#### **CITY OF MINNETRISTA**





**Subject:** Gillespie Center Funding Request

Prepared By: Jasper Kruggel, City Administrator

Meeting Date: June 16, 2025

<u>Issue:</u> The Executive Director of the Gillespie Center, Rhonda Nelson, has requested the City of Minnetrista participate in a cost participation agreement for senior activities at the facility.

Overview: From 2012-2021, the City of Minnetrista participated in funding the Gillespie Center at a rate of \$34,000 per year for ten years. Representatives from the Gillespie Center along with the City liaison to the Gillespie Center, Council Member Lacy, are requesting a ten-year cost participation agreement at \$10,000 per year moving forward. City Council had the opportunity to ask questions to the Gillespie Center representatives, which are included as an attachement, along with the financial statements.

**Recommended City Council Action:** Staff request that the City Council engage in a discussion about the funding request and direct staff how to proceed.

## **Questions from the City of Minnetrista**

# Prepared by the Gillespie Center Submitted June 11, 2025

## 1. What kind of return does the Gillespie Center see annually with its endowment?

Our return on our endowment is approximately 7% annually.

#### 2. Please share annual statements from 2022 - 2024

Attached are Gillespie Center 990 statements from 2021, 2022, 2023.

### 3. What is in your building maintenance fund?

 We do not have a building maintenance fund or funds specifically set aside for our building. Our endowment (reserve) accounts are available for any repairs or upgrades that may be needed (if our operating revenue cannot cover these items).

#### 4. Do you generate donations on Give to the Max Day?

• Yes, we piloted Give to the Max Day in 2024 and plan to do a full rollout, (with giving beginning Nov 1) in 2025.

## 5. What are the other cities/organizations that contribute to the Gillespie Center?

- 2025: City of Mound, City of Orono.
- 2026: Commitment: Mound, Orono, St. Bonifacius, Spring Park.
- Northwest Tonka Lions, St. Martin's by the Lake Church, St. John's Lutheran Church, The Women of Our Lady of the Lake, Al & Almas, The Langdon.

#### 6. How much are membership dues?

- Membership is not a requirement to use the facility and its programs and services. Members are basically "Supporters" of the Gillespie Center.
- Membership Dues:

\$40 for Single

\$50 for Household

\$100 for Bronze, \$125 Silver, \$250 Gold, \$500 Platinum, \$1000 Diamond Business Sponsorships: \$300 - \$2000

Membership is renewed annually.

# 7. Do Senior Services still office out of the Gillespie Center and how much do they pay for rent?

 Previously the Gillespie Center contracted with Senior Community Services (SCS) for the Director of the Gillespie, and our Board of Directors voted to not renew the contract in 2023.

#### 8. Are any of the services that you listed also offered by other organizations?

- No
- 9. Have you looked at your offerings to make sure you're not doubling up?
  - We do not have any duplicate offerings.

#### 10. What is the specific ask from the Gillespie Center from the City of Minnetrista?

• \$10,000 per year for 10 years, (approximately \$1 per resident per year in Minnetrista).

# 11. What events do the Gillespie Center host, what are the costs, and do they generate positive revenue?

Most events we host are "friendraisers," not fundraisers, but all generate positive revenue. We held 12+ events that raised money in 2024. Event cost ranged from \$0 – \$500 and profits averaged \$1000+ per event. Examples of events are Spaghetti Dinner & Concert, Bingo, Turkey Bingo, Cornhole Tournament & Family Fun Day, Brunch, Breakfast with Santa and Scotty B Luncheons.

#### 12. How many residents of Minnetrista are members?

- The numbers of members do not relate to the number of people who use our facility, programs, and services.
- Membership is not a requirement to use the facility and its programs and services. Members are basically "Supporters" of the Gillespie Center.
- Currently there are thirty-three paying members with a Minnetrista address. There are likely numerous more residents who use our facility, programs, and services.

