporary cash investments	476,017.	2	744,316.
	3 Pledges and grants receivable, net	695,967.	3	719,804.
	4 Accounts receivable, net	68,386.	4	35,883.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,246,343.		
	b Less: accumulated depreciation	10b 1,099,224.	1,187,285.	10c 1,147,119.
	11 Investments - publicly traded securities	176,483.	11	78,611.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,222.	14	1,089.
	15 Other assets. See Part IV, line 11	0.	15	17,152.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,645,466.	16	2,843,421.	
Liabilities	17 Accounts payable and accrued expenses	4,531.	17	3,645.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,651.	25	26,896.
	26 Total liabilities. Add lines 17 through 25	32,182.	26	30,541.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,782,432.	27	1,403,923.
	28 Net assets with donor restrictions	830,852.	28	1,408,957.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,613,284.	32	2,812,880.
33 Total liabilities and net assets/fund balances	2,645,466.	33	2,843,421.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	876,861.
2	Total expenses (must equal Part IX, column (A), line 25)	2	668,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	208,126.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,613,284.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-8,530.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,812,880.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	167,450.	192,770.	1151699.	849,668.	661,890.	3023477.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	167,450.	192,770.	1151699.	849,668.	661,890.	3023477.
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)						
6 Public support. Subtract line 5 from line 4.						3023477.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	167,450.	192,770.	1151699.	849,668.	661,890.	3023477.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,484.	17,685.	7,837.	4,769.	7,037.	39,812.
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.)						
11 Total support. Add lines 7 through 10						3063289.
12 Gross receipts from related activities, etc. (see instructions)					12	1,807,056.
13 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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.70	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	55.33	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization NORTH LAKELAND DISCOVERY CENTER, INC. **Employer identification number** 39-1852858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	76,483.	77,099.	75,077.	70,045.	64,275.
b Contributions					
c Net investment earnings, gains, and losses	5,628.	2,884.	2,022.	5,032.	5,770.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	3,500.	3,500.			
g End of year balance	78,611.	76,483.	77,099.	75,077.	70,045.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		956,249.	234,793.	721,456.
c Leasehold improvements				
d Equipment				
e Other		1,290,094.	864,431.	425,663.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,147,119.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES	22,559.
(3) ACCRUED PAYROLL TAXES	1,087.
(4) DEFERRED REVENUE	3,250.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	26,896.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	888,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,986.	
e	Add lines 2a through 2d		2e	11,986.
3	Subtract line 2e from line 1		3	876,861.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	876,861.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	680,721.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,986.	
e	Add lines 2a through 2d		2e	11,986.
3	Subtract line 2e from line 1		3	668,735.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	668,735.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED FOR UNCERTAIN TAX POSITIONS. MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2020. BOTH FEDERAL AND STATE TAX RETURNS REMAIN OPEN FOR EXAMINATION BY TAX JURISDICTIONS THROUGH THEIR RESPECTIVE STATUTES OF LIMITATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETAIL AND CONCESSION EXPENSES	3,042.
FUNDRAISING EXPENSES	8,944.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	11,986.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RETAIL AND CONCESSION EXPENSES 3,042.

FUNDRAISING EXPENSES 8,944.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 11,986.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUND A WISH (event type)	BIG EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	21,135.	15,362.	36,497.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	21,135.	15,362.	36,497.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses		8,944.	8,944.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			8,944.
11	Net income summary. Subtract line 10 from line 3, column (d)			27,553.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- 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 IV 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NORTH LAKE LAND DISCOVERY CENTER, INC.

Employer identification number

39-1852858

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FACILITATION OF CONNECTIONS AMONG PEOPLE, NATURE, AND COMMUNITY

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS THE 990 AND PROVIDES THE ENTIRE BOARD FOR
REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORM IS SIGNED EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OBTAINS RESEARCH AND INFORMATION TO MAKE A
RECOMMENDATION TO THE BOARD FOR THE SALARY AND BENEFITS OF THE EXECUTIVE
DIRECTOR AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE REVIEWS THE AUDIT AND PROVIDES IT TO THE ENTIRE
BOARD FOR REVIEW.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
6	GROUNDS EQUIPMENT	06/30/97	SL	10.00		16	685.				685.	685.		0.	685.
7	SKI GROOMING EQUIPMENT	12/31/98	SL	10.00		16	1,897.				1,897.	1,897.		0.	1,897.
8	BUNK BEDS	05/07/01	SL	10.00		16	14,250.				14,250.	14,250.		0.	14,250.
9	22' BIRCH BARK CANOE	12/31/98	SL	10.00		16	7,500.				7,500.	7,500.		0.	7,500.
