

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 2021

# 2021

Department of the Treasury  
Internal Revenue Service

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

Name of filer

MICHIGAN LEGACY ART PARK

EIN or SSN

38-3172005

Name and title of officer or person subject to tax

MAREE MULVOY  
TREASURER

#### 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 checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	194,781
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 type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
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 BAIRD, COTTER AND BISHOP, P.C. to enter my PIN 38317 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 ▶ Maree R. Mulvoy Date ▶ 03/22/22

#### 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.

38578212345

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 ▶ ANG K. KOPR CPA. Date ▶ 03/22/22

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**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:	<b>C</b> Name of organization MICHIGAN LEGACY ART PARK	<b>D</b> Employer identification number 38-3172005
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number 231-378-4963
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12500 CRYSTAL MOUNTAIN DR	<b>G</b> Gross receipts \$ 217,923
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code THOMPSONVILLE MI 49683	
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: MAREE MULVOY 12500 CRYSTAL MOUNTAIN DRIVE THOMPSONVILLE MI 49683	<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
<input type="checkbox"/> Amended return	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<input type="checkbox"/> Application pending	<b>J</b> Website: ▶ MICHIGANLEGACYARTPARK.ORG	<b>L</b> Year of formation: 1993
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>M</b> State of legal domicile: MI

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: MAINTAIN A 30 ACRE ART PARK WITH A UNIQUE ENVIRONMENT THAT HARMONIOUSLY INTEGRATES NATURE, EDUCATION, ART AND HISTORY. THE PARK WILL BE OPEN TO THE PUBLIC.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	6	
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	50	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	147,780	125,269	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,684	9,067	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84	28	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,442	60,417	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	165,990	194,781	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		131,648	117,385
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,848			0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	45,102	69,758	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	176,750	187,143		
19 Revenue less expenses. Subtract line 18 from line 12	-10,760	7,638		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	690,321	699,493	
	22 Net assets or fund balances. Subtract line 21 from line 20	5,350	6,884	

**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
	▶ MAREE MULVOY Type or print name and title	TREASURER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANGELA K. KOPRIVA, C.P.A.	Preparer's signature	Date 05/04/22	Check <input type="checkbox"/> if self-employed	PTIN P00666514
	Firm's name ▶ BAIRD, COTTER AND BISHOP, P.C.	Firm's EIN ▶ 38-1995866			
	Firm's address ▶ 134 W HARRIS ST CADILLAC, MI 49601	Phone no. 231-775-9789			

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:  
MAINTAIN A 30 ACRE ART PARK WITH A UNIQUE ENVIRONMENT THAT HARMONIOUSLY  
INTEGRATES NATURE, EDUCATION, ART AND HISTORY. THE PARK WILL BE OPEN TO  
THE PUBLIC.

**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 \$ 104,036 including grants of \$ ) (Revenue \$ 9,067 )  
ART PARK EDUCATIONAL PROGRAMS AND MAINTENANCE

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
N/A

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
N/A

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

**4e** Total program service expenses ▶ 104,036

**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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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

Input box for Schedule O response

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



Part V Statements Regarding Other IRS Filings and Tax Compliance (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>	6		
<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>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<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>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>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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>			X
<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>			X
<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>			X
<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>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		X	
<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>			X
<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>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<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>			X
<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>			X
<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>			X
<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>			X
<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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<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?	X	
<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?		X
<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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<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		X

**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?		X
<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?	X	
<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	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<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		X
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<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	X	
<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.	X	
<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?		X
<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**

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

ANGIE QUINN 12500 CRYSTAL MOUNTAIN DRIVE MI 49683 231-378-4963  
 THOMPSONVILLE

**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) MARY ANN CHENEY ..... VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(2) THOMAS DAWSON ..... DIRECTOR	1.00 0.00	X						0	0	0
(3) AMANDA IGRA ..... DIRECTOR	1.00 0.00	X						0	0	0
(4) BARRY LEVINE ..... DIRECTOR	1.00 0.00	X						0	0	0
(5) SAMMIE LUKASKIEWICZ ..... DIRECTOR	1.00 0.00	X						0	0	0
(6) TRACY MACPHEARSON ..... SECRETARY	1.00 0.00	X		X				0	0	0
(7) MAREE MULVOY ..... TREASURER	1.00 0.00	X		X				0	0	0
(8) KATHYROSE PIZZO ..... DIRECTOR	1.00 0.00	X		X				0	0	0
(9) ANGIE QUINN ..... EXECUTIVE DIRECTOR	1.00 0.00	X						0	0	0
(10) CHIP RICE ..... DIRECTOR	1.00 0.00	X						0	0	0
(11) RYAN STANDFEST ..... DIRECTOR	1.00 0.00	X						0	0	0





**Part VIII Statement of Revenue**

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

		(A) 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>	1a Federated campaigns	1a				
	b Membership dues	1b	600			
	c Fundraising events	1c	19,215			
	d Related organizations	1d				
	e Government grants (contributions)	1e	40,813			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,641			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total.</b> Add lines 1a-1f		125,269			
<b>Program Service Revenue</b>	2a <u>PARK</u>	Business Code	9,067	9,067		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		9,067			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		28		28	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	6a	3,000		
		(ii) Personal	6b			
		6c	3,000			
	d Net rental income or (loss)		3,000		3,000	
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a			
		(ii) Other	7b			
		7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 19,215 of contributions reported on line 1c). See Part IV, line 18		8a	76,709		
		8b	23,142			
		c Net income or (loss) from fundraising events		53,567		
9a Gross income from gaming activities. See Part IV, line 19		9a				
	9b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		10a				
	10b					
	c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11a <u>MISCELLANEOUS INCOME</u>	Business Code	3,850	3,850		
	b					
	c					
	d All other revenue					
	<b>e Total.</b> Add lines 11a-11d		3,850			
<b>12 Total revenue.</b> See instructions		194,781	12,917	0	3,028	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	105,835	52,917	42,334	10,584
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,550	5,775	4,620	1,155
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,383	3,692	2,953	738
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,471	2,471		
12 Advertising and promotion	1,718	859	687	172
13 Office expenses	2,245	855	1,219	171
14 Information technology	2,279	1,139	912	228
15 Royalties				
16 Occupancy				
17 Travel	420	420		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	451	226	180	45
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,446	12,446		
23 Insurance	10,354	5,177	4,142	1,035
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 REPAIRS	11,053	5,527	4,421	1,105
b PROGRAM SERVICES	8,534	8,534		
c BANK SERVICE	3,332		3,332	
d DUES, MEMBERSHIPS	2,983	1,492	1,193	298
e All other expenses	4,089	2,506	1,266	317
25 Total functional expenses. Add lines 1 through 24e	187,143	104,036	67,259	15,848
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 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	114,828	1	127,518
	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		8	
	9	Prepaid expenses and deferred charges	966	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 313,099		
	b	Less: accumulated depreciation	10b 149,395	10c	163,704
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	410,706	15	408,271
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	690,321	16	699,493	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	5,350	17	6,884
	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	5,350	26	6,884
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	684,971	27	692,609
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>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>	684,971	32	692,609	
33	<b>Total liabilities and net assets/fund balances</b>	690,321	33	699,493	

