

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

23-7070227

### Tri-Cities Historical Museum, Inc.

**Net Asset / Fund Balance at Beginning of Year** 3,316,018

#### Revenue

Contributions 797,767

Program service revenue \_\_\_\_\_

Investment income 70,081

Capital gain / loss \_\_\_\_\_

Fundraising / Gaming:

Gross revenue \_\_\_\_\_

Direct expenses \_\_\_\_\_

Net income \_\_\_\_\_

Other income 7,015

**Total revenue**

874,863

#### Expenses

Program services 613,091

Management and general 253,312

Fundraising \_\_\_\_\_

**Total expenses**

866,403

**Excess / (deficit)**

8,460

Changes

99,974

**Net Asset / Fund Balance at End of Year**

3,424,452

#### Reconciliation of Revenue

Total revenue per financial statements \_\_\_\_\_

Less:

Unrealized gains \_\_\_\_\_

Donated services \_\_\_\_\_

Recoveries \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total revenue per return** 874,863

#### Reconciliation of Expenses

Total expenses per financial statements \_\_\_\_\_

Less:

Donated services \_\_\_\_\_

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total expenses per return** 866,403

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,329,102</u>	<u>3,444,596</u>	
Liabilities	<u>13,084</u>	<u>20,144</u>	
Net assets	<u><u>3,316,018</u></u>	<u><u>3,424,452</u></u>	<u>108,434</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_

Return / extended due date 11/15/22

Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

23-7070227

**Tri-Cities Historical Museum, Inc.**

<b>Income &amp; Losses (Form 990-T, Sch A)</b>	# of Schedules <u>1</u>		
Income from all activities	<u>3,024</u>		
Losses from all activities			
<b>Unrelated business taxable income from all trades</b>		<u>3,024</u>	
<b>Income Adjustments (Form 990-T, Part I)</b>			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction	<u>1,000</u>		
Section 199A Deduction (Trusts Only)			
<b>Total adjustments</b>		<u>(1,000)</u>	
<b>Unrelated business taxable income</b>			<u><u>2,024</u></u>
<b>Taxes &amp; Credits (Form 990-T, Part II and III)</b>			
Regular tax	<u>425</u>		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
<b>Tax Due</b>		<u>425</u>	
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
<b>Total nonrefundable credits</b>			
Other taxes			
<b>Total tax</b>			<u><u>425</u></u>
<b>Payments &amp; Penalties</b>			
Estimated tax payments and Tax withheld			
Paid with extension	<u>425</u>		
Refundable credits and other payments			
<b>Payments</b>		<u>425</u>	
<b>Net tax due</b>			<u><u>0</u></u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
<b>Penalties</b>			
<b>Balance due</b>			
Total overpayment			
Overpayment applied to next year's tax			
<b>Refund</b>			

### Next Year's Estimates

1st quarter \_\_\_\_\_  
 2nd quarter \_\_\_\_\_  
 3rd quarter \_\_\_\_\_  
 4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22

## Filing Instructions

**Tri-Cities Historical Museum, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2021**

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Brickley DeLong, P.C.  
201-C Washington Ave  
Grand Haven, MI 49417

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**u Do not send to the IRS. Keep for your records.  
u Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**Tri-Cities Historical Museum, Inc.**

EIN or SSN  
**23-7070227**

Name and title of officer or person subject to tax  
**Rebecca Hopp  
President**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>874,863</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **Brickley DeLong, P.C.** to enter my PIN **49417** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } \_\_\_\_\_ Date } **04/28/22**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**38273412005**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Jacques H. Labo, CPA** Date } **04/28/22**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

# 2021

Department of the Treasury  
Internal Revenue Service  
Name of filer

**Tri-Cities Historical Museum, Inc.**

EIN or SSN  
**23-7070227**

Name and title of officer or person subject to tax  
**Rebecca Hopp  
President**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	<b>425</b>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **Brickley DeLong, P.C.** to enter my PIN **49417** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } \_\_\_\_\_ Date } **04/28/22**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**38273412005**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Jacques H. Labo, CPA** Date } **04/28/22**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A** For the **2021** calendar year, or tax year beginning , and ending

<b>B</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	<b>C</b> Name of organization <b>Tri-Cities Historical Museum, Inc.</b>		<b>D</b> Employer identification number <b>23-7070227</b>
	Doing business as		<b>E</b> Telephone number <b>616-842-0700</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>200 Washington</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>Grand Haven MI 49417</b>		<b>G</b> Gross receipts \$ <b>888,774</b>
<b>F</b> Name and address of principal officer: <b>Rebecca Hopp 200 Washington Ave Grand Haven MI 49417</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>u tri-citiesmuseum.org</b>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1962</b>	<b>M</b> State of legal domicile: <b>MI</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To collect, display and interpret the cultural and historic record of Northwest Ottawa County for the benefit and education of area citizens and visitors</b>		
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>49</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>5,157</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>2,024</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>713,064</b>	<b>797,767</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>150</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>64,498</b>	<b>70,081</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>80,462</b>	<b>7,015</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>858,174</b>	<b>874,863</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>445,945</b>	<b>454,359</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>383,444</b>	<b>412,044</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>829,389</b>	<b>866,403</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>28,785</b>	<b>8,460</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,329,102</b>	<b>3,444,596</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>13,084</b>	<b>20,144</b>
		<b>3,316,018</b>	<b>3,424,452</b>

## 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.

<b>Sign Here</b>	Signature of officer	Date
	<b>Rebecca Hopp</b> Type or print name and title	<b>President</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jacques H. Labo, CPA</b>	Preparer's signature <b>Jacques H. Labo, CPA</b>	Date <b>05/17/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01414247</b>
	Firm's name <b>Brickley DeLong, P.C.</b>	Firm's EIN <b>38-2088116</b>			
	Firm's address <b>201-C Washington Ave Grand Haven, MI 49417</b>	Phone no. <b>616-846-2380</b>			