10	TREEHOUSE	01/01/00	SL	10.00		16	6,000.				6,000.	6,000.		0.	6,000.
11	CANOE TRAILER	05/01/02	SL	10.00		16	700.				700.	700.		0.	700.
12	BUILDING IMPROVEMENTS	06/30/97	SL	40.00		16	8,093.				8,093.	4,502.		202.	4,704.
13	WINDOW	01/02/99	SL	10.00		16	281.				281.	281.		0.	281.
14	BUILDING IMPROVEMENTS 2	01/01/00	SL	10.00		16	676.				676.	676.		0.	676.
15	OFFICE DOOR	06/15/01	SL	10.00		16	253.				253.	253.		0.	253.
16	CARPETING	06/15/01	SL	10.00		16	1,435.				1,435.	1,435.		0.	1,435.
17	AIR CONDITIONER	09/01/01	SL	10.00		16	239.				239.	239.		0.	239.
18	BOARDWALKS	12/31/02	SL	10.00		16	1,040.				1,040.	1,040.		0.	1,040.
19	CANOE PADDLES & TRAILER	05/07/01	SL	10.00		16	343.				343.	343.		0.	343.
20	UNDERGROUND ELECTRIC SERVICE	12/31/02	SL	10.00		16	570.				570.	570.		0.	570.
21	UPGRADE ELECTRIC SERVICE	08/01/02	SL	10.00		16	4,989.				4,989.	4,989.		0.	4,989.
22	NEW SINKS	06/01/02	SL	10.00		16	756.				756.	756.		0.	756.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
23	NEW PRESSURE TANKS	05/01/02	SL	10.00		16	1,546.				1,546.	1,546.		0.	1,546.
24	KAYAK	01/01/03	SL	7.00		16	500.				500.	500.		0.	500.
25	CANOE	01/01/03	SL	7.00		16	500.				500.	500.		0.	500.
26	DEER MOUNT	01/01/03	SL	7.00		16	150.				150.	150.		0.	150.
27	WINTERIZE BOBCAT CABIN	09/01/03	SL	20.00		16	350.				350.	282.		18.	300.
28	2 PAIRS SHOWSHOES W/BINDINGS	04/01/04	SL	7.00		16	300.				300.	300.		0.	300.
29	SNOW THROWER 8 HP	04/01/04	SL	7.00		16	400.				400.	400.		0.	400.
30	GRUMMAN ALUMINUM CANOE	04/01/04	SL	7.00		16	300.				300.	300.		0.	300.
31	16' STEEL-FRAMED CANOE TRAILER	04/01/04	SL	10.00		16	250.				250.	250.		0.	250.
32	INTERPRETIVE BOOTH & SIGNS	04/04/04	SL	7.00		16	6,012.				6,012.	6,012.		0.	6,012.
33	PATH LIGHTS	05/16/05	SL	10.00		16	1,357.				1,357.	1,357.		0.	1,357.
34	84 INCH GINZU GROOMER	01/15/06	SL	10.00		16	4,609.				4,609.	4,609.		0.	4,609.
35	5 CANOES	07/01/06	SL	7.00		16	2,050.				2,050.	2,050.		0.	2,050.
36	WEED TRIMER	07/15/06	SL	5.00		16	117.				117.	117.		0.	117.
37	TRAILER FOR GROOMING EQUIP	01/01/06	SL	10.00		16	1,368.				1,368.	1,368.		0.	1,368.
38	GV OJIBWE SNOWSHOES W/BINDINGS	03/30/06	SL	7.00		16	195.				195.	195.		0.	195.
39	CURRENT DESIGNS KAYAK	03/30/06	SL	7.00		16	650.				650.	650.		0.	650.
40	NETWORK COMPUTER W/BACKUP	08/01/06	SL	5.00		16	1,187.				1,187.	1,187.		0.	1,187.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	NEW OFFICE BUILDING & REST ROOMS	04/01/07	SL	30.00		16	46,412.				46,412.	19,338.		1,547.	20,885.
