## Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Transfer from the reporting foundation to a monoharitable exempt organization of:  11 (1) Salth  12 (2) Other search  13 (1) Salth of salth or an organization of the search  14 (2) Salth of salth organizations  18 (1) Salth of salth organizations  18 (2) Purchases of assests from a noncharitable exempt organization  18 (3) Rental of facilities, equipment, missing software of the search of th	1 Did the organization directly or indirectly engage in any of the following with any other organization described								tion 501(c)		Yes	No
(1) Sales of assets to a noncharitable exempt organization				section 501(c)(3) organizations) or in section 527, relating to political organizations?								
(2) Other assets										4-/4\		v
1. State of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rental of facilities, equipment, or other assets (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundasing solicitations (7) International organization and the about of the goods, other assets, or paid employees (8) State of the about of the goods, other assets, or services given by the reporting foundation. If the fundation received less than fair market value in any transaction or starting arrangement, show in robust of the goods, other assets, or services control of the value of the goods, other assets, or services control of the value of the goods, other assets, or services received.  (8) Line rec. (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Line rec. (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Line rec. (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount involved (1) Amount involved (2) Amount involved (2) Amount involved (2) Amount involved (3) Amount involved (4) Amount in		(2) Other assets								10(1)		
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(a) Purchases of assets from a noncharitable exempt organization (b) Rental of facilities, equipment, or other assets (c) Shering of facilities, equipment, melling lists, other assets, or paid employees (d) Loars or loan guarantees (e) Performance of services or membership or fundrasking solicitations (e) Performance of services or membership or fundrasking solicitations (f) It that assets or any of the above is responsible, other assets, or paid employees (e) It the assets of any of the above is responsible, other assets, or services glowin by the reporting foundation. If the fundation received files that had a market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, and the value of the goods, other assets, or services glowing by the reporting foundation. If the fundation created files that had market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, and the value of the goods, other assets, and the value in any transaction or sharing arrangement, show in column (g) Amount involved (g) Name of noncharitable exempt organization (g) Description of relationship arrangements in section 501(c) (other than section 501(c)(s) or in section 527?		(4) Salas of assets to a passbaritable assert asset in										X
(3) Renate of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundrasing solicitations  (7) Sharing of facilities, equipment, mailing lists, other assets, or paid emptyees  (8) It is answer to any of the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services received.  (8) Line ros  (9) Amount involved  (9) Name of noncharitable exempt organization  (10) Description of resides, transactions, and sharing arrangements.  (10) Line ros  (11) Amount involved  (12) Name of noncharitable exempt organization (13) Description of resides, transactions, and sharing arrangements.  (13) Line ros  (14) Line ros  (15) Amount involved  (15) Amount involved  (16) Name of noncharitable exempt organizations described in section 501(o) (other than section 501(o)) or in section 507(o) other than section 501(o) other than section 501(other than											-	
(4) Reinfluresement arrangements (5) Lears or long quarantees (6) Performance of services or membership or fundralsing solicitations (6) Performance of services or membership or fundralsing solicitations (7) Entire or long quarantees (8) Performance of services or membership or fundralsing solicitations (8) Life is in the fundral of the services or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable everript organization (d) Description of transfers. transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(s)) or in section 527?  B. If "Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A   Under penalties of perjuny, I dealers that I have examined this return, including accompanying schedules and absertants, and to the best of my browledge and selection of organization of which prepare any scorrioge.    CHAIRPERSON   Yes   Yes		(3) Rental of facilities, equipment, or other assets										
(5) Lears or loan guarantees (6) Performance of services or membership or fundraising solicitations (a) International of services or membership or fundraising solicitations (b) A The answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of wasters, transactions, and sharing arrangements.  A N/A  (a) Line no.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of wasters, transactions, and sharing arrangements.  A N/A  (a) Line no.  (b) Amount involved (c) Name of noncharitable exempt organizations described in section 501(c) (other than section 501(c) (other than section 501(c)(03)) or in section 527?  (b) If Yes," complete the following schedule.  (c) Name of organization (b) Type of organization (c) Description of relationship  A N/A   Sign  Line of proprint factors that have exemited the return, including accomplaying actordation and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incodedge and statements, and to the best of my Incode		(4) Reimbursement arrangements								1b(4)		<u>x</u>
(6) Performance of services or membership or fundrishing solicitations to Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d if the answer to any of the above is "res," complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  1 In view, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  1 Under penalties of parky; I isosier that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and the life; it is two, creat, and complete. Determined of prepare (blief than tax pages) is based on all information of which prepare way shortenedge. If year is the statement of which prepare is any shortenedge. If year is the statement of which prepare way shortenedge. If year is signature of officer or trustee  Primary Elm 3 address MILLIKEN PLACE, 107 S. CASS, STE A  TRAVERSE CITY, MI 49684  Phone no. 231–946–3230		(5) Loans or loan guarantees								1b(5)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d if the answer to any of the above is "Yes," complete the following schedule. Column (a) the answer to any of the above is "Yes," complete the following schedule.  (a) Live no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of twenfers, banasactions, and drawing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A    Direct consolities of prijer, I describe that These examened this return, including accompanying schedules and statements, and to the best of mysiconlodge and belief, it is true, correct, and complete. Declaration of preparer (note that these areas than topography) is based on all information of which preparer has any knowledge.    Print   Vest   Date   Check   If   Print   Print   Vest   Proparer   Check   If   Print   Vest   Proparer   Check   If   Print   Vest   Vest		(6) Performance of services or membership or fundraising solicitations								1b(6)		X
d If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services rejeived.  (a) Liver no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??  b If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  (b) Type of organization (c) Description of relationship  N/A    White penalties of paray; I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge, and best of organization of organization of organization or organization organi	C	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								1c		X
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) I'm no. (b) Amount involved (c) Name of noncharitable exempt or ganization (d) Description of transfers. Transactions, and aburing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A	d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods.										