## 13. What are the membership totals and breakdowns between communities?

City	% of Due-Paying Members	# Residents 2024 census			
Mound	61%	9052			
Minnetrista	9%	8,347			
St. Boni	4%	1982			
Spring Park	9%	1640			
Orono	1%	7992			
Maple Plain	4%	1889			
Other*	13%				

<sup>\*</sup>Waconia, Maple Plain, Wayzata, Crystal Bay, Excelsior, Delano, Watertown, Loretto, Norwood Young America, Mayer, Plymouth, Eden Prairie, Minnetonka, Tonka Bay, St. Michael, Bloomington

DLN: 93493319068472

OMB No. 1545-0047 2021

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection Department of the Treasury Internal Revenue Service

		2024	4 1 1 45 6							
		2021 calendar year, or tax year beginning 01-01-202	1 , and ending 12-3	31-2021	D Employe	ar idantific	cation number			
	ck i <b>t</b> app dress ch	THE GILLESPIE CENTER					ation number			
	me chai				41-1617	7933				
	tial retu	Daine business as								
		terminated			E Telephon	e number	-			
	ended	3500 COMMEDCE BLVD	o street address)   Room/s	uite						
⊔ Ap <sub>l</sub>	plicatior	n pending			(952) 4	72-6501				
		City or town, state or province, country, and ZIP or fore MOUND, MN 55364	ign postal code							
					<b>G</b> Gross red	ceipts \$ 346	5,945			
		<b>F</b> Name and address of principal officer: SUSAN NAVRATIL		H(a) I	s this a group ret	turn for				
		2590 COMMERCE BLVD			ubordinates?		□Yes ☑No			
		MOUND, MN 55364			re all subordinat ncluded?	es	☐ Yes ☐No			
Tax	k-exem	ot status: $\boxed{2}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4	.947(a)(1) or	1	f "No," attach a l	ist. See in	structions.			
w	ehsite	:► WWW.GILLESPIECENTER.ORG	. , , ,		Group exemption					
		., ., ., ., .,								
<b>C</b> Forn	n of ora	anization: 🗹 Corporation 🗌 Trust 🗎 Association 🔲 Other 🗈	•	L Year of	formation: 1988		f legal domicile:			
. 1 0111	ii oi oig	unization. El corporation El masc El Association El other p				MN				
Pa	art I	Summary		I						
		iefly describe the organization's mission or most significant								
υ U	<u>P</u> F	ROVIDE SERVICES TO THE SENIOR COMMUNITY IN THE WE	STONKA AREA.							
≦	_									
Ĕ										
Governance	, (	Theck this box $\blacktriangleright \Box$ if the organization discontinued its ope	rations or disposed of a	more than	25% of its net as	ssets.				
		lumber of voting members of the governing body (Part VI, I				з	13			
ģ	<b>4</b> N	lumber of independent voting members of the governing bo	ody (Part VI, line 1b)			4	13			
<u>2</u>	   5 T	otal number of individuals employed in calendar year 2021	(Part V, line 2a)			5	0			
ACUVIUES &	l	otal number of volunteers (estimate if necessary)				6	439			
ş İ	l	otal unrelated business revenue from Part VIII, column (C),				7a	0			
	l	let unrelated business taxable income from Form 990-T, Pa		• •	•	7b				
	D I	let difference business taxable income from Form 990-1, Fa	iti, iiie ii	<del></del>						
					Prior Year		Current Year			
₫.	l	Contributions and grants (Part VIII, line 1h)			246,7	_	175,077 1,962			
Ravenue	l		m service revenue (Part VIII, line 2g)							
č	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d	)			3	51,222			
	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c	:, and 11e)		42,7	773	54,679			
	12 ⊺	otal revenue—add lines 8 through 11 (must equal Part VIII,	column (A), line 12)		295,8	367	282,940			
	13 0	Grants and similar amounts paid (Part IX, column (A), lines	1-3)				(			
	14 E	senefits paid to or for members (Part IX, column (A), line 4)								
ç	15 9	salaries, other compensation, employee benefits (Part IX, co	olumn (A), lines 5–10)							
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)								
<u>.</u>	l	otal fundraising expenses (Part IX, column (D), line 25) ▶0								
ሿ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	e)		237,8	336	261,727			
	l	otal expenses. Add lines 13–17 (must equal Part IX, column	,		237,8		261,727			
		Revenue less expenses. Subtract line 18 from line 12	* **		58,0	_	21,213			
_ un	19 1	levellue less expenses. Subtract line 16 from line 12		Pogin	ning of Current Ye		End of Year			
Net Assets of Fund Balances				Begin	ming of Current to	eai	cild of real			
343	20 T	otal assets (Part X, line 16)			4,446,9	923	4,753,782			
A B	l	otal liabilities (Part X, line 26)			1,0	_	36			
5.5		let assets or fund balances. Subtract line 21 from line 20			4,445,8		4,753,746			
	rt II	Signature Block			1,115,0	7 12	1,733,710			
		ties of perjury, I declare that I have examined this return,	ncluding accompanying	ı schedule	s and statements	and to t	he hest of my			
nowl	edge a	ind belief, it is true, correct, and complete. Declaration of p								
iny k	nowled	ge.								
		*****			2022-11-15					
Sign		Signature of officer			Date					
lere		CUCAN NAVDATU PRECIDENT								
	•	SUSAN NAVRATIL PRESIDENT Type or print name and title								
		Print/Type preparer's name Preparer's signat	ure I	Date	<u> </u>	PTIN				
<b>)</b> - '		reparer 5 fight		2022-11- <b>1</b> 5	Check L if F	00279045				
Paid		Firm's name ► JEANNE M MATTER CPA LTD			self-employed Firm's EIN ► 90-	0641646				
_	oare									
Jse	Only	Firm's address ► PO BOX 310			Phone no. (763) 9	972-2948				
		DELANO, MN 553280099								
/lav +	he IDC	discuss this return with the preparer shown above? (see in	estructions)		•		es 🗆 No			
iay C	באז אוו	uiscuss uns return with the preparer shown above? (see in	istructions)			<b>∟</b> 1€	55 LINU			