42	COMPRESSOR	09/12/07	SL	10.00		16	1,200.				1,200.	1,200.		0.	1,200.
43	CHAINSAW	09/12/07	SL	10.00		16	332.				332.	332.		0.	332.
44	RELOCATE SERVER	11/22/06	SL	5.00		16	1,650.				1,650.	1,650.		0.	1,650.
45	CHAIRS	08/30/07	SL	5.00		16	2,702.				2,702.	2,702.		0.	2,702.
46	TABLES	09/24/07	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
47	2 ALUMINUM CANOES - USED	09/30/07	SL	7.00		16	400.				400.	400.		0.	400.
48	WINTERIZE SHOP	07/02/07	SL	20.00		16	2,616.				2,616.	1,603.		131.	1,734.
49	KAYAK - CURRENT DESIGNS	10/30/06	SL	7.00		16	1,100.				1,100.	1,100.		0.	1,100.
50	BOOKSHELVES	08/31/07	SL	10.00		16	500.				500.	500.		0.	500.
51	BELT / DISC SANDER W/STAND - MM	08/31/07	SL	5.00		16	275.				275.	275.		0.	275.
52	(D)TILT HEAD BAND SAW - CRAFTSMAN	08/31/07	SL	5.00		16	515.				515.	515.		0.	515.
53	(D)ELECTRONIC RADIAL SAW - CRAFTSMAN	08/31/07	SL	5.00		16	605.				605.	605.		0.	605.
54	CANOE W/PADDLES - SMOKERCRAFT	08/31/07	SL	7.00		16	450.				450.	450.		0.	450.
55	CADAVER FREEZER	10/29/07	SL	7.00		16	239.				239.	239.		0.	239.
56	CABIN IMPROVEMENTS	06/16/08	SL	10.00		16	4,138.				4,138.	4,138.		0.	4,138.
57	CANOE RESTORATION	08/22/08	SL	5.00		16	575.				575.	575.		0.	575.
58	DOG TRAIL SIGNS	02/28/08	SL	10.00		16	1,039.				1,039.	1,039.		0.	1,039.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
59	TABLES	07/03/08	SL	5.00		16	527.				527.	527.		0.	527.
60	CHAIRS	06/15/08	SL	5.00		16	1,540.				1,540.	1,540.		0.	1,540.
61	COFFEE TABLE	09/11/08	SL	5.00		16	889.				889.	889.		0.	889.
62	2 END TABLES	09/11/08	SL	5.00		16	834.				834.	834.		0.	834.
63	(D) CARPET	09/24/08	SL	5.00		16	2,359.				2,359.	2,359.		0.	2,359.
64	CONSTRUCTION EXPENSE - SURVEY	05/30/08	SL	10.00		16	11,500.				11,500.	11,500.		0.	11,500.
65	MAUI STYLE KAYAK	12/03/07	SL	5.00		16	800.				800.	800.		0.	800.
66	MAUI STYLE KAYAK	12/03/07	SL	5.00		16	800.				800.	800.		0.	800.
67	16' DISCOVERY CANOE	04/24/08	SL	5.00		16	500.				500.	500.		0.	500.
68	LEAF BLOWER	09/01/08	SL	5.00		16	376.				376.	376.		0.	376.
69	CHILDREN'S TABLE & CHAIRS	09/15/08	SL	7.00		16	721.				721.	721.		0.	721.
70	METAL SHELVING	09/24/08	SL	10.00		16	2,397.				2,397.	2,397.		0.	2,397.
71	OLD TOWN 9.5' KAYAK	07/09/09	SL	7.00		16	400.				400.	400.		0.	400.
72	10 - SNOWSHOES	03/01/09	SL	5.00		16	329.				329.	329.		0.	329.
73	SOUND SYSTEM	06/10/09	SL	5.00		16	1,985.				1,985.	1,985.		0.	1,985.
74	5 KAYAK PADDLES	07/06/09	SL	7.00		16	250.				250.	250.		0.	250.
