

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Does the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
Transfers from the reporting foundation to a noncharitable exempt organization of:

Table with columns Yes, No and rows 1a(1), 1a(2), 1b(1) through 1b(6), 1c. All 'No' boxes are checked with an 'X'.

- 1a(1) Cash
1a(2) Other assets
1b(1) Sales of assets to a noncharitable exempt organization
1b(2) Purchases of assets from a noncharitable exempt organization
1b(3) Rental of facilities, equipment, or other assets
1b(4) Reimbursement arrangements
1b(5) Loans or loan guarantees
1b(6) Performance of services or membership or fundraising solicitations
1c 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 (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 (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains '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 Title CHAIRPERSON

Paid Preparer Use Only Print/Type preparer's name MICHAEL J. LIPP, CPA Preparer's signature MICHAEL J. LIPP, Date 08/11/23 Check self-employed if PTIN 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