Form	990 (2021)					Page <b>2</b>
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission:				
PRO\	/IDE SERVICES TO TH	E SENIOR COMMUNITY	IN THE WESTO	NKA AREA.		
2	Did the organization	undertake any significa	nt program ser	vices during the year which	n were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	ese new services on Sch	edule O.			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it conducts	s, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	e O.			
4	Section 501(c)(3) ar		ns are required	to report the amount of g	gest program services, as measu rants and allocations to others, th	
4a	(Code:	) (Expenses \$	142,470	including grants of \$	) (Revenue \$	)
	See Additional Data		•		,	,
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
	(Code: PROVIDING SERVICES AND EDUCATIONAL PRO		•	including grants of \$ UDING DINING, SOCIALIZATIO	) (Revenue \$ DN, RECREATION, FELLOWSHIP, SUPPO	) PRT, HEALTH, WELLNESS,
	Other program servi	ices (Describe in Schedu	le ∩ )			
-tu	(Expenses \$	•	ie 0.) iding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses ▶	209,5	42		

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Par	Checklist of Required Schedules		ı	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 📆	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. S	11a	Yes	
	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? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
4.0	DILLI	ı		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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? If "Yes," complete Schedule I, Parts I and II . . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

Nο

Nο

19

20a

20b

21

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11h and 192 Note.			

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

(gambling) winnings to prize winners? .