75	OLD TOWN 1926 25 FT CANOE - RESTORED	06/01/09	SL	10.00		16	6,000.				6,000.	6,000.		0.	6,000.
76	BUILDINGS & FIXTURES	09/30/09	SL	40.00		16	188,290.				188,290.	47,073.		4,707.	51,780.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
77	KITCHEN & APPLIANCES	09/30/09	SL	10.00		16	23,391.				23,391.	23,391.		0.	23,391.
78	FURNISHINGS	09/30/09	SL	7.00		16	8,875.				8,875.	8,875.		0.	8,875.
79	LANDSCAPING	09/30/09	SL	15.00		16	21,438.				21,438.	14,292.		1,429.	15,721.
80	GROUNDS EQUIPMENT	09/30/09	SL	7.00		16	298.				298.	298.		0.	298.
81	PROGRAM EQUIPMENT	09/30/09	SL	7.00		16	500.				500.	500.		0.	500.
82	LANDSCAPING	07/01/09	SL	15.00		16	21,000.				21,000.	14,350.		1,400.	15,750.
83	BUILDING EXPENSES - LABOR RELATED	07/01/09	SL	40.00		16	51,069.				51,069.	13,086.		1,277.	14,363.
84	1 TOURER KAYAK	10/01/09	SL	10.00		16	100.				100.	100.		0.	100.
85	1 KESTREL 120 KAYAK	10/01/09	SL	10.00		16	175.				175.	175.		0.	175.
86	1 "OLD TOWN" 1926 25 FT CANOE-RESTORED	06/30/01	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.
87	8 REELS, 8 YOUTH ROD/REEL, 2 NETS, TACKEL BOX	07/28/10	SL	10.00		16	400.				400.	367.		33.	400.