**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>	194,781
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	187,143
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,638
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	684,971
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</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>	692,609

**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		X
<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		X
<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>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 B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

Name of the organization

Employer identification number

MICHIGAN LEGACY ART PARK

38-3172005

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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 foundation

Check 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

[X] 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 1/3% 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).



Name of organization

MICHIGAN LEGACY ART PARK

Employer identification number

38-3172005

**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	..... ..... .....	\$ 7,580	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 11,813	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 5,655	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 7,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 6,175	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MICHIGAN LEGACY ART PARK

Employer identification number

38-3172005

**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
7	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ ..... 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input 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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

MICHIGAN LEGACY ART PARK

38-3172005

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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		8,220		8,220
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		304,879	149,395	155,484
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				163,704

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Row (1) contains 'ARTWORK' with a book value of 408,271.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 contains 'Federal income taxes'.

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







**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

MICHIGAN LEGACY ART PARK

Employer identification number

38-3172005

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	GOLF OUTING (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	48,715	47,209		95,924
	2	4,845	14,370		19,215
	3	43,870	32,839		76,709
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	15,874	7,268		23,142
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				53,567

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....

c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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

MICHIGAN LEGACY ART PARK

Employer identification number

38-3172005

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

OUR BOARD MEMBERS APPOINT AND ELECT NEW MEMBERS TO THE GOVERNING BODY

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

REVIEWED BY THE BOARD BEFORE SUBMISSION. THE PROCESS INCLUDES THE

FOLLOWING: EXECUTIVE DIRECTOR PROVIDES FINANCIAL INFORMATION TO OUTSIDE

PREPARER, FINANCE COMMITTEE REVIEWS PRELIMINARY RETURN AND PROVIDES CHANGES

(IF NEEDED); UPDATED RETURN SUBMITTED TO BOARD FOR REVIEW; UPON APPROVAL IT

IS FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR INCLUDES AN

IN-PERSON AND WRITTEN REVIEW BY THE EXECUTIVE COMMITTEE ANNUALLY; BENCHMARK

COMPENSATION IS SIMILAR TO OTHER NONPROFITS IN THE REGION; EXECUTIVE

COMMITTEE MAKES RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION PROCESS FOR THE EXECUTIVE DIRECTOR POSITION INCLUDES

SEMI-ANNUAL PERFORMANCE REVIEWS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS; USE OF COMPARABLE COMPENSATION DATA; AND REVIEW AND APPROVAL BY

THE BOARD OF DIRECTORS ENSURING NO ONE WITH A CONFLICT OF INTEREST IS

INVOLVED IN THE DECISION. DELIBERATIONS AND DECISIONS REGARDING

COMPENSATION FOR THE EXECUTIVE DIRECTOR POSITION ARE RECORDED IN THE BOARD

MEETING MINUTES.

Name of the organization

Employer identification number

MICHIGAN LEGACY ART PARK

38-3172005

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS, INCLUDING FORM 990, ARE AVAILABLE UPON REQUEST.



**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

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

**Open to Public Inspection**

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

Name of the organization

MICHIGAN LEGACY ART PARK

Employer identification number

38-3172005

**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 33 1/3% 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
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.")	64,191	147,017	91,553	147,780	125,269	575,810
<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	5,557	110,375	91,285	21,572	89,626	318,415
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		79				79
<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	69,748	257,471	182,838	169,352	214,895	894,304
<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.)						894,304

**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	69,748	257,471	182,838	169,352	214,895	894,304
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3,018	152	84	3,028	6,282
<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		3,018	152	84	3,028	6,282
<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.)	69,748	260,489	182,990	169,436	217,923	900,586
<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>	99.30 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	99.65 %

**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>	1 %
<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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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>		
<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).		







Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ 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**

MICHIGAN LEGACY ART PARK

Identifying number  
38-3172005

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	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <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	12,446

**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	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 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	12,446
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.

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

For calendar year 2021, or tax year beginning

, ending

Name

Taxpayer Identification Number

MICHIGAN LEGACY ART PARK

38-3172005

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 115,356	83,856	-31,500
	2. Membership dues and assessments	2. 1,050	600	-450
	3. Government contributions and grants	3. 31,374	40,813	9,439
	4. Program service revenue	4. 15,684	9,067	-6,617
	5. Investment income	5. 84	28	-56
	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. -1,276	53,567	54,843
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 3,718	6,850	3,132
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b> 165,990	<b>194,781</b>	<b>28,791</b>
<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.		
	16. Salaries, other compensation, and employee benefits	16. 131,648	117,385	-14,263
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 8,432	9,854	1,422
	19. Occupancy, rent, utilities, and maintenance	19. 70		-70
	20. Depreciation and Depletion	20. 12,715	12,446	-269
	21. Other expenses	21. 23,885	47,458	23,573
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b> 176,750	<b>187,143</b>	<b>10,393</b>
<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b> -10,760	<b>7,638</b>	<b>18,398</b>	
<b>Other Information</b>	24. Total exempt revenue	24. 165,990	194,781	28,791
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 19,486	15,945	-3,541
	27. Total assets	27. 690,321	699,493	9,172
	28. Total liabilities	28. 5,350	6,884	1,534
	29. Retained earnings	29. 684,971	692,609	7,638
	30. Number of voting members of governing body	30. 8	12	
	31. Number of independent voting members of governing body	31. 8	12	
	32. Number of employees	32. 5	6	
	33. Number of volunteers	33. 50	50	