0

**1**c

Yes

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

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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L <b>4</b>	Did the organization have a written document retention and destruction policy?	14		No
L5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ction C. Disclosure			
L <b>7</b>	List the states with which a copy of this Form 990 is required to be filed▶  MN			
L8	Section 6104 requires an organization to make its Form 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 in Schedule O)			
L9	Describe in 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:  MICHELLE SEEMAN 2590 COMMERCE BLVD MOUND, MN 55364 (612) 865-1664			

Part VII

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

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 the 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, or 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 no	•		ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	(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-							(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	organization and related organizations	
(1) LINDA BLAKSTVEDT SECRETARY	1.00	Х		Х				0	0	0	
(2) LYDIA BUETOW DIRECTOR	1.00	х						0	0	0	
(3) KAREN DELORENZO VICE PRESIDE	1.00	Х		x				0	0	0	
(4) RON GRIFFITHS DIRECTOR	1.00	х						0	0	0	
(5) JOY GRUNDEEN DIRECTOR	1.00	х						0	0	0	
(6) ANNA MACGREGOR DIRECTOR	1.00	х						0	0	0	
(7) MIKE MICHALK DIRECTOR	1.00	Х						0	0	0	
(8) SUSAN NAVRATIL PRESIDENT	5.00	X		×				0	0	0	
(9) CINDY PALM DIRECTOR	1.00	X						0	0	0	
(10) CHUCK RADKE DIRECTOR	1.00	X						0	0	0	
(11) RAY SALAZAR DIRECTOR	1.00	Х						0	0	0	
(12) MICHELLE SEEMAN TREASURER	5.00	Х		x				0	0	0	
(13) DEB TAYLOR PAST PRESIDE	1.00	×						0	0	0	
						•				Form <b>990</b> (2021)	

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and title	Average hours per week (list any hours for related	than d	one b	ox, in of tor/t	t ch unle ficei rust		son	compensati from the organizatio	Reportable compensation from the organization (W-2/1099-		l s	Estimated amount of ot compensati from the organization	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-N		(W-2/1099- MISC/1099-NE		relat organiza	ed
												$\perp$		
												$\frac{1}{2}$		
												_		
c ·	Sub-Total		Α.				<b>*</b>							
	Total number of individuals (includin of reportable compensation from the		l to thos	se list	ed a	bov	e) who	rec	eived more tha	ın \$10	0,000			
}	Did the organization list any <b>former</b> line 1a? If "Yes," complete Schedule			:ee, k	ey e	mpl	oyee,	or hi	ghest compens	ated 6	employee on	3	Yes	<b>No</b>
ı	For any individual listed on line 1a, i organization and related organizatio individual										the			
i	Did any person listed on line 1a receservices rendered to the organizatio											5		No No
Se	ection B. Independent Contrac	tors												
	Complete this table for your five hig from the organization. Report compe											mpens	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre		7							(B) ption of services		(C Comper	

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

Part	VIII	Statement	of F	Revenue						
		Check if Scheo	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	1a	Federated campaig	gns	1	La		L	revenue		512 - 514
s, Grants Amounts	b	Membership dues		.   1	b	9,264				
2.5 10.10 11.00 11	С	Fundraising events	s.	. [:	lc					
₹ <u>₹</u>	d	Related organizati	ons	_ 1	ld					
ons, Gift Similar	е	Government grants (	contr	ibutions)	Le	114,500				
	f	All other contributions and similar amounts above		acluded	Lf	51,313				
Contribution and Other	g	Noncash contribution: lines 1a - 1f:\$	s incl	<b>I</b>	lg					
	h	Total. Add lines 1a	a-1f			• •	175,077			
						Business Code				
	2a	PROGRAM PARTICIPA	NOITA	N REVENUE			1,962	1,962		
nue										
<del>2</del>	b									
Program Service Revenue	c	:								
ξĒ										
E	d									
ogra	е	•								
Δ		All II		·						
		All other program				1.063				
		Total. Add lines 2  Investment income				1,962	1	Ι		
	5	similar amounts) .	•			•	50,602			50,602
		Income from invest					-			
	5	Royalties	·	(i) Rea		(ii) Personal	<u>' </u>			
						(II) Personal	-			
		Gross rents	6a		28,481					
	b	Less: rental expenses	6b		19,354					
	С	Rental income	6c		0.127					
		or (loss) I Net rental income			9,127			9,127		
				(i) Securit		(ii) Other				
	<b>7</b> a	Gross amount from sales of assets other than inventory	s amount sales of ts other			620	0			
	b	Less: cost or other basis and sales expenses	7b							
		Gain or (loss)	7c			620				
		I Net gain or (loss) Gross income from fu			 		620			620
Other Revenue	06	(not including \$ contributions reporte See Part IV, line 18	d on	of		76.467				
Re	ŀ	Less: direct expen			8a 8b	76,167 38,651				
ler		Net income or (los				<u> </u>	」 37,516			37,516
	9a	Gross income from See Part IV, line 19			9a	14,036				
	Ł	Less: direct expen	ises		9b	6,000	_			
	•	Net income or (los	ss) fr	om gaming a	ctiviti	es <b>&gt;</b>	8,036	8,036		
	10	aGross sales of inve			10a					
	Ł	Less: cost of good			10a		-			
		Net income or (los			nvent	ory ►	_			
		Miscellaneo				Business Code				
	11	la								
	ŀ	·								
	ď				$\rightarrow$					
		All other revenue								
		Total. Add lines 1				•				
	12	<b>2 Total revenue.</b> S	ee ir	nstructions .			282,940	19,125		88,738
	_									Form <b>990</b> (2021)