88	CABIN RENOVATIONS	09/29/10	SL	40.00		16	244,128.				244,128.	54,929.		6,103.	61,032.
89	DRIVEWAYS	09/29/10	SL	15.00		16	80,209.				80,209.	48,125.		5,347.	53,472.
90	LANDSCAPING	09/29/10	SL	15.00		16	184,776.				184,776.	110,866.		12,318.	123,184.
91	SHOP/SAUNA-LIGHTING/ELECTRIC	09/29/10	SL	10.00		16	10,582.				10,582.	9,524.		1,058.	10,582.
92	DATABASE SYSTEM	11/21/09	SL	5.00		16	1,347.				1,347.	1,347.		0.	1,347.
93	PICTURES	02/23/10	SL	10.00		16	469.				469.	449.		20.	469.
94	TENT	03/09/10	SL	10.00		16	2,455.				2,455.	2,353.		102.	2,455.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
95	LODGE FURNITURE	03/30/10	SL	10.00		16	1,200.				1,200.	1,140.		60.	1,200.
96	LODGE FURNITURE	04/05/10	SL	10.00		16	923.				923.	877.		46.	923.
97	TENT	04/05/10	SL	10.00		16	2,454.				2,454.	2,331.		123.	2,454.
98	LODGE FURNITURE	05/13/10	SL	10.00		16	535.				535.	504.		31.	535.
99	LODGE FURNITURE	05/25/10	SL	10.00		16	1,204.				1,204.	1,124.		80.	1,204.
100	PRINTS	06/03/10	SL	10.00		16	142.				142.	132.		9.	142.
101	SHELTER	09/30/10	SL	10.00		16	1,483.				1,483.	1,335.		148.	1,483.
102	BOG BOARDWALK	10/01/10	SL	10.00		16	20,000.				20,000.	18,000.		2,000.	20,000.
103	ULINE WILDLIFE PRINTS	10/01/10	SL	10.00		16	3,125.				3,125.	2,813.		313.	3,126.
104	CANOE	10/11/10	SL	10.00		16	500.				500.	450.		50.	500.
105	ALUMACRAFT BOAT, MOTOR, OARLOCKS	06/07/11	SL	10.00		16	3,000.				3,000.	2,500.		300.	2,800.
106	PONTOON BOAT, MOTOR, TRAILER	06/16/11	SL	10.00		16	15,000.				15,000.	12,375.		1,500.	13,875.
107	DR MODEL BRUSH MOWER	08/04/11	SL	10.00		16	3,541.				3,541.	2,892.		354.	3,246.
108	JOHN DEERE X500 MODEL	08/04/11	SL	10.00		16	6,411.				6,411.	5,236.		641.	5,877.
109	MICROWAVE	09/06/11	SL	10.00		16	459.				459.	371.		46.	417.
110	GE 42" HD TV	09/28/11	SL	3.00		16	879.				879.	879.		0.	879.
111	KITCHEN AID RANGE	09/22/11	SL	10.00		16	979.				979.	783.		98.	881.
112	KITCHEN AID REFRIGERATOR	09/22/11	SL	10.00		16	2,599.				2,599.	2,079.		260.	2,339.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
113	KITCHEN AID DISHWASHER	09/22/11	SL	10.00		16	699.				699.	559.		70.	629.
114	MAYTAG WASHER	09/22/11	SL	10.00		16	869.				869.	695.		87.	782.
115	MAYTAG DRYER	09/22/11	SL	10.00		16	869.				869.	695.		87.	782.
116	EZ UP SHELTER	10/19/10	SL	10.00		16	1,483.				1,483.	1,323.		148.	1,471.
117	20X24 TENT	04/20/11	SL	10.00		16	3,934.				3,934.	3,311.		393.	3,704.
118	DIRECTOR HOUSE FURNITURE	04/01/11	SL	10.00		16	12,134.				12,134.	10,314.		1,213.	11,527.
119	OFFICE FURNITURE	04/22/11	SL	10.00		16	48,364.				48,364.	40,706.		4,836.	45,542.
120	DIGITAL CAMERA	02/19/11	SL	5.00		16	220.				220.	220.		0.	220.
121	TOOLS	04/01/11	SL	10.00		16	954.				954.	811.		95.	906.
122	BATHROOM FIXTURES	09/19/11	SL	40.00		16	1,262.				1,262.	252.		32.	284.
123	BOARDWALK	07/27/11	SL	10.00		16	9,968.				9,968.	8,141.		997.	9,138.
124	CABINETS	05/27/11	SL	40.00		16	980.				980.	204.		25.	229.
125	SHOP IMPROVEMENTS	04/01/11	SL	40.00		16	8,569.				8,569.	1,821.		214.	2,035.
126	GARDEN SHED	04/01/11	SL	40.00		16	23,007.				23,007.	4,889.		575.	5,464.
127	TRAILER ROOF	04/01/11	SL	40.00		16	2,890.				2,890.	614.		72.	686.
128	CABIN DOORS	04/01/11	SL	10.00		16	4,275.				4,275.	3,634.		428.	4,062.
129	TRAIL SIGNS	04/01/11	SL	10.00		16	2,686.				2,686.	2,283.		269.	2,552.
130	FRONT SIGN	04/01/11	SL	10.00		16	460.				460.	391.		46.	437.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
131	ENTRANCE SIGN	04/01/11	SL	10.00		16	3,560.				3,560.	3,026.		356.	3,382.
132	DIRECTOR'S HOUSE RENOVATIONS	04/01/11	SL	40.00		16	177,631.				177,631.	37,747.		4,441.	42,188.
133	KIOSK	04/01/11	SL	40.00		16	2,460.				2,460.	523.		62.	585.
134	AMPHITHEATER IMPROVEMENTS	04/01/11	SL	40.00		16	742.				742.	158.		19.	177.
135	LANDSCAPING	04/01/11	SL	15.00		16	79,956.				79,956.	45,308.		5,330.	50,638.
136	BOARDWALK	04/01/11	SL	10.00		16	50,000.				50,000.	42,500.		5,000.	47,500.
137	DIRECTOR'S HOUSE IMPROVEMENTS	09/30/11	SL	40.00		16	32,633.				32,633.	6,527.		816.	7,343.
138	BEACH HOUSE IMPROVEMENTS	09/30/11	SL	40.00		16	2,066.				2,066.	413.		52.	465.
139	BRONZE OTTER BENCH	04/01/12	SL	15.00		16	30,447.				30,447.	15,224.		2,030.	17,254.
140	BIC SPORT YAK 245	04/01/12	SL	10.00		16	850.				850.	638.		85.	723.
141	8 PICNIC TABLES	06/01/12	SL	10.00		16	5,728.				5,728.	4,201.		573.	4,774.