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:

**To collect, display and interpret the cultural and historic record of Northwest Ottawa County for the benefit and education of area citizens and visitors**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **566,025** including grants of \$ ) (Revenue \$ )  
**Operational costs of the Tri-Cities Historical Museum for the achievement of the organization's primary exempt purpose.**

4b (Code: ) (Expenses \$ **42,248** including grants of \$ ) (Revenue \$ )  
**Historical Exhibitions: Offering both permanent and temporary exhibits for the entire family to enjoy, which illustrate that throughout history people, places, and things have played key roles in bringing about the quality of life enjoyed in Northwest Ottawa County today.**

4c (Code: ) (Expenses \$ **4,818** including grants of \$ ) (Revenue \$ )  
**Education Program: Both on-site and off site educational programs are available. The on-site programs include the youth docent program, intergenerational story sharing, and history for kids; off-site includes rocks, what's in great grandmother's trunk, history through postcards, and Coast Guard City, USA to name a few.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 613,091**

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>	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>		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>	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>	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>	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>		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>	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>		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>		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>		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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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. See instructions</i>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X



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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>22</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>u MI</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <b>u</b> <b>Kathy Hegedus</b> <b>Grand Haven</b> <b>200 Washington Ave</b> <b>MI 49417</b> <b>616-935-9559</b>

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization 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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Rebecca Hopp ..... President	1.00 ..... 0.00	X		X				0	0	0
(2) Cathy Feyt ..... Vice President	1.00 ..... 0.00	X		X				0	0	0
(3) Jennifer Crouse ..... Treasurer	1.00 ..... 0.00	X		X				0	0	0
(4) Gay Cole ..... Secretary	1.00 ..... 0.00	X		X				0	0	0
(5) Edward Grafton ..... Director	1.00 ..... 0.00	X						0	0	0
(6) Gail Krug ..... Director	1.00 ..... 0.00	X						0	0	0
(7) Ernie Petrus ..... Director	1.00 ..... 0.00	X						0	0	0
(8) Marsha Peterson ..... Trustee/Director	1.00 ..... 0.00	X						0	0	0
(9) Tom Puleo ..... Director	1.00 ..... 0.00	X						0	0	0
(10) Julie Bunke ..... Executive Director	40.00 ..... 0.00			X				55,086	0	1,610
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
<b>1b Subtotal</b> .....							<b>55,086</b>		<b>1,610</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>55,086</b>		<b>1,610</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	18,655				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	705,154				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	73,958				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	797,767				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	70,081			70,081	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)	<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		19,068				
<b>b</b> Less: cost of goods sold	<b>10b</b>		13,911				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>		5,157		5,157		
<b>Miscellaneous Revenue</b>	<b>11a</b> Hall rental income	Business Code	1,858	1,858			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>		1,858			
<b>12 Total revenue.</b> See instructions	<b>u</b>		874,863	1,858	5,157	70,081	

**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	55,086	37,419	17,667	
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	328,410	216,751	111,659	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,291	23,952	12,339	
10 Payroll taxes	34,572	22,818	11,754	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	39,991		39,991	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,059		12,059	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,300		32,300	
12 Advertising and promotion	24,617	24,617		
13 Office expenses	10,051		10,051	
14 Information technology	10,867	10,867		
15 Royalties				
16 Occupancy	90,829	90,829		
17 Travel	102	102		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,630		3,630	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	106,405	106,405		
23 Insurance	19,420	19,420		
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 <b>Exhibition Expenses</b>	31,073	31,073		
b <b>Collections</b>	11,175	11,175		
c <b>Misc Donations</b>	4,857	4,857		
d <b>Miscellaneous Other</b>	4,713	4,713		
e All other expenses	9,955	8,093	1,862	
25 Total functional expenses. Add lines 1 through 24e	866,403	613,091	253,312	0
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 <input checked="" type="checkbox"/> 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	
<b>Assets</b>	1	Cash—non-interest-bearing	213,729	1	177,027
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any 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	16,467	8	7,156
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,223,176		
	b	Less: accumulated depreciation	10b 1,377,433	10c 1,865,798	1,845,743
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1,020,010	12	1,172,517
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	213,098	15	242,153
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,329,102	16	3,444,596	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	13,084	17	20,144
	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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	13,084	26	20,144
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,063,621	27	3,138,436
	28	Net assets with donor restrictions	252,397	28	286,016
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	3,316,018	32	3,424,452
33	<b>Total liabilities and net assets/fund balances</b>	3,329,102	33	3,444,596	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>874,863</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>866,403</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>8,460</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,316,018</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>99,974</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>3,424,452</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**Tri-Cities Historical Museum, Inc.**

Employer identification number

**23-7070227**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,805	136,410	103,966	122,292	128,313	551,786
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	451,837	534,032	587,892	590,772	669,454	2,833,987
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	512,642	670,442	691,858	713,064	797,767	3,385,773
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						3,385,773

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	512,642	670,442	691,858	713,064	797,767	3,385,773
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61,823	20,569	27,713	64,498	70,081	244,684
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					2,024	2,024
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						3,632,481

**12** Gross receipts from related activities, etc. (see instructions) 12 81,258

**13 First 5 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**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	93.21 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	15	93.37 %

**16a 33 1/3% support test—2021.** 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

**b 33 1/3% support test—2020.** 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

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** 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

**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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2021.** 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—2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
<b>6</b> Other distributions (describe in Part VI). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**u Attach to Form 990 or Form 990-PF.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**Tri-Cities Historical Museum, Inc.**

Employer identification number

**23-7070227**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- 
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Tri-Cities Historical Museum, Inc.