<b>Form 990</b>	<b>Tax Return History</b>	<b>2021</b>
Name: MICHIGAN LEGACY ART PARK		
		Employer Identification Number 38-3172005

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants		139,867	90,653	146,730	124,669	
Membership dues		7,150	900	1,050	600	
Program service revenue		27,588	25,575	15,684	9,067	
Capital gain or loss			-67,923			
Investment income		18	152	84	28	
Fundraising revenue (income/loss)		50,928	34,089	-1,276	53,567	
Gaming revenue (income/loss)		2,531				
Other revenue		3,096	9,628	3,718	6,850	
<b>Total revenue</b>		<b>231,178</b>	<b>93,074</b>	<b>165,990</b>	<b>194,781</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		140,248	150,105	131,648	117,385	
Professional fees		21,215	13,542	8,432	9,854	
Occupancy costs		6,160	3,438	70		
Depreciation and depletion		14,730	13,013	12,715	12,446	
Other expenses		71,319	49,376	23,885	47,458	
<b>Total expenses</b>		<b>253,672</b>	<b>229,474</b>	<b>176,750</b>	<b>187,143</b>	
<b>Excess or (Deficit)</b>		<b>-22,494</b>	<b>-136,400</b>	<b>-10,760</b>	<b>7,638</b>	
Total exempt revenue		231,178	93,074	165,990	194,781	
Total unrelated revenue						
Total excludable revenue		33,233	-32,568	19,486	15,945	
Total Assets		848,722	698,681	690,321	699,493	
Total Liabilities		16,591	2,950	5,350	6,884	
Net Fund Balances		832,131	695,731	684,971	692,609	

## Federal Asset Report

## 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	Signs	1/15/08	1,000			1,000	10 MO S/L	1,000	0
2	Signs	7/29/09	4,091			4,091	10 MO S/L	4,091	0
3	Signs	8/23/11	2,089			2,089	10 MO S/L	1,940	149
4	Two Benches	9/30/11	837			837	10 MO S/L	778	59
5	Outdoor Furniture	6/01/15	419			419	10 MO S/L	235	42
6	Golf Cart ATV	9/30/13	9,450			9,450	5 MO S/L	9,450	0
8	Laser Printer	8/27/15	561			561	5 MO S/L	561	0
9	Computer	11/12/15	1,031			1,031	5 MO S/L	1,031	0
10	Three Picnic Tables	6/01/16	450			450	7 MO S/L	296	64
12	Landscaping	6/01/16	8,220			8,220	0 -- Land	0	0
13	Bonnet	10/01/00	70,000			70,000	0 -- Memo	0	0
14	Harbinger	10/01/00	5,845			5,845	0 -- Memo	0	0
15	Saw Path Series IV (Blade)	10/01/13	10,000			10,000	0 -- Memo	0	0
16	Saw Path Series II, III and V	10/01/13	11,500			11,500	0 -- Memo	0	0
17	Saw Path Whirlwind #1	10/01/13	11,000			11,000	0 -- Memo	0	0
18	Man in His Element	10/01/13	7,000			7,000	0 -- Memo	0	0
19	Solar Month	10/01/13	3,000			3,000	0 -- Memo	0	0
20	Reaching Out	10/01/13	2,500			2,500	0 -- Memo	0	0
21	Fairy Ring	10/01/13	3,000			3,000	0 -- Memo	0	0
22	Frog	10/01/13	10,000			10,000	0 -- Memo	0	0
23	Unravel	10/01/13	3,000			3,000	0 -- Memo	0	0
24	Robins - Earthwork	10/01/13	7,250			7,250	0 -- Memo	0	0
25	Ontonagon	10/01/13	4,000			4,000	0 -- Memo	0	0
27	Diversity	10/01/13	7,900			7,900	0 -- Memo	0	0
28	Transit Survey	10/01/13	0			0	0 -- Memo	0	0
29	Serpent Mound - Earthwork	10/01/13	3,500			3,500	0 -- Memo	0	0
30	Inside a Historical Mystery	10/01/13	0			0	0 -- Memo	0	0
31	Nurture Nature	10/01/13	20,000			20,000	0 -- Memo	0	0
32	Fallen Comrade	10/01/13	22,215			22,215	0 -- Memo	0	0
33	A.M.	10/01/13	3,500			3,500	0 -- Memo	0	0
34	Superior	10/01/13	12,000			12,000	0 -- Memo	0	0
35	Barn Chair	10/01/13	10,000			10,000	0 -- Memo	0	0
37	Michigan	10/01/13	20,000			20,000	0 -- Memo	0	0
38	Stockade Labvrinth	10/01/13	29,000			29,000	0 -- Memo	0	0
39	Five Needles	10/01/13	15,000			15,000	0 -- Memo	0	0
41	Mysterious Treveler	10/01/13	2,000			2,000	0 -- Memo	0	0
43	Wheels of Progress Wind Macl	10/01/13	5,000			5,000	0 -- Memo	0	0
44	Singing Tree	10/01/13	1,644			1,644	0 -- Memo	0	0
45	Couplements	10/01/13	1,326			1,326	0 -- Memo	0	0
46	Poetry Stones (31 Stones)	10/01/13	2,500			2,500	0 -- Memo	0	0
47	The Trap	10/01/13	0			0	0 -- Memo	0	0
48	Table and Chair	10/01/13	0			0	0 -- Memo	0	0
49	Secret Passion	10/01/13	0			0	0 -- Memo	0	0
50	Logging Camp	10/01/13	0			0	0 -- Memo	0	0
51	Hemingway Haunts	10/01/13	0			0	0 -- Memo	0	0
52	Satisfaction from Nature	10/01/13	0			0	0 -- Memo	0	0
53	Grommet	10/01/13	0			0	0 -- Memo	0	0
54	Communications Vine	9/30/14	17,500			17,500	0 -- Memo	0	0
56	Bench - Sam Soet	8/07/15	1,674			1,674	0 -- Memo	0	0
57	Bench - Bart Ingraham	8/07/15	1,600			1,600	0 -- Memo	0	0
58	Bench - Cozette Phillips	8/12/15	1,779			1,779	0 -- Memo	0	0
59	Bench - Thomas Zaroff	8/12/15	1,972			1,972	0 -- Memo	0	0
60	Bench - Tim Burke	8/12/15	1,804			1,804	0 -- Memo	0	0
61	Bench - Joe Krajkiewz	9/22/15	1,829			1,829	0 -- Memo	0	0
62	Amercordo 2, David Barr 2001	6/01/16	1,000			1,000	0 -- Memo	0	0
63	Four Corners Project, David Barr	6/01/16	4,000			4,000	0 -- Memo	0	0
64	Weeping Willow - Leg Scruggs	7/01/17	4,500			4,500	0 -- Memo	0	0
65	Equation	8/14/17	12,000			12,000	0 -- Memo	0	0
66	Amphitheater	10/01/96	22,000			22,000	20 MO S/L	22,000	0
67	Kiosk	10/01/96	5,900			5,900	20 MO S/L	5,900	0
68	Entryway	10/01/96	1,000			1,000	20 MO S/L	1,000	0
69	Signs	10/01/96	808			808	20 MO S/L	808	0
70	Amphitheater - Addition	9/30/00	5,500			5,500	20 MO S/L	5,500	0
71	Information Station	9/30/00	200			200	20 MO S/L	200	0
72	Kiosk - Addition	9/30/01	1,300			1,300	20 MO S/L	1,283	17
73	Discovery Grove	9/30/01	6,000			6,000	20 MO S/L	5,925	75
74	Amphitheater - Electric	5/29/03	3,500			3,500	20 MO S/L	3,190	175
75	Service Center and Storage	9/30/04	11,351			11,351	20 MO S/L	9,220	567