142	INTERPRETIVE SIGN	04/01/12	SL	10.00		16	204.				204.	153.		20.	173.
143	AMPHITHEATER	06/01/12	SL	20.00		16	24,757.				24,757.	9,078.		1,238.	10,316.
144	BEACH HOUSE SHED, KAYAK RACK, BEACH STAIRS	06/01/12	SL	20.00		16	2,066.				2,066.	758.		103.	861.
145	NEW LIGHTS IN CABIN	04/01/12	SL	40.00		16	1,401.				1,401.	263.		35.	298.
146	FURNISHINGS, CARPET, WINDOW TREATMENTS DH	11/01/11	SL	10.00		16	5,415.				5,415.	4,287.		542.	4,829.
147	DOCK AT DIRECTOR'S HOUSE (DH)	06/01/12	SL	20.00		16	15,479.				15,479.	5,676.		774.	6,450.
148	CONVERT TO NATURAL GAS	06/01/12	SL	40.00		16	2,850.				2,850.	523.		71.	594.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
149	GREENHOUSE	06/01/12	SL	20.00		16	6,201.				6,201.	2,274.		310.	2,584.
150	LANDSCAPING	09/01/12	SL	20.00		16	109,941.				109,941.	38,938.		5,497.	44,435.
151	LODGE IMPROVEMENT	04/01/12	SL	40.00		16	50,125.				50,125.	9,398.		1,253.	10,651.
152	BETH'S OFFICE REMODEL	06/01/12	SL	20.00		16	5,512.				5,512.	2,021.		276.	2,297.
153	CONCRETE IN SHOP	06/01/12	SL	40.00		16	1,625.				1,625.	298.		41.	339.
154	LANDSCAPING	09/01/12	SL	20.00		16	3,245.				3,245.	1,149.		162.	1,311.
155	(D)RECESSED LIGHTING IN LODGE	06/01/12	SL	40.00		16	4,141.				4,141.	759.		104.	863.
156	SERVER AND WORKSTATIONS	04/01/12	SL	5.00		16	12,928.				12,928.	12,928.		0.	12,928.
157	PRINTER, TVS, DVD	04/01/12	SL	10.00		16	8,639.				8,639.	6,479.		864.	7,343.
158	SPEAKER SYSTEM	04/01/12	SL	10.00		16	2,332.				2,332.	1,749.		233.	1,982.
159	INFOCUS PROJECTOR	04/01/12	SL	10.00		16	2,825.				2,825.	2,119.		283.	2,402.
160	BETH'S OFFICE FURNITURE	06/01/12	SL	15.00		16	3,173.				3,173.	1,551.		212.	1,763.
161	WIRELESS FOR OFFICE	06/01/12	SL	5.00		16	2,277.				2,277.	2,277.		0.	2,277.
162	SECURITY SYSTEM	06/01/12	SL	10.00		16	1,624.				1,624.	1,191.		162.	1,353.
163	LAMPS	06/01/12	SL	10.00		16	338.				338.	248.		34.	282.
164	GARAGE MAT & BINS	04/01/12	SL	10.00		16	551.				551.	414.		55.	469.
165	IMPROVEMENTS TO DH AND SHED	04/01/12	SL	40.00		16	5,236.				5,236.	982.		131.	1,113.
166	TELEPHONE SYSTEM	12/15/11	SL	10.00		16	637.				637.	499.		64.	563.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
167	TITLEY SCIENTIFIC	01/12/12	SL	10.00		16	2,687.				2,687.	2,082.		269.	2,351.
168	PLUM CREEK	03/07/12	SL	10.00		16	1,628.				1,628.	1,235.		163.	1,398.
169	VAN	03/29/12	SL	10.00		16	22,562.				22,562.	16,921.		2,256.	19,177.
170	BAT CAGE	09/28/12	SL	10.00		16	2,648.				2,648.	1,854.		265.	2,119.
171	CABIN REMODEL	04/30/13	SL	40.00		16	7,628.				7,628.	1,224.		191.	1,415.
172	PICTURE	04/30/13	SL	10.00		16	500.				500.	321.		50.	371.
173	(D)3 PICNIC TABLES	12/13/12	SL	10.00		16	928.				928.	634.		93.	727.