Employer identification number

23-7070227

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Ferrysburg 17290 Roosevelt Rd. P.O. Box 38 Ferrysburg MI 49409	\$ 49,697	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	City of Grand Haven 519 Washington Avenue Grand Haven MI 49417	\$ 178,993	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Grand Haven Charter Township 13300 168th Avenue Grand Haven MI 49417	\$ 217,919	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Spring Lake Township 106 S Buchanan Street Spring Lake MI 49456	\$ 222,844	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Michigan Council for Arts & Cultural 300 N. Washington Sq. Lansing MI 48913	\$ 35,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Grand Haven Area Community Foundatio 1 South Harbor Drive Grand Haven MI 49417	\$ 36,923	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Tri-Cities Historical Museum, Inc.

Employer identification number

23-7070227

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art collections.

**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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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	1,020,010	875,449	712,309	781,673	665,397
b Contributions		17,011			
c Net investment earnings, gains, and losses	169,962	141,398	179,530	-46,027	126,342
d Grants or scholarships	5,400	4,383	7,613	14,515	2,133
e Other expenditures for facilities and programs					
f Administrative expenses	12,059	9,465	8,777	8,822	7,933
g End of year balance	1,172,517	1,020,010	875,449	712,309	781,673

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u** 100.00 %
- b Permanent endowment **u** %
- c Term endowment **u** %

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		3,019,929	1,276,032	1,743,897
c Leasehold improvements				
d Equipment		46,160	44,150	2,010
e Other		157,087	57,251	99,836
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>1,845,743</b>

**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 <b>Ben Int in Assets Held by Foun</b>	<b>1,172,517</b>	<b>Market</b>
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,172,517</b>	

**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)		
<b>Total.</b> (Column (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) <b>Tax Assessments Receivable</b>	<b>242,153</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>242,153</b>

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

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

**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.

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

**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 XIII - Supplemental Financial Information**

**Part III, Line 1A:**

The collections, which were acquired through purchases and contributions since the Museum's inception, are not recognized as assets on the Statement of Financial Position. Purchases of collection items are recorded as decreases in net assets without restriction in the year in which the items are acquired, or as net assets with restrictions if the assets used to purchase the items are restricted by donors. Contributed collection items are not reflected on the financial statements. Proceeds from deaccessions or insurance recoveries are reflected as increases in the appropriate net asset class.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Tri-Cities Historical Museum, Inc.**

Employer identification number

**23-7070227**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures	<b>X</b>	<b>1594</b>		<b>not recog. in financials</b>
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Part I, Line 33 - Explanation for Not Reporting Revenue**

The museum does not report revenues for contributions of collection items, and, as such, does not assess for fair value of collection items contributed.

**SCHEDULE O  
(Form 990)**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.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**Tri-Cities Historical Museum, Inc.**

Employer identification number

**23-7070227****Form 990, Part VI, Line 6 - Classes of Members or Stockholders****MEMBERS ARE THOSE WHO MAKE DONATIONS TO THE MUSEUM DURING THE YEAR.****Form 990, Part VI, Line 7a - Election of Members and Their Rights****MEMBERS ELECT THE GOVERNING BODY OF THE ORGANIZATION AT THE ANNUAL MEETING.****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****The Organization provides an electronic copy to all board members and reviews the draft form 990 every year at the May meeting.****Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy****At the beginning of the calendar year a conflict of interest form is given to each board member where they provide any information which may be deemed as conflict of interest to the organization.****Form 990, Part VI, Line 15a - Compensation Process for Top Official****To determine compensation for the executive director the board of directors refer to salary studies compiled through the American Alliance of Museums.****The organization conducts an annual review with the executive director and members of the executive board of directors****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****Governing documents, policies and financial statements are available upon request in the organization's office.**

## **Filing Instructions**

**Tri-Cities Historical Museum, Inc.**

**Exempt Organization Business Tax Return**

**Taxable Year Ended December 31, 2021**

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990-T for the tax year ended 12/31/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Brickley DeLong, P.C.  
201-C Washington Ave  
Grand Haven, MI 49417

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning ..... and ending .....

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Tri-Cities Historical Museum, Inc.</b>	<b>D Employer identification number</b> <b>23-7070227</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C ) ( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>200 Washington</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>Grand Haven MI 49417</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C Book value of all assets at end of year</b> ..... <b>u 3,444,596</b>	

**G** Check organization type **u**  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to **u**  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... **u**

**J** Enter the number of attached Schedules A (Form 990-T) ..... **u**  **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation  
**u**

**L** The books are in care of **u Kathy Hegedus** Telephone number **u 616-935-9559**

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	3,024
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	3,024
4 Charitable contributions (see instructions for limitation rules) .....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	3,024
6 Deduction for net operating loss. See instructions .....	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	3,024
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	2,024

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	425
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	0
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	425

**For Paperwork Reduction Act Notice, see instructions.**

Form **990-T** (2021)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		<b>425</b>
<b>3</b> Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here <b>u</b> _____	<b>4</b>		<b>425</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		
<b>6a</b> Payments: A 2020 overpayment credited to 2021	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <b>u</b> <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	<b>425</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total <b>u</b> _____	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>		<b>425</b>
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>u</b> _____	<b>9</b>		<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid <b>u</b> _____	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax u</b> _____ <b>Refunded u</b> _____	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

		Yes	No
<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>u</b> _____			<b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.			<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ _____			
<b>4</b> Enter available pre-2018 NOL carryovers here <b>u</b> \$ _____. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
<b>6a</b> Did the organization change its method of accounting? (see instructions)			<b>X</b>
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b> <b>u</b> _____ <b>U President</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Jacques H. Labo, CPA	Jacques H. Labo, CPA	05/17/22		P01414247
<b>Paid Preparer Use Only</b>	Firm's name } <b>Brickley DeLong, P.C.</b>	Firm's EIN } <b>38-2088116</b>		
	Firm's address } <b>201-C Washington Ave</b>	Phone no. } <b>616-846-2380</b>		