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2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A	(a) Lin	ne no.	(b) Amount involved	(c) Name of	(d) Descriptio	n of transfers, transactions, an	d sharing arra	ngemen	ts			
in section 501(c) (other than section 501(c)(3)) or in section 527?    Yes X No   If "Yes," complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship					N/A							
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Long the complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 or trustee  Date  Print/Type preparer's name  MICHAEL J. LIPP,  CPA  MICHAEL J. LIPP,  O8/11/23  P00407256  Firm's name  REHMANN ROBSON LLC  Firm's lama REHMANN ROBSON LLC  Firm's address  MILLIKEN PLACE, 107 S CASS, STE A  TRAVERSE CITY, MI 49684  Phone no. 231-946-3230												
(a) Name of organization  N/A    Description of relationship   N/A		in sectio	n 501(c) (other than sectio	n 501(c)(3)) or in se	ction 527?					Yes	X	No
N/A  Sign Here  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 or trustee  Date  CHAIRPERSON  Title  Print/Type preparer's name  MICHAEL J. LIPP,  CPA  MICHAEL J. LIPP,  CPA  MICHAEL J. LIPP,  CPA  MICHAEL J. LIPP,  CPA  Firm's name  REHMANN ROBSON LLC  Firm's address  MILLIKEN PLACE, 107 S CASS, STE A  TRAVERSE CITY, MI 49684  Phone no. 231-946-3230	b_	If "Yes," (										
Sign Here  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.    CHAIRPERSON   X Yes   Y						<b>(b)</b> Typ	e of organization		(c) Description of relatio	nship		
Sign Here    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.   Maintenance   Maintenance	N/A								2			
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Sign Here    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.   Maintenance   Maintenance		Une	der penalties of periury I dealers	that I have everning the	ie return includia	g 2000mm -	wing schodules and	etetemente en die de de	aget of my knowledge		:.:.	*
Here Signature of officer or trustee  Print/Type preparer's name MICHAEL J. LIPP, CPA Firm's name REHMANN ROBSON LLC Firm's address MILLIKEN PLACE, 107 S CASS, STE A TRAVERSE CITY, MI 49684  PCHAIRPERSON Title  Date Check if PTIN self- employed PO0407256 Firm's EIN 38-3635706	Sin	continued to the formal property and the continue of the conti								May the IRS d	scuss t	(s
Signature of officer or trustee  Print/Type preparer's name MICHAEL J. LIPP, CPA Firm's name REHMANN ROBSON LLC Firm's address MILLIKEN PLACE, 107 S CASS, STE A TRAVERSE CITY, MI 49684  Pade Title  Date Title  Date Check if PTIN self- employed PO0407256 P1 P00407256 Firm's EIN 38-3635706					shown below	ee ins	tr.					
Print/Type preparer's name MICHAEL J. LIPP, CPA MICHAEL J. LIPP, CPA Firm's name REHMANN ROBSON LLC Firm's address MILLIKEN PLACE, 107 S CASS, STE A TRAVERSE CITY, MI 49684  Preparer's signature Date Check if self- employed PO0407256 P00407256 Pirm's EIN 38-3635706		-	ature of officer or trustee						RSON	X Yes		No
Paid Preparer Use Only    Firm's address   MICHAEL J. LIPP,   D8/11/23   P00407256		Jul	<u> </u>				lie		Check   if   DTI	u .		*
Paid Preparer Use Only         CPA Firm's name         MICHAEL J. LIPP, 08/11/23         P00407256           Firm's name         REHMANN ROBSON LLC         Firm's EIN 38-3635706           Firm's address         MILLIKEN PLACE, 107 S CASS, STE A TRAVERSE CITY, MI 49684         Phone no. 231-946-3230	Preparer							Date		v .		
Preparer Use Only  Firm's name REHMANN ROBSON LLC  Firm's address MILLIKEN PLACE, 107 S CASS, STE A  TRAVERSE CITY, MI 49684  Phone no. 231-946-3230							TTDD	00/11/03		00407	25.0	
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