174	LOGO	12/31/13		180M		HY43	2,000.				2,000.	778.		133.	911.
175	EDUCATIONAL PIER	04/15/14	SL	20.00		16	21,312.				21,312.	5,861.		1,066.	6,927.
176	WOODEN GATE & SIGN	06/04/14	SL	10.00		16	2,665.				2,665.	1,421.		266.	1,687.
177	HAND CARVED WOOD BENCH	06/04/14	SL	10.00		16	1,000.				1,000.	533.		100.	633.
178	BAT DETECTOR	07/10/14	SL	10.00		16	2,718.				2,718.	1,427.		272.	1,699.
179	ICE MAKER	09/29/14	SL	10.00		16	3,300.				3,300.	1,650.		330.	1,980.
180	NATIVE GARDEN	06/17/14	SL	20.00		16	19,873.				19,873.	5,217.		994.	6,211.
181	SOLAR PANEL	03/11/16	SL	10.00		16	3,535.				3,535.	1,414.		353.	1,767.
182	NEW SERVER	03/29/16	SL	5.00		16	4,386.				4,386.	3,509.		877.	4,386.
183	6 DESKTOP COMPUTERS	04/06/16	SL	5.00		16	14,186.				14,186.	11,349.		2,837.	14,186.
184	10 PLASTIC TABLES	05/20/16	SL	5.00		16	3,122.				3,122.	2,497.		624.	3,122.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
185	15 PASSENGER VAN	05/25/16	SL	10.00		16	40,740.				40,740.	16,296.		4,074.	20,370.
186	NATURE CENTER REMODEL IMPROVEMENTS	09/30/16	SL	40.00		16	34,917.				34,917.	3,492.		873.	4,365.
187	COPY MACHINE	09/23/16	SL	5.00		16	4,732.				4,732.	2,839.		946.	3,785.
188	2008 FORD F350 SUPER DUTY PICKUP TRUCK	03/24/17	SL	10.00		16	19,400.				19,400.	5,820.		1,940.	7,760.
189	CANOES W/PADDLES	04/12/17	SL	5.00		16	8,660.				8,660.	5,196.		1,732.	6,928.
190	JOHN DEERE GATOR UTILITY VEHICLE	04/07/18	SL	10.00		16	17,285.				17,285.	3,457.		1,729.	5,186.
191	(D)PONTOON BOAT	09/30/18	SL	10.00		16	5,500.				5,500.	1,100.		550.	1,650.
192	INTERN CABIN	06/01/15	SL	40.00		16	6,763.				6,763.	845.		169.	1,014.
193	TADPOLE CLASSROOM	09/10/15	SL	40.00		16	8,845.				8,845.	1,106.		221.	1,327.
194	LODGE CARPET	06/03/15	SL	10.00		16	8,950.				8,950.	4,475.		895.	5,370.
195	INTERN CABIN	06/30/19	SL	40.00		16	46,627.				46,627.	291.		1,166.	1,457.
196	GATOR TRACKS	10/04/18	SL	10.00		16	4,850.				4,850.	432.		485.	917.
197	2012 WEERS PONTOON ECLIPSE	01/03/20	SL	10.00		16	21,148.				21,148.			1,586.	1,586.
198	SNOW PLOW 9FT BOSS V-PLOW	11/21/19	SL	5.00		16	7,252.				7,252.			1,209.	1,209.
199	CABIN RENOVATIONS	06/01/20	SL	15.00		16	51,085.				51,085.			1,178.	1,178.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						2,262,391.				2,262,391.	994,396.		112,458.	1,106,856.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						2,262,391.				2,262,391.	994,396.		112,458.	1,106,856.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. 179

Name(s) shown on return NORTH LAKELAND DISCOVERY CENTER, INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 39-1852858
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	112,325.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	112,325.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2019 tax year				43	133.
44 Total. Add amounts in column (f). See the instructions for where to report				44	133.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NORTH LAKELAND DISCOVERY CENTER, INC.	Taxpayer identification number (TIN) 39-1852858
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 237	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MANITOWISH, WI 54545	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN HEUSINKVELD

- The books are in the care of ▶ **PO BOX 237 - MANITOWISH, WI 54545**
Telephone No. ▶ **715.543.2085** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.