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

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** Name of the organization **Tri-Cities Historical Museum, Inc.** **B** Employer identification number **23-7070227**

**C** Unrelated business activity code (see instructions) **u 453220** **D** Sequence: **1** of **1**

**E** Describe the unrelated trade or business **u Unrelated Business Activity**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>19,068</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c</b> Balance <b>u</b>	<b>1c</b> 19,068		
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>2</b> 13,911		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> 5,157		<b>5,157</b>
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Part IV)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b>	Advertising income (Part IX)	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 5,157		<b>5,157</b>

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income				
<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b>	Salaries and wages	<b>2</b>		
<b>3</b>	Repairs and maintenance	<b>3</b>		
<b>4</b>	Bad debts	<b>4</b>		
<b>5</b>	Interest (attach statement). See instructions	<b>5</b>		
<b>6</b>	Taxes and licenses	<b>6</b>		
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b> 0
<b>9</b>	Depletion	<b>9</b>		
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>		
<b>11</b>	Employee benefit programs	<b>11</b>		
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>		
<b>14</b>	Other deductions (attach statement) <b>See Statement 1</b>	<b>14</b>		<b>2,133</b>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>		<b>2,133</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		<b>3,024</b>
<b>17</b>	Deduction for net operating loss. See instructions	<b>17</b>		
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		<b>3,024</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation u **Cost Method**

1	Inventory at beginning of year	1	
2	Purchases	2	13,911
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	13,911
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	13,911
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10				



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.  
 Enter here and on Part I,  
 line 8, column (A)

Add columns 6 and 11.  
 Enter here and on Part I,  
 line 8, column (B)

**Totals** ..... **u**

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2.  
 Enter here and on Part I,  
 line 9, column (A)

Add amounts in column 5.  
 Enter here and on Part I,  
 line 9, column (B)

**Totals** ..... **u**

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with checkboxes A, B, C, D for reporting multiple periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for advertising income, costs, and gain/loss calculations.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Series of dotted lines for providing supplemental information.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

**Tri-Cities Historical Museum, Inc.**

Identifying number  
**23-7070227**

Business or activity to which this form relates

**Indirect Depreciation**

**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	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	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 2022. 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. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>106,405</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
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 checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 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	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 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	<b>Total.</b> 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 instructions	22	<b>106,405</b>
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**Federal Statements****Unrelated Business Activity****Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

<u>Deduction Description</u>	<u>Deduction Amount</u>
Occupancy	\$ 1,730
Information Technology	208
Office	195
Adj UBI to \$0 per 990-T Instructions	
Total	<u>\$ 2,133</u>

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**Federal Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Warehouse Building	2/01/98	17,613				17,613	39	MO S/L	10,450	452
2	Warehouse Roof	6/01/17	26,142				26,142	7	MO S/L	23,158	2,984
3	CARC Building	9/01/15	176,000				176,000	30	MO S/L	29,647	5,867
4	CARC Building Improvements	11/01/17	253,308				253,308	20	MO S/L	60,915	12,666
5	CARC Office Equipment	11/01/17	67,901				67,901	5	MO S/L	40,423	13,580
6	Akeley Building Renovations	7/01/02	603,685				603,685	39	MO S/L	276,998	15,479
7	Akeley Building Improvements	12/30/02	1,903,255				1,903,255	39	MO S/L	785,393	48,802
8	Video Surveillance system	9/25/20	2,836				2,836	5	MO S/L	259	567
9	Educaton Room Flooring	8/04/20	10,416				10,416	15	MO S/L	289	695
10	Education Room electrical & labor	11/17/20	8,589				8,589	15	MO S/L	48	572
11	Education Room Cabinetry	12/01/20	2,913				2,913	10	MO S/L	24	292
12	Artifact handling area improvements	11/17/20	18,008				18,008	15	MO S/L	100	1,201
15	Computers	12/02/14	11,455				11,455	5	MO S/L	11,455	0
16	Computers	1/31/15	9,891				9,891	5	MO S/L	9,891	0
18	Video Surveillance Equipment	10/22/14	7,422				7,422	7	MO S/L	7,422	0
19	Phone System	3/24/14	7,576				7,576	5	MO S/L	7,576	0
21	Computer Network	12/23/15	3,325				3,325	5	MO S/L	3,325	0
22	Computer Network	3/26/19	3,655				3,655	5	MO S/L	3,655	0
23	USA Lab Equipment	1/01/21	4,245				4,245	5	MO S/L	0	849
24	Apparel Cabinet	1/27/21	6,660				6,660	10	MO S/L	0	611
25	CARC building electrical	3/17/21	5,137				5,137	15	MO S/L	0	257
26	Education room flooring	1/15/21	3,821				3,821	15	MO S/L	0	255
27	Rooftop HVAC units	12/17/21	40,623				40,623	15	MO S/L	0	0
28	Condair EL050 Steam Humidifiers	5/05/21	28,700				28,700	15	MO S/L	0	1,276
	<b>Total Other Depreciation</b>		<u>3,223,176</u>				<u>3,223,176</u>			<u>1,271,028</u>	<u>106,405</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,223,176</u>				<u>3,223,176</u>			<u>1,271,028</u>	<u>106,405</u>
	<b>Grand Totals</b>		3,223,176				3,223,176			1,271,028	106,405
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>3,223,176</u>				<u>3,223,176</u>			<u>1,271,028</u>	<u>106,405</u>