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
76	Entryway - Addition	3/17/06	686			686	20 MO S/L	504	34
77	Signs	11/15/06	263			263	20 MO S/L	186	14
78	Entryway - Addition	11/29/06	1,044			1,044	20 MO S/L	742	52
79	Signs	5/04/12	5,338			5,338	20 MO S/L	2,729	267
80	Amphitheater - Improvements	7/31/14	28,020			28,020	20 MO S/L	8,997	1,401
81	Amp/Trail/Grove/Arriv	8/31/14	12,630			12,630	20 MO S/L	4,004	631
82	New Storage	9/30/14	15,193			15,193	20 MO S/L	4,754	760
83	Discovery Grove Addition	6/01/15	14,840			14,840	20 MO S/L	4,144	742
84	New Storage	6/01/15	15,471			15,471	20 MO S/L	4,321	773
85	Amphitheater	6/01/15	28,845			28,845	20 MO S/L	8,056	1,442
86	Accessibility Improvements	6/01/15	61,958			61,958	20 MO S/L	17,304	3,098
87	Plans for Amphitheater/Access	6/01/15	5,778			5,778	20 MO S/L	1,614	289
88	Signage	6/18/15	1,742			1,742	20 MO S/L	479	87
89	Sanctuary	10/01/16	18,890			18,890	20 MO S/L	4,009	944
90	Signage	1/25/17	625			625	20 MO S/L	123	31
91	Sign purchased from D & D	5/24/18	2,845			2,845	20 MO S/L	367	143
92	Macbook Pro Laptop	11/13/19	893			893	5 MO S/L	208	179
93	A Dream of Home	7/13/19	27,804			27,804	0 -- Memo	0	0
94	Big Two Hearted Trout	7/28/15	3,500			3,500	0 -- Memo	0	0
95	King Stanley	9/18/19	1,000			1,000	0 -- Memo	0	0
96	Waltz Stele	10/11/19	6,228			6,228	0 -- Memo	0	0
97	Michigami Down Under	9/14/20	16,401			16,401	0 -- Memo	0	0
98	John Deere Gator	11/11/21	12,331			12,331	5 MO S/L	0	411
	<b>Total Other Depreciation</b>		<u>721,370</u>			<u>721,370</u>		<u>136,949</u>	<u>12,446</u>
	<b>Total ACRS and Other Depreciation</b>		<u>721,370</u>			<u>721,370</u>		<u>136,949</u>	<u>12,446</u>
	<b>Grand Totals</b>		721,370			721,370		136,949	12,446
	<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>721,370</u>			<u>721,370</u>		<u>136,949</u>	<u>12,446</u>