Forn	1 990 (2021)				Page <b>10</b>
Pa	Statement of Functional Expenses		All		(4)
	Section 501(c)(3) and 501(c)(4) organizations must c	•		ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	77,724	77,724		
b	Legal				
C	Accounting	4,095		4,095	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,786		14,786	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	601	541	60	
12	Advertising and promotion	1,571	1,571		
	Office expenses	4,965	2,100	2,865	
14	Information technology	54	49	5	
15	Royalties				
	Occupancy	63,877	54,295	9,582	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,543	67,091	7,452	
23	Insurance	13,087		13,087	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EDUCATION/ENTERTAINMENT	3,256	3,256		
i	b REAL ESTATE TAXES	2,133	1,920	213	
	c PROGRAM	995	995		
	d MN AG FEES	25		25	
	e All other expenses	15		15	
	Total functional expenses. Add lines 1 through 24e	261,727	209,542	52,185	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				Form 900 (2021)

Form 990 (2021)

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 (B)

End of year

Page **11** 

31,983

2,033,834

1,880,379

4,753,782

36

36

2,745,261

2,008,485

4,753,746

4,753,782

Form 990 (2021)

807.586

Cash-non-interest

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

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing . . . . Savings and temporary cash investments

Pledges and grants receivable, net . . . Accounts receivable, net

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 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . . 10a

Inventories for sale or use . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation

Investments—program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

10b

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

3,652,806 1,618,972

Beginning of year

36,206

1

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6 7

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12 13

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15

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33

1.081

3,119,222

1,326,620

4,445,842

4,446,923

2,090,487

1,584,632

4,446,923

1,081

735.598

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 in Schedule O and describe any steps taken to undergo such audits.

3h

## **Additional Data**

Software ID:

PROVIDING SERVICES FOR SENIORS IN THE WESTONKA AREA INCLUDING DINING, SOCIALIZATION, RECREATION, FELLOWSHIP, SUPPORT, HEALTH, WELLNESS, AND

Software Version:

**EIN:** 41-1617933

Name: THE GILLESPIE CENTER

Form 990 (2021)

EDUCATIONAL PROGRAMS.