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**MI Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
<b>Other Depreciation:</b>								
1	Warehouse Building	2/01/98	0	0	0	0	452	452
2	Warehouse Roof	6/01/17	0	0	0	0	2,984	2,984
3	CARC Building	9/01/15	0	0	0	0	5,867	5,867
4	CARC Building Improvements	11/01/17	0	0	0	0	12,666	12,666
5	CARC Office Equipment	11/01/17	0	0	0	0	13,580	13,580
6	Akeley Building Renovations	7/01/02	0	0	0	0	15,479	15,479
7	Akeley Building Improvements	12/30/02	0	0	0	0	48,802	48,802
8	Video Surveillance system	9/25/20	0	0	0	0	567	567
9	Educaton Room Flooring	8/04/20	0	0	0	0	695	695
10	Education Room electrical & labor	11/17/20	0	0	0	0	572	572
11	Education Room Cabinetry	12/01/20	0	0	0	0	292	292
12	Artifact handling area improvements	11/17/20	0	0	0	0	1,201	1,201
15	Computers	12/02/14	11,455	11,455	11,455	0	0	0
16	Computers	1/31/15	9,891	9,891	9,891	0	0	0
18	Video Surveillance Equipment	10/22/14	7,422	7,422	7,422	0	0	0
19	Phone System	3/24/14	7,576	7,576	7,576	0	0	0
21	Computer Network	12/23/15	3,325	3,325	3,325	0	0	0
22	Computer Network	3/26/19	3,655	3,655	3,655	0	0	0
23	USA Lab Equipment	1/01/21	0	0	0	0	849	849
24	Apparel Cabinet	1/27/21	0	0	0	0	611	611
25	CARC building electrical	3/17/21	0	0	0	0	257	257
26	Education room flooring	1/15/21	0	0	0	0	255	255
27	Rooftop HVAC units	12/17/21	0	0	0	0	0	0
28	Condair EL050 Steam Humidifiers	5/05/21	0	0	0	0	1,276	1,276
<b>Total Other Depreciation</b>			<u>43,324</u>	<u>43,324</u>	<u>43,324</u>	<u>0</u>	<u>106,405</u>	<u>106,405</u>
<b>Total ACRS and Other Depreciation</b>			<u>43,324</u>	<u>43,324</u>	<u>43,324</u>	<u>0</u>	<u>106,405</u>	<u>106,405</u>
<b>Grand Totals</b>			43,324	43,324	43,324	0	106,405	106,405
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>43,324</u>	<u>43,324</u>	<u>43,324</u>	<u>0</u>	<u>106,405</u>	<u>106,405</u>

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**AMT Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Warehouse Building	2/01/98	0				0	0	HY	0	0
2	Warehouse Roof	6/01/17	0				0	0	HY	0	0
3	CARC Building	9/01/15	0				0	0	HY	0	0
4	CARC Building Improvements	11/01/17	0				0	0	HY	0	0
5	CARC Office Equipment	11/01/17	0				0	0	HY	0	0
6	Akeley Building Renovations	7/01/02	0				0	0	HY	0	0
7	Akeley Building Improvements	12/30/02	0				0	0	HY	0	0
8	Video Surveillance system	9/25/20	0				0	0	HY	0	0
9	Educaton Room Flooring	8/04/20	0				0	0	HY	0	0
10	Education Room electrical & labor	11/17/20	0				0	0	HY	0	0
11	Education Room Cabinetry	12/01/20	0				0	0	HY	0	0
12	Artifact handling area improvements	11/17/20	0				0	0	HY	0	0
15	Computers	12/02/14	0				0	0	HY	0	0
16	Computers	1/31/15	0				0	0	HY	0	0
18	Video Surveillance Equipment	10/22/14	0				0	0	HY	0	0
19	Phone System	3/24/14	0				0	0	HY	0	0
21	Computer Network	12/23/15	0				0	0	HY	0	0
22	Computer Network	3/26/19	0				0	0	HY	0	0
23	USA Lab Equipment	1/01/21	0				0	0	HY	0	0
24	Apparel Cabinet	1/27/21	0				0	0	HY	0	0
25	CARC building electrical	3/17/21	0				0	0	HY	0	0
26	Education room flooring	1/15/21	0				0	0	HY	0	0
27	Rooftop HVAC units	12/17/21	0				0	0	HY	0	0
28	Condair EL050 Steam Humidifiers	5/05/21	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0				0			0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

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# Depreciation Adjustment Report

FYE: 12/31/2021

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						



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**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Warehouse Building	2/01/98	17,613	451	0
2	Warehouse Roof	6/01/17	26,142	0	0
3	CARC Building	9/01/15	176,000	5,866	0
4	CARC Building Improvements	11/01/17	253,308	12,665	0
5	CARC Office Equipment	11/01/17	67,901	13,580	0
6	Akeley Building Renovations	7/01/02	603,685	15,479	0
7	Akeley Building Improvements	12/30/02	1,903,255	48,801	0
8	Video Surveillance system	9/25/20	2,836	567	0
9	Educaton Room Flooring	8/04/20	10,416	694	0
10	Education Room electrical & labor	11/17/20	8,589	573	0
11	Education Room Cabinetry	12/01/20	2,913	291	0
12	Artifact handling area improvements	11/17/20	18,008	1,200	0
15	Computers	12/02/14	11,455	0	0
16	Computers	1/31/15	9,891	0	0
18	Video Surveillance Equipment	10/22/14	7,422	0	0
19	Phone System	3/24/14	7,576	0	0
21	Computer Network	12/23/15	3,325	0	0
22	Computer Network	3/26/19	3,655	0	0
23	USA Lab Equipment	1/01/21	4,245	849	0
24	Apparel Cabinet	1/27/21	6,660	666	0
25	CARC building electrical	3/17/21	5,137	342	0
26	Education room flooring	1/15/21	3,821	254	0
27	Rooftop HVAC units	12/17/21	40,623	2,708	0
28	Condair EL050 Steam Humidifiers	5/05/21	28,700	1,913	0
	<b>Total Other Depreciation</b>		<u>3,223,176</u>	<u>106,899</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,223,176</u>	<u>106,899</u>	<u>0</u>
	<b>Grand Totals</b>		<u>3,223,176</u>	<u>106,899</u>	<u>0</u>