## MI Asset Report

## 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	Signs	1/15/08	1,000	1,000	1,000	0	0	0
2	Signs	7/29/09	4,091	4,091	4,091	0	0	0
3	Signs	8/23/11	2,089	2,089	1,950	139	149	10
4	Two Benches	9/30/11	837	837	774	63	59	-4
5	Outdoor Furniture	6/01/15	419	419	234	42	42	0
6	Golf Cart ATV	9/30/13	9,450	9,450	9,450	0	0	0
8	Laser Printer	8/27/15	561	561	561	0	0	0
9	Computer	11/12/15	1,031	1,031	1,031	0	0	0
10	Three Picnic Tables	6/01/16	450	450	295	64	64	0
12	Landscaping	6/01/16	8,220	8,220	0	0	0	0
13	Bonnet	10/01/00	70,000	70,000	0	0	0	0
14	Harbinger	10/01/00	5,845	5,845	0	0	0	0
15	Saw Path Series IV (Blade)	10/01/13	10,000	10,000	0	0	0	0
16	Saw Path Series II, III and V	10/01/13	11,500	11,500	0	0	0	0
17	Saw Path Whirlwind #1	10/01/13	11,000	11,000	0	0	0	0
18	Man in His Element	10/01/13	7,000	7,000	0	0	0	0
19	Solar Month	10/01/13	3,000	3,000	0	0	0	0
20	Reaching Out	10/01/13	2,500	2,500	0	0	0	0
21	Fairy Ring	10/01/13	3,000	3,000	0	0	0	0
22	Frog	10/01/13	10,000	10,000	0	0	0	0
23	Unravel	10/01/13	3,000	3,000	0	0	0	0
24	Robins - Earthwork	10/01/13	7,250	7,250	0	0	0	0
25	Ontonagon	10/01/13	4,000	4,000	0	0	0	0
27	Diversity	10/01/13	7,900	7,900	0	0	0	0
28	Transit Survey	10/01/13	0	0	0	0	0	0
29	Serpent Mound - Earthwork	10/01/13	3,500	3,500	0	0	0	0
30	Inside a Historical Mystery	10/01/13	0	0	0	0	0	0
31	Nurture Nature	10/01/13	20,000	20,000	0	0	0	0
32	Fallen Comrade	10/01/13	22,215	22,215	0	0	0	0
33	A.M.	10/01/13	3,500	3,500	0	0	0	0
34	Superior	10/01/13	12,000	12,000	0	0	0	0
35	Barn Chair	10/01/13	10,000	10,000	0	0	0	0
37	Michigan	10/01/13	20,000	20,000	0	0	0	0
38	Stockade Labvrinth	10/01/13	29,000	29,000	0	0	0	0
39	Five Needles	10/01/13	15,000	15,000	0	0	0	0
41	Mysterious Treveler	10/01/13	2,000	2,000	0	0	0	0
43	Wheels of Progress Wind Macl	10/01/13	5,000	5,000	0	0	0	0
44	Singing Tree	10/01/13	1,644	1,644	0	0	0	0
45	Couplements	10/01/13	1,326	1,326	0	0	0	0
46	Poetry Stones (31 Stones)	10/01/13	2,500	2,500	0	0	0	0
47	The Trap	10/01/13	0	0	0	0	0	0
48	Table and Chair	10/01/13	0	0	0	0	0	0
49	Secret Passion	10/01/13	0	0	0	0	0	0
50	Logging Camp	10/01/13	0	0	0	0	0	0
51	Hemingway Haunts	10/01/13	0	0	0	0	0	0
52	Satisfaction from Nature	10/01/13	0	0	0	0	0	0
53	Grommet	10/01/13	0	0	0	0	0	0
54	Communications Vine	9/30/14	17,500	17,500	0	0	0	0
56	Bench - Sam Soet	8/07/15	1,674	1,674	0	0	0	0
57	Bench - Bart Ingraham	8/07/15	1,600	1,600	0	0	0	0
58	Bench - Cozette Phillips	8/12/15	1,779	1,779	0	0	0	0
59	Bench - Thomas Zaroff	8/12/15	1,972	1,972	0	0	0	0
60	Bench - Tim Burke	8/12/15	1,804	1,804	0	0	0	0
61	Bench - Joe Krajkiewz	9/22/15	1,829	1,829	0	0	0	0
62	Amercordo 2, David Barr 2001	6/01/16	1,000	1,000	0	0	0	0
63	Four Corners Project, David Barr	6/01/16	4,000	4,000	0	0	0	0
64	Weeping Willow - Leg Scruggs	7/01/17	4,500	4,500	0	0	0	0
65	Equation	8/14/17	12,000	12,000	0	0	0	0
66	Amphitheater	10/01/96	22,000	22,000	22,000	0	0	0
67	Kiosk	10/01/96	5,900	5,900	5,900	0	0	0
68	Entryway	10/01/96	1,000	1,000	1,000	0	0	0
69	Signs	10/01/96	808	808	808	0	0	0
70	Amphitheater - Addition	9/30/00	5,500	5,500	5,500	0	0	0
71	Information Station	9/30/00	200	200	200	0	0	0
72	Kiosk - Addition	9/30/01	1,300	1,300	1,251	49	17	-32
73	Discovery Grove	9/30/01	6,000	6,000	5,775	225	75	-150
74	Amphitheater - Electric	5/29/03	3,500	3,500	3,077	175	175	0
75	Service Center and Storage	9/30/04	11,351	11,351	9,223	567	567	0

**MI Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
76	Entryway - Addition	3/17/06	686	686	506	34	34	0
77	Signs	11/15/06	263	263	186	13	14	1
78	Entryway - Addition	11/29/06	1,044	1,044	735	52	52	0
79	Signs	5/04/12	5,338	5,338	2,313	267	267	0
80	Amphitheater - Improvements	7/31/14	28,020	28,020	8,990	1,401	1,401	0
81	Amp/Trail/Grove/Arriv	8/31/14	12,630	12,630	4,000	631	631	0
82	New Storage	9/30/14	15,193	15,193	4,748	759	760	1
83	Discovery Grove Addition	6/01/15	14,840	14,840	4,143	742	742	0
84	New Storage	6/01/15	15,471	15,471	4,319	774	773	-1
85	Amphitheater	6/01/15	28,845	28,845	8,053	1,442	1,442	0
86	Accessibility Improvements	6/01/15	61,958	61,958	17,297	3,098	3,098	0
87	Plans for Amphitheater/Access	6/01/15	5,778	5,778	1,613	289	289	0
88	Signange	6/18/15	1,742	1,742	479	87	87	0
89	Sanctuary	10/01/16	18,890	18,890	4,014	945	944	-1
90	Signage	1/25/17	625	625	122	32	31	-1
91	Sign purchased from D & D	5/24/18	2,845	2,845	367	143	143	0
92	Macbook Pro Laptop	11/13/19	893	893	208	179	179	0
93	A Dream of Home	7/13/19	27,804	27,804	0	0	0	0
94	Big Two Hearted Trout	7/28/15	3,500	3,500	0	0	0	0
95	King Stanley	9/18/19	1,000	1,000	0	0	0	0
96	Waltz Stele	10/11/19	6,228	6,228	0	0	0	0
97	Michigami Down Under	9/14/20	16,401	16,401	0	0	0	0
98	John Deere Gator	11/11/21	12,331	12,331	0	411	411	0
<b>Total Other Depreciation</b>			<u>721,370</u>	<u>721,370</u>	<u>136,213</u>	<u>12,623</u>	<u>12,446</u>	<u>-177</u>
<b>Total ACRS and Other Depreciation</b>			<u>721,370</u>	<u>721,370</u>	<u>136,213</u>	<u>12,623</u>	<u>12,446</u>	<u>-177</u>
<b>Grand Totals</b>			721,370	721,370	136,213	12,623	12,446	-177
<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>721,370</u>	<u>721,370</u>	<u>136,213</u>	<u>12,623</u>	<u>12,446</u>	<u>-177</u>