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: DEPRECIATION OF BUILDINGS AND EQUIPMENT.

efile GRAPHIC print - DO NOT PROCESS				DLN: 9	l: 93493319068472			
SCI	HED	ULE A	Dublia	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
(For	m 99		Complete if the	e organization is a sect 4947(a)(1) nonexe Attach to Form irs.gov/Form990 for i	tion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2021 Open to Public
		he organiza		<u> </u>	nistractions and	- the latest line	Employer identific	Inspection
		IE CENTER	Lion					ation number
Pa	rt I	Reason	for Public Charity St	atus (All organization	s must comple	te this part.) S	41-1617933 See instructions	
			private foundation becau				occ madactions.	
1		A church, c	onvention of churches, or	association of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	$\Box$	A school de	scribed in section 170(b	<b>)(1)(A)(ii).</b> (Attach Sci	hedule E (Form 9	990).)		
3		A hospital o	or a cooperative hospital s	service organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r	esearch organization oper and state:	rated in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the ben ( <b>iv).</b> (Complete Part II.)	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government	or governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	()(v).	
7			ation that normally received (0(b)(1)(A)(vi). (Compl		s support from a	governmental u	ınit or from the gener	al public described in
8		A communi	ty trust described in <b>sect</b>	ion 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization ant college of agriculture					ege or university or a
10	✓	from activit investment	ation that normally receivences related to its exempt income and unrelated busies section 509(a)(2).	functions—subject to cer siness taxable income (l	tain exceptions,	and (2) no more	than 33 1/3% of its s	upport from gross
11		An organiza	ation organized and opera	ted exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ation organized and opera ly supported organizatior a through 12d that descri	ns described in <b>section 5</b>	509(a)(1) or se	ction 509(a)(2	). See <b>section 509</b> (a	
а		organizatio	supporting organization of n(s) the power to regular Part IV, Sections A and	ly appoint or elect a majo				
b		manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	nization vested in the sar				
С		Type III f	unctionally integrated. organization(s) (see instru	A supporting organizatio				ited with, its
d		Type III n	on-functionally integra integrated. The organiza ). You must complete I	<b>ited.</b> A supporting organ tion generally must satis	ization operated	in connection wi	th its supported organ	
e		Check this	box if the organization red or Type III non-functiona	ceived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	r the number	of supported organization	ns			<u> </u>	
g			ing information about the				<b>I</b>	
	(i) N	Name of supports organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes No				
			L					
Tota		l. B. '	tion Act Notice, see the	T.,	Cat. No. 11285			A (Form 990) 2021

Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (or fiscal year beginning in) ▶ 7 Amounts from line 4. . Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources. . . 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 

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

(f) Total

Section C. Computation of Public Support Percentage

11, column (f)) . . . . . . . . . 14

Public support percentage for 2021 (line 6, column (f) divided by	/ line	
Public support percentage for 2020 Schedule A. Part II. line 14.		

15

15

14

Part II, line 14 . . . . . . . . . . . . . . . . .

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

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

h 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 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

Schedule A (Form 990) 2021

17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14

260,229

329,382

1,591,028

51,018

8,246

1,650,292

96.410 %

99.450 %

3.000 %

0 %

	(Complete only if you c				_	' '	er Part II. II					
	the organization fails to	the organization fails to qualify under the tests listed below, please complete Part II.)										
	ection A. Public Support											
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	259,326	155,777	164,525	246,712	175,077	1,001,417					
2	Gross receipts from admissions,											

63,566

69,935

merchandise sold or services 50,843 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 72,125 business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities

furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3

15

16

17

20

382,294

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

289,278

301,140

66,680

69,935

322,593

34,661

41,220

295,723

44,479

76,167

received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.)

	Holli lille 0.)					
Se	ection B. Total Support					
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	
9	Amounts from line 6	382,294	289,278	301,140	322,593	Γ
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	162	175	76	3	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
С	Add lines 10a and 10b.	162	175	76	3	
11	Net income from unrelated business activities not included on line 10b,			8,246		

	1975.		
С	Add lines 10a and 10b.	162	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).	382,456	
14	First 5 years. If the Form 990 is for t	he organization's	first, se
	check this box and <b>stop here</b>		

Section D. Computation of Investment Income Percentage

12	check this box and <b>stop here</b>							
13	• • • • • • • • • • • • • • • • • • • •	382,456	289,453	309,462	322,596	346	,325	1
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	organ	ization,
	check this box and <b>stop here</b>							🕨
Se	ction C. Computation of Public	Support Perce	ntage					
15	Public support percentage for 2021 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15		96
16	Public support percentage from 2020 S	Schedule A, Part I	II, line 15			16		99

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

19a 331/3% 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 . . . . . . . . 🕨 🗹 h 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 . . . . 🕨 📙

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

(e) 2021

50,602

Schedule A (Form 990) 2021

17

18

1,591,028 (f) Total 295,723 1,591,028 50,602 51,018

6

7

8

answer line 10b below.

the organization had excess business holdings).