**MI Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MI</u>
<b><u>Other Depreciation:</u></b>				
1	Warehouse Building	2/01/98	0	0
2	Warehouse Roof	6/01/17	0	0
3	CARC Building	9/01/15	0	0
4	CARC Building Improvements	11/01/17	0	0
5	CARC Office Equipment	11/01/17	0	0
6	Akeley Building Renovations	7/01/02	0	0
7	Akeley Building Improvements	12/30/02	0	0
8	Video Surveillance system	9/25/20	0	0
9	Educaton Room Flooring	8/04/20	0	0
10	Education Room electrical & labor	11/17/20	0	0
11	Education Room Cabinetry	12/01/20	0	0
12	Artifact handling area improvements	11/17/20	0	0
15	Computers	12/02/14	11,455	0
16	Computers	1/31/15	9,891	0
18	Video Surveillance Equipment	10/22/14	7,422	0
19	Phone System	3/24/14	7,576	0
21	Computer Network	12/23/15	3,325	0
22	Computer Network	3/26/19	3,655	0
23	USA Lab Equipment	1/01/21	0	0
24	Apparel Cabinet	1/27/21	0	0
25	CARC building electrical	3/17/21	0	0
26	Education room flooring	1/15/21	0	0
27	Rooftop HVAC units	12/17/21	0	0
28	Condair EL050 Steam Humidifiers	5/05/21	0	0
	<b>Total Other Depreciation</b>		<u>43,324</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>43,324</u>	<u>0</u>
	<b>Grand Totals</b>		<u>43,324</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
	Description <b>Gift Shop</b>	

Name <b>Tri-Cities Historical Museum, Inc.</b>	Taxpayer Identification Number <b>23-7070227</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1. <u>19,068</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6	7. <u>19,068</u>
8. Cost of Goods Sold	8. <u>13,911</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. <u>2,133</u>
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14	15. <u>16,044</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16. <u>3,024</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	<u>195</u>
Printing/publication/postage	_____
Info technology/Maintenance	<u>208</u>
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	<u>1,730</u>
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	<u>2,133</u>

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
<b>Total Fundraising Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	<u>13,911</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<u>13,911</u>

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code 453220 Seq # 1

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

**Allocation of Expense to Program Service Accomplishments:**

First	<u>1,938</u>
Second	_____
Third	_____
All other	_____

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2021</b>
-------------------	---	-------------

Name <b>Tri-Cities Historical Museum, Inc.</b>	Taxpayer Identification Number <b>23-7070227</b>
---	---

**Business Activity Income (and allocation of Prior-2018 NOL)**

- |  |              |
|--|--------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward .....               | N/A A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....   | B. _____     |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 ..... | C. _____     |
| D. Pre-2018 Applied (Sum of B and C) .....                                 | D. _____     |
| E. Pre-2018 Remaining (Line A minus Line D) .....                          | E. _____     |
| F. Pre-2018 Net Operating Losses Expiring this Year .....                  | F. _____     |
| G. Pre-2018 Net Operating Losses Carried Forward .....                     | G. _____     |

	Code	Net Income	Allocated Pre2018 NOL
1. <b>Unrelated Business Activity</b> .....	<b>453220</b>	1. <b>3,024</b>	_____
2. ....		2. _____	_____
3. ....		3. _____	_____
4. ....		4. _____	_____
5. ....		5. _____	_____
6. ....		6. _____	_____
7. ....		7. _____	_____
8. ....		8. _____	_____
9. ....		9. _____	_____
10. ....		10. _____	_____
11. ....		11. _____	_____
12. ....		12. _____	_____
13. ....		13. _____	_____
14. ....		14. _____	_____
15. All other revenue .....		15. _____	_____
16. Total taxable income .....		16. <b>3,024</b>	_____

**Business Activity Losses**

	Code	Current Year Loss
1. ....		1. _____
2. ....		2. _____
3. ....		3. _____
4. ....		4. _____
5. All other activities .....		5. _____
6. Totals .....		6. _____

**Electronic Funds Withdrawal - Extension**

Form **8868**

**2021**

For calendar year 2021 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name <b>Tri-Cities Historical Museum, Inc.</b>	Employer Identification Number <b>23-7070227</b>
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**Form Payment Record**

This record is included with the IRS electronic file for taxpayers who elect to pay their tax balances for the extension by electronic funds withdrawal

Form .....	<b>990-T</b>
Routing Transit Number .....	<b>072403473</b>
Bank Account Number .....	<b>01172198852</b>
Type of Account .....	<b>checking</b>
Taxpayer Phone Number .....	<b>616-842-0700</b>
Requested Payment Date .....	
Amount of Tax Payment .....	<b>425</b>

**DO NOT SUBMIT THIS DOCUMENT TO THE IRS**

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

**Tri-Cities Historical Museum, Inc.****23-7070227**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 91,386	73,958	-17,428
	2. Membership dues and assessments	2. 10,906	18,655	7,749
	3. Government contributions and grants	3. 610,772	705,154	94,382
	4. Program service revenue	4. 150		-150
	5. Investment income	5. 64,498	70,081	5,583
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 1,212	5,157	3,945
	11. Other revenue	11. 79,250	1,858	-77,392
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 858,174	874,863	16,689
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 75,005	55,086	-19,919
	16. Salaries, other compensation, and employee benefits	16. 370,940	399,273	28,333
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 36,309	84,350	48,041
	19. Occupancy, rent, utilities, and maintenance	19. 99,751	90,829	-8,922
	20. Depreciation and Depletion	20. 106,664	106,405	-259
	21. Other expenses	21. 140,720	130,460	-10,260
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 829,389	866,403	37,014
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 28,785	8,460	-20,325
<b>Other Information</b>	24. Total exempt revenue	24. 858,174	874,863	16,689
	25. Total unrelated revenue	25. 1,212	5,157	3,945
	26. Total excludable revenue	26. 143,898	71,939	-71,959
	27. Total assets	27. 3,329,102	3,444,596	115,494
	28. Total liabilities	28. 13,084	20,144	7,060
	29. Retained earnings	29. 3,316,018	3,424,452	108,434
	30. Number of voting members of governing body	30. 12	9	
	31. Number of independent voting members of governing body	31. 12	9	
	32. Number of employees	32. 14	22	
	33. Number of volunteers	33. 75	49	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name **Tri-Cities Historical Museum, Inc.** Taxpayer Identification Number **23-7070227**