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Signs	1/15/08	0				0	0	HY	0
2	Signs	7/29/09	0				0	0	HY	0
3	Signs	8/23/11	0				0	0	HY	0
4	Two Benches	9/30/11	0				0	0	HY	0
5	Outdoor Furniture	6/01/15	0				0	0	HY	0
6	Golf Cart ATV	9/30/13	0				0	0	HY	0
8	Laser Printer	8/27/15	0				0	0	HY	0
9	Computer	11/12/15	0				0	0	HY	0
10	Three Picnic Tables	6/01/16	0				0	0	HY	0
12	Landscaping	6/01/16	0				0	0	HY	0
13	Bonnet	10/01/00	0				0	0	HY	0
14	Harbinger	10/01/00	0				0	0	HY	0
15	Saw Path Series IV (Blade)	10/01/13	0				0	0	HY	0
16	Saw Path Series II, III and V	10/01/13	0				0	0	HY	0
17	Saw Path Whirlwind #1	10/01/13	0				0	0	HY	0
18	Man in His Element	10/01/13	0				0	0	HY	0
19	Solar Month	10/01/13	0				0	0	HY	0
20	Reaching Out	10/01/13	0				0	0	HY	0
21	Fairy Ring	10/01/13	0				0	0	HY	0
22	Frog	10/01/13	0				0	0	HY	0
23	Unravel	10/01/13	0				0	0	HY	0
24	Robins - Earthwork	10/01/13	0				0	0	HY	0
25	Ontonagon	10/01/13	0				0	0	HY	0
27	Diversity	10/01/13	0				0	0	HY	0
28	Transit Survey	10/01/13	0				0	0	HY	0
29	Serpent Mound - Earthwork	10/01/13	0				0	0	HY	0
30	Inside a Historical Mystery	10/01/13	0				0	0	HY	0
31	Nurture Nature	10/01/13	0				0	0	HY	0
32	Fallen Comrade	10/01/13	0				0	0	HY	0
33	A.M.	10/01/13	0				0	0	HY	0
34	Superior	10/01/13	0				0	0	HY	0
35	Barn Chair	10/01/13	0				0	0	HY	0
37	Michigan	10/01/13	0				0	0	HY	0
38	Stockade Labvrinth	10/01/13	0				0	0	HY	0
39	Five Needles	10/01/13	0				0	0	HY	0
41	Mysterious Treveler	10/01/13	0				0	0	HY	0
43	Wheels of Progress Wind Macl	10/01/13	0				0	0	HY	0
44	Singing Tree	10/01/13	0				0	0	HY	0
45	Couplements	10/01/13	0				0	0	HY	0
46	Poetry Stones (31 Stones)	10/01/13	0				0	0	HY	0
47	The Trap	10/01/13	0				0	0	HY	0
48	Table and Chair	10/01/13	0				0	0	HY	0
49	Secret Passion	10/01/13	0				0	0	HY	0
50	Logging Camp	10/01/13	0				0	0	HY	0
51	Hemingway Haunts	10/01/13	0				0	0	HY	0
52	Satisfaction from Nature	10/01/13	0				0	0	HY	0
53	Grommet	10/01/13	0				0	0	HY	0
54	Communications Vine	9/30/14	0				0	0	HY	0
56	Bench - Sam Soet	8/07/15	0				0	0	HY	0
57	Bench - Bart Ingraham	8/07/15	0				0	0	HY	0
58	Bench - Cozette Phillips	8/12/15	0				0	0	HY	0
59	Bench - Thomas Zaroff	8/12/15	0				0	0	HY	0
60	Bench - Tim Burke	8/12/15	0				0	0	HY	0
61	Bench - Joe Krajkiewz	9/22/15	0				0	0	HY	0
62	Amercordo 2, David Barr 2001	6/01/16	0				0	0	HY	0
63	Four Corners Project, David Barr	6/01/16	0				0	0	HY	0
64	Weeping Willow - Leg Scruggs	7/01/17	0				0	0	HY	0
65	Equation	8/14/17	0				0	0	HY	0
66	Amphitheater	10/01/96	0				0	0	HY	0
67	Kiosk	10/01/96	0				0	0	HY	0
68	Entryway	10/01/96	0				0	0	HY	0
69	Signs	10/01/96	0				0	0	HY	0
70	Amphitheater - Addition	9/30/00	0				0	0	HY	0
71	Information Station	9/30/00	0				0	0	HY	0
72	Kiosk - Addition	9/30/01	0				0	0	HY	0
73	Discovery Grove	9/30/01	0				0	0	HY	0
74	Amphitheater - Electric	5/29/03	0				0	0	HY	0
75	Service Center and Storage	9/30/04	0				0	0	HY	0



**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
76	Entryway - Addition	3/17/06	0			0	0 HY	0	0
77	Signs	11/15/06	0			0	0 HY	0	0
78	Entryway - Addition	11/29/06	0			0	0 HY	0	0
79	Signs	5/04/12	0			0	0 HY	0	0
80	Amphitheater - Improvements	7/31/14	0			0	0 HY	0	0
81	Amp/Trail/Grove/Arriv	8/31/14	0			0	0 HY	0	0
82	New Storage	9/30/14	0			0	0 HY	0	0
83	Discovery Grove Addition	6/01/15	0			0	0 HY	0	0
84	New Storage	6/01/15	0			0	0 HY	0	0
85	Amphitheater	6/01/15	0			0	0 HY	0	0
86	Accessibility Improvements	6/01/15	0			0	0 HY	0	0
87	Plans for Amphitheater/Access	6/01/15	0			0	0 HY	0	0
88	Signage	6/18/15	0			0	0 HY	0	0
89	Sanctuary	10/01/16	0			0	0 HY	0	0
90	Signage	1/25/17	0			0	0 HY	0	0
91	Sign purchased from D & D	5/24/18	2,845			2,845	20 MO S/L	367	143
92	Macbook Pro Laptop	11/13/19	0			0	0 HY	0	0
93	A Dream of Home	7/13/19	0			0	0 HY	0	0
94	Big Two Hearted Trout	7/28/15	0			0	0 HY	0	0
95	King Stanley	9/18/19	0			0	0 HY	0	0
96	Waltz Stele	10/11/19	0			0	0 HY	0	0
97	Michigami Down Under	9/14/20	0			0	0 HY	0	0
98	John Deere Gator	11/11/21	12,331			12,331	5 MO S/L	0	411
	<b>Total Other Depreciation</b>		<u>15,176</u>			<u>15,176</u>		<u>367</u>	<u>554</u>
	<b>Total ACRS and Other Depreciation</b>		<u>15,176</u>			<u>15,176</u>		<u>367</u>	<u>554</u>
	<b>Grand Totals</b>		15,176			15,176		367	554
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>15,176</u>			<u>15,176</u>		<u>367</u>	<u>554</u>

11025 Michigan Legacy Art Park

38-3172005

FYE: 12/31/2021

# Depreciation Adjustment Report

## 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>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Signs	1/15/08	1,000	0	0
2	Signs	7/29/09	4,091	0	0
3	Signs	8/23/11	2,089	0	0
4	Two Benches	9/30/11	837	0	0
5	Outdoor Furniture	6/01/15	419	42	0
6	Golf Cart ATV	9/30/13	9,450	0	0
8	Laser Printer	8/27/15	561	0	0
9	Computer	11/12/15	1,031	0	0
10	Three Picnic Tables	6/01/16	450	64	0
12	Landscaping	6/01/16	8,220	0	0
13	Bonnet	10/01/00	70,000	0	0
14	Harbinger	10/01/00	5,845	0	0
15	Saw Path Series IV (Blade)	10/01/13	10,000	0	0
16	Saw Path Series II, III and V	10/01/13	11,500	0	0
17	Saw Path Whirlwind #1	10/01/13	11,000	0	0
18	Man in His Element	10/01/13	7,000	0	0
19	Solar Month	10/01/13	3,000	0	0
20	Reaching Out	10/01/13	2,500	0	0
21	Fairy Ring	10/01/13	3,000	0	0
22	Frog	10/01/13	10,000	0	0
23	Unravel	10/01/13	3,000	0	0
24	Robins - Earthwork	10/01/13	7,250	0	0
25	Ontonagon	10/01/13	4,000	0	0
27	Diversity	10/01/13	7,900	0	0
28	Transit Survey	10/01/13	0	0	0
29	Serpent Mound - Earthwork	10/01/13	3,500	0	0
30	Inside a Historical Mystery	10/01/13	0	0	0
31	Nurture Nature	10/01/13	20,000	0	0
32	Fallen Comrade	10/01/13	22,215	0	0
33	A.M.	10/01/13	3,500	0	0
34	Superior	10/01/13	12,000	0	0
35	Barn Chair	10/01/13	10,000	0	0
37	Michigan	10/01/13	20,000	0	0
38	Stockade Labvrinth	10/01/13	29,000	0	0
39	Five Needles	10/01/13	15,000	0	0
41	Mysterious Treveler	10/01/13	2,000	0	0
43	Wheels of Progress Wind Macl	10/01/13	5,000	0	0
44	Singing Tree	10/01/13	1,644	0	0
45	Couplements	10/01/13	1,326	0	0
46	Poetry Stones (31 Stones)	10/01/13	2,500	0	0
47	The Trap	10/01/13	0	0	0
48	Table and Chair	10/01/13	0	0	0
49	Secret Passion	10/01/13	0	0	0
50	Logging Camp	10/01/13	0	0	0
51	Hemingway Haunts	10/01/13	0	0	0
52	Satisfaction from Nature	10/01/13	0	0	0
53	Grommet	10/01/13	0	0	0
54	Communications Vine	9/30/14	17,500	0	0
56	Bench - Sam Soet	8/07/15	1,674	0	0
57	Bench - Bart Ingraham	8/07/15	1,600	0	0
58	Bench - Cozette Phillips	8/12/15	1,779	0	0
59	Bench - Thomas Zaroff	8/12/15	1,972	0	0
60	Bench - Tim Burke	8/12/15	1,804	0	0
61	Bench - Joe Krajkiewz	9/22/15	1,829	0	0
62	Amercordo 2, David Barr 2001	6/01/16	1,000	0	0
63	Four Corners Project, David Barr	6/01/16	4,000	0	0
64	Weeping Willow - Leg Scruggs	7/01/17	4,500	0	0
65	Equation	8/14/17	12,000	0	0
66	Amphitheater	10/01/96	22,000	0	0
67	Kiosk	10/01/96	5,900	0	0
68	Entryway	10/01/96	1,000	0	0
69	Signs	10/01/96	808	0	0
70	Amphitheater - Addition	9/30/00	5,500	0	0
71	Information Station	9/30/00	200	0	0
72	Kiosk - Addition	9/30/01	1,300	0	0
73	Discovery Grove	9/30/01	6,000	0	0
74	Amphitheater - Electric	5/29/03	3,500	135	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
75	Service Center and Storage	9/30/04	11,351	568	0
76	Entryway - Addition	3/17/06	686	35	0
77	Signs	11/15/06	263	13	0
78	Entryway - Addition	11/29/06	1,044	52	0
79	Signs	5/04/12	5,338	267	0
80	Amphitheater - Improvements	7/31/14	28,020	1,401	0
81	Amp/Trail/Grove/Arriv	8/31/14	12,630	632	0
82	New Storage	9/30/14	15,193	759	0
83	Discovery Grove Addition	6/01/15	14,840	742	0
84	New Storage	6/01/15	15,471	774	0
85	Amphitheater	6/01/15	28,845	1,442	0
86	Accessibility Improvements	6/01/15	61,958	3,098	0
87	Plans for Amphitheater/Access	6/01/15	5,778	289	0
88	Signage	6/18/15	1,742	88	0
89	Sanctuary	10/01/16	18,890	945	0
90	Signage	1/25/17	625	31	0
91	Sign purchased from D & D	5/24/18	2,845	142	142
92	Macbook Pro Laptop	11/13/19	893	179	0
93	A Dream of Home	7/13/19	27,804	0	0
94	Big Two Hearted Trout	7/28/15	3,500	0	0
95	King Stanley	9/18/19	1,000	0	0
96	Waltz Stele	10/11/19	6,228	0	0
97	Michigami Down Under	9/14/20	16,401	0	0
98	John Deere Gator	11/11/21	12,331	2,466	2,466
	<b>Total Other Depreciation</b>		<u>721,370</u>	<u>14,164</u>	<u>2,608</u>
	<b>Total ACRS and Other Depreciation</b>		<u>721,370</u>	<u>14,164</u>	<u>2,608</u>
	<b>Grand Totals</b>		<u>721,370</u>	<u>14,164</u>	<u>2,608</u>