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		3,024	3,024
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>		3,024	3,024
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. <b>Unrelated business taxable income.</b>		2,024	2,024
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)		425	425
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>		425	425
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>		425	425
	18. Recapture taxes and 965 tax			
19. <b>Total Taxes</b>		425	425	
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension		425	425
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>		425	425
	25. <b>Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>			
29. Activity Losses NOL (Post-2017)				

Form **990****Tax Return History****2021**

Name

**Tri-Cities Historical Museum, Inc.**

Employer Identification Number

**23-7070227**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....				702,158	779,112	
Membership dues .....				10,906	18,655	
Program service revenue .....				150		
Capital gain or loss .....						
Investment income .....				64,498	70,081	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....				80,462	7,015	
<b>Total revenue</b> .....				858,174	874,863	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				75,005	55,086	
Other compensation .....				370,940	399,273	
Professional fees .....				36,309	84,350	
Occupancy costs .....				99,751	90,829	
Depreciation and depletion .....				106,664	106,405	
Other expenses .....				140,720	130,460	
<b>Total expenses</b> .....				829,389	866,403	
<b>Excess or (Deficit)</b> .....				28,785	8,460	
Total exempt revenue .....				858,174	874,863	
Total unrelated revenue .....				1,212	5,157	
Total excludable revenue .....				143,898	71,939	
Total Assets .....				3,329,102	3,444,596	
Total Liabilities .....				13,084	20,144	
Net Fund Balances .....				3,316,018	3,424,452	

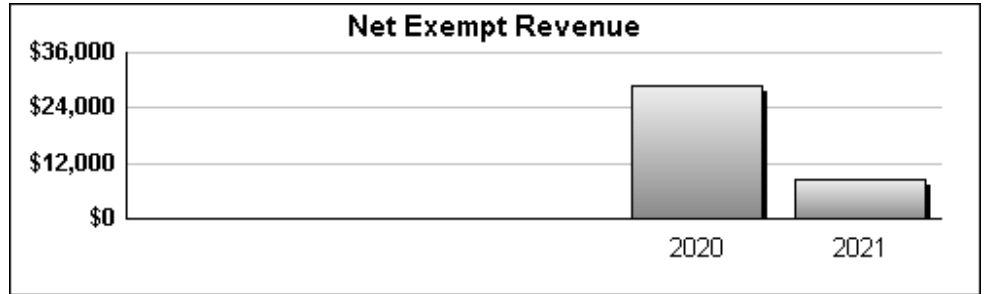
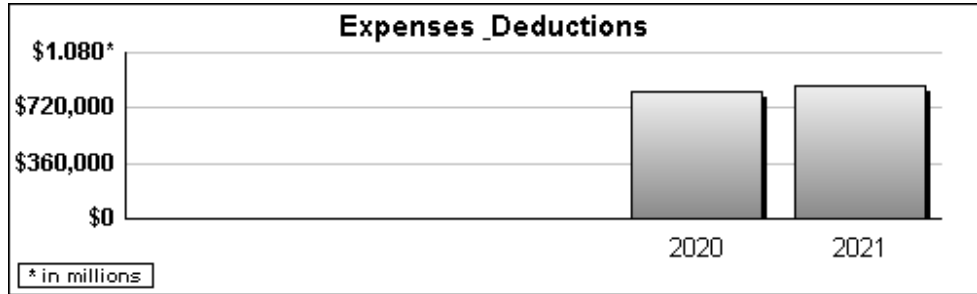
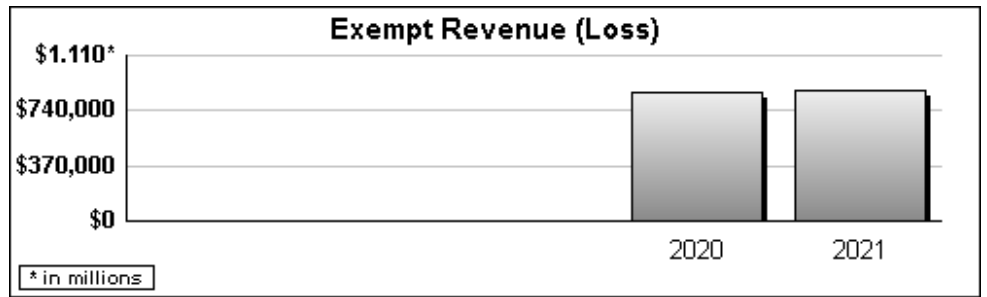
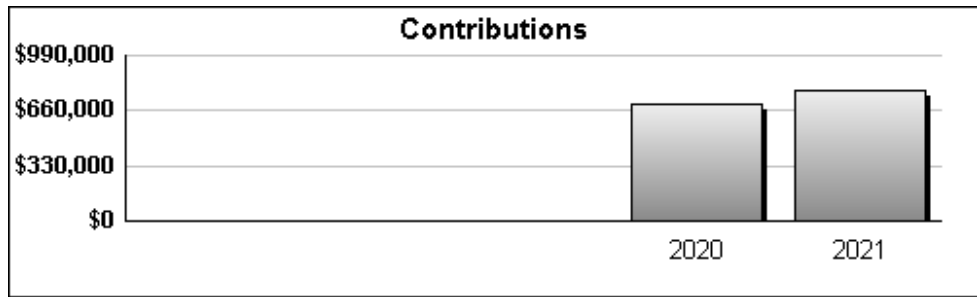


Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>Tri-Cities Historical Museum, Inc.</b>	Employer Identification Number <b>23-7070227</b>
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\* Income shown net of expenses

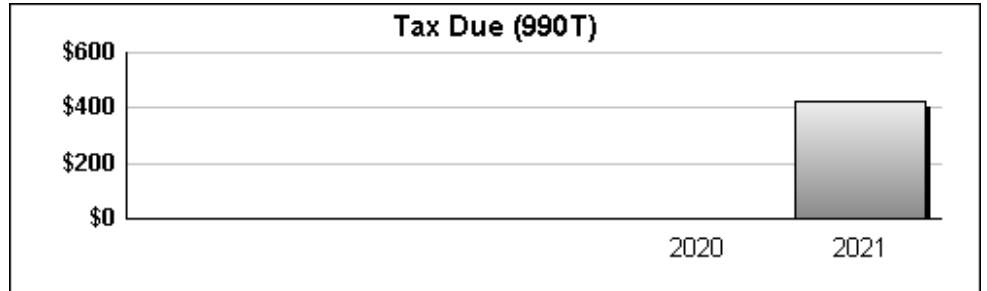
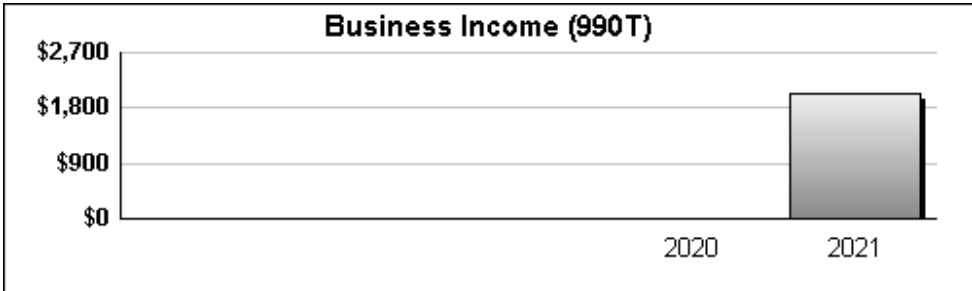
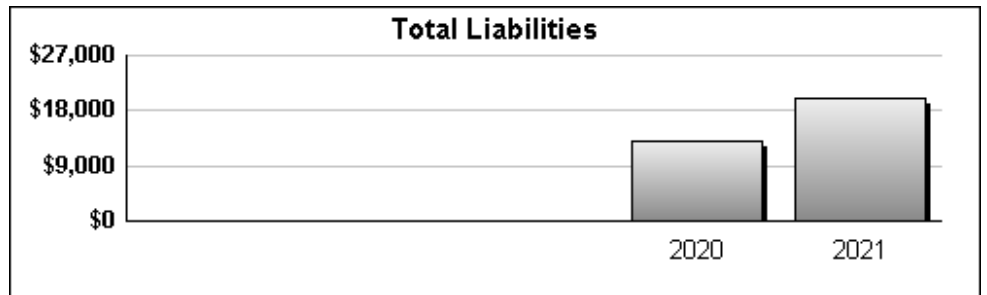
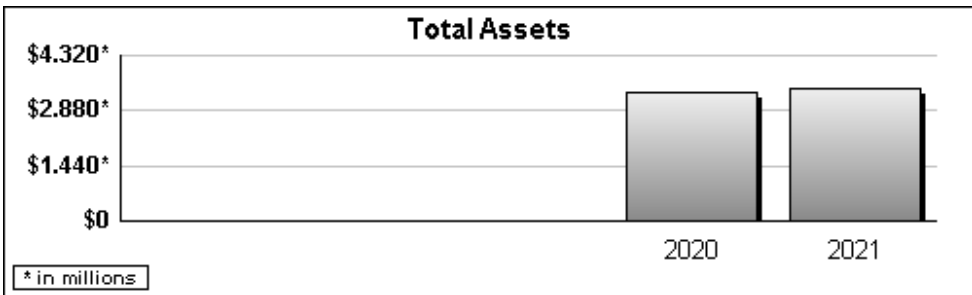
	2017	2018	2019	2020	2021	2022
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>					<b>3,024</b>	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>Tri-Cities Historical Museum, Inc.</b>	Employer Identification Number <b>23-7070227</b>
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	2017	2018	2019	2020	2021	2022
Other deductions						
Net income (first activity, year 2019 & prior)					3,024	
UBTI from all trades	0	0	0	0	3,024	
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions					2,024	
Income tax (corporate or trust)					425	
Other taxes						
<b>Total taxes</b>					425	
General business credit						
Other credits						
<b>Net tax after credits</b>					425	
Estimated tax payments						
Other payments					425	
<b>Balance due/Overpayment</b>						



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 70,081				14	
Total	\$ <u>70,081</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Consulting	\$ 32,300	\$	\$ 32,300	\$
Total	<u>\$ 32,300</u>	<u>\$ 0</u>	<u>\$ 32,300</u>	<u>\$ 0</u>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Education	\$ 3,004	\$ 3,004	\$	\$
Dues & Subscriptions	2,592	2,592		
Social Events	2,476	2,476		
Credit Card Fees	1,862		1,862	
COVID Supplies	21	21		
Total	<u>\$ 9,955</u>	<u>\$ 8,093</u>	<u>\$ 1,862</u>	<u>\$ 0</u>

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
Total	\$ 70,081
	<u>\$ 70,081</u>

### Schedule A, Part II, Line 9(e)

Description	Amount
Gift Shop	\$ 3,024
Less: Deductions	<u>-1,000</u>
Total	<u>\$ 2,024</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
Education	\$
Hall rental income	<u>1,858</u>
Total	<u>\$ 1,858</u>