Asset	Description	Date In Service	Cost	MI
<b>Other Depreciation:</b>				
1	Signs	1/15/08	1,000	0
2	Signs	7/29/09	4,091	0
3	Signs	8/23/11	2,089	0
4	Two Benches	9/30/11	837	0
5	Outdoor Furniture	6/01/15	419	42
6	Golf Cart ATV	9/30/13	9,450	0
8	Laser Printer	8/27/15	561	0
9	Computer	11/12/15	1,031	0
10	Three Picnic Tables	6/01/16	450	64
12	Landscaping	6/01/16	8,220	0
13	Bonnet	10/01/00	70,000	0
14	Harbinger	10/01/00	5,845	0
15	Saw Path Series IV (Blade)	10/01/13	10,000	0
16	Saw Path Series II, III and V	10/01/13	11,500	0
17	Saw Path Whirlwind #1	10/01/13	11,000	0
18	Man in His Element	10/01/13	7,000	0
19	Solar Month	10/01/13	3,000	0
20	Reaching Out	10/01/13	2,500	0
21	Fairy Ring	10/01/13	3,000	0
22	Frog	10/01/13	10,000	0
23	Unravel	10/01/13	3,000	0
24	Robins - Earthwork	10/01/13	7,250	0
25	Ontonagon	10/01/13	4,000	0
27	Diversity	10/01/13	7,900	0
28	Transit Survey	10/01/13	0	0
29	Serpent Mound - Earthwork	10/01/13	3,500	0
30	Inside a Historical Mystery	10/01/13	0	0
31	Nurture Nature	10/01/13	20,000	0
32	Fallen Comrade	10/01/13	22,215	0
33	A.M.	10/01/13	3,500	0
34	Superior	10/01/13	12,000	0
35	Barn Chair	10/01/13	10,000	0
37	Michigan	10/01/13	20,000	0
38	Stockade Labvrinth	10/01/13	29,000	0
39	Five Needles	10/01/13	15,000	0
41	Mysterious Treveler	10/01/13	2,000	0
43	Wheels of Progress Wind Macl	10/01/13	5,000	0
44	Singing Tree	10/01/13	1,644	0
45	Couplements	10/01/13	1,326	0
46	Poetry Stones (31 Stones)	10/01/13	2,500	0
47	The Trap	10/01/13	0	0
48	Table and Chair	10/01/13	0	0
49	Secret Passion	10/01/13	0	0
50	Logging Camp	10/01/13	0	0
51	Hemingway Haunts	10/01/13	0	0
52	Satisfaction from Nature	10/01/13	0	0
53	Grommet	10/01/13	0	0
54	Communications Vine	9/30/14	17,500	0
56	Bench - Sam Soet	8/07/15	1,674	0
57	Bench - Bart Ingraham	8/07/15	1,600	0
58	Bench - Cozette Phillips	8/12/15	1,779	0
59	Bench - Thomas Zaroff	8/12/15	1,972	0
60	Bench - Tim Burke	8/12/15	1,804	0
61	Bench - Joe Krajkiewz	9/22/15	1,829	0
62	Amercordo 2, David Barr 2001	6/01/16	1,000	0
63	Four Corners Project, David Barr	6/01/16	4,000	0
64	Weeping Willow - Leg Scruggs	7/01/17	4,500	0
65	Equation	8/14/17	12,000	0
66	Amphitheater	10/01/96	22,000	0
67	Kiosk	10/01/96	5,900	0
68	Entryway	10/01/96	1,000	0
69	Signs	10/01/96	808	0
70	Amphitheater - Addition	9/30/00	5,500	0
71	Information Station	9/30/00	200	0
72	Kiosk - Addition	9/30/01	1,300	0
73	Discovery Grove	9/30/01	6,000	0
74	Amphitheater - Electric	5/29/03	3,500	175

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MI</u>
75	Service Center and Storage	9/30/04	11,351	568
76	Entryway - Addition	3/17/06	686	35
77	Signs	11/15/06	263	14
78	Entryway - Addition	11/29/06	1,044	53
79	Signs	5/04/12	5,338	267
80	Amphitheater - Improvements	7/31/14	28,020	1,401
81	Amp/Trail/Grove/Arriv	8/31/14	12,630	632
82	New Storage	9/30/14	15,193	760
83	Discovery Grove Addition	6/01/15	14,840	742
84	New Storage	6/01/15	15,471	773
85	Amphitheater	6/01/15	28,845	1,442
86	Accessibility Improvements	6/01/15	61,958	3,097
87	Plans for Amphitheater/Access	6/01/15	5,778	289
88	Signage	6/18/15	1,742	87
89	Sanctuary	10/01/16	18,890	944
90	Signage	1/25/17	625	31
91	Sign purchased from D & D	5/24/18	2,845	142
92	Macbook Pro Laptop	11/13/19	893	179
93	A Dream of Home	7/13/19	27,804	0
94	Big Two Hearted Trout	7/28/15	3,500	0
95	King Stanley	9/18/19	1,000	0
96	Waltz Stele	10/11/19	6,228	0
97	Michigami Down Under	9/14/20	16,401	0
98	John Deere Gator	11/11/21	12,331	2,466
	<b>Total Other Depreciation</b>		<u>721,370</u>	<u>14,203</u>
	<b>Total ACRS and Other Depreciation</b>		<u>721,370</u>	<u>14,203</u>
	<b>Grand Totals</b>		<u>721,370</u>	<u>14,203</u>

11025 Michigan Legacy Art Park  
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## 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>
INTEREST INCOME	\$ 28				18	
TOTAL	<u>\$ 28</u>					

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## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
ARTIST FEES	\$ 2,471	\$ 2,471	\$	\$
TOTAL	<u>\$ 2,471</u>	<u>\$ 2,471</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES	\$ 2,189	\$ 1,094	\$ 876	\$ 219
CONTRACT LABOR	925	925		
PAYROLL PROCESSING	609	304	244	61
MISCELLANEOUS	366	183	146	37
TOTAL	<u>\$ 4,089</u>	<u>\$ 2,506</u>	<u>\$ 1,266</u>	<u>\$ 317</u>



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## Federal Statements

### Schedule A, Part III, Line 1(e)

Description	Amount
BOARD OF DIRECTOR DUES	\$ 600
PPP LOAN FORGIVEN	29,000
STATE OF MICHIGAN DONATIONS	11,813
GALA	64,641
CASH CONTRIBUTION	4,845
GOLF OUTING	14,370
CASH CONTRIBUTION	
TOTAL	<u>\$ 125,269</u>

### Schedule A, Part III, Line 2(e)

Description	Amount
PARK	\$ 9,067
MISCELLANEOUS INCOME	3,850
GALA	43,870
GOLF OUTING	32,839
TOTAL	<u>\$ 89,626</u>

### Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 28
AMPHITHEATER RENTAL	3,000
TOTAL	<u>\$ 3,028</u>