Part IV Supporting Organizations

6

7

8

10a

10b Schedule A (Form 990) 2021

Page 4

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

12d, of Part I, complete Sections A and D, and complete Part V.)

Section	n A. All S	Supporting O	rganizat	ions					
								 Yes	N
		,			 				$T^{-}$

Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. 1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

2 3a 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)? If "Yes," describe in Part VI when and how the organization made the determination.

3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

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)? 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5a

amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

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))? If "Yes,"

provide detail in Part VI.

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI.

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

9a organization had an interest? If "Yes," provide detail in Part VI. 9b

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? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

	nedule A (Form 990) 2021		F	Page <b>5</b>		
Pä	art IV Supporting Organizations (continued)					
			Yes	No		
11	, , , , , , , , , , , , , , , , , , , ,					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, governing body of a supported organization?	the 11a				
h	b A family member of a person described on 11a above?	11b				
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in F					
_	VI. Section B. Type I Supporting Organizations					
-	Section B. Type I Supporting Organizations		Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year.		103	110		
	applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
	Section C. Type II Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustee	s of	165	NO		
-	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
_	Section D. All Type III Supporting Organizations					
	section D. All Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization		1			
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	f the 1				
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2				
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this rega	5				
-5	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see instru	ctions)			
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte organizations and explain</b> 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.	ed 2a				
	<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	of 3a				
	<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.</i> the role played by the organization in this regard.	3h				

instructions)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8								
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1								
a	Average monthly value of securities	1a								
b	Average monthly cash balances	<b>1</b> b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):									
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	Minimum Asset Amount (add line 7 to line 6)	8								
	Section C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2	Enter 85% of line 1	2								
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4	Enter greater of line 2 or line 3	4								
5	Income tax imposed in prior year	5								
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6								
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see						

(iii)

Distributable

Amount for 2021

Schedule A (Form 990) (2021)

9 10

(ii)

Underdistributions

Pre-2021

Page 7

(i)

7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide 8

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

details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations

(see instructions)

**Excess Distributions** 1 Distributable amount for 2021 from Section C, line 6

(reasonable cause required-- explain in **Part VI**). See instructions.

2 Underdistributions, if any, for years prior to 2021 3 Excess distributions carryover, if any, to 2021: a From 2016. . . . . .

**b** From 2017. . . . . . .

**c** From 2018. . . . . .

**d** From 2019. . . . . . e From 2020. . . . . . f Total of lines 3a through e q Applied to underdistributions of prior years h Applied to 2021 distributable amount

i Carryover from 2016 not applied (see instructions)

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. \$

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years

b Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.

If the amount is greater than zero, explain in Part VI.

See instructions.

6 Remaining underdistributions for 2021. Subtract

lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI. See instructions.

7 Excess distributions carryover to 2022. Add lines

3j and 4c.

8 Breakdown of line 7: a Excess from 2017. . . . .

**b** Excess from 2018. . . . c Excess from 2019. . . . .

e Excess from 2021. . . . .

d Excess from 2020.

Schedule A (	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V					
Part VI	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;					
	Facts And Circumstances Test					

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493319068472

Schedule D (Form 990) 2021

Cat. No. 52283D

OMB No. 1545-0047

# **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	nme of the organization E GILLESPIE CENTER		Employer identification number
1 111	E GILLESPIE CENTER		41-1617933
Pā	art I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Yo		43.5
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise organization's property, subject to the organization's e		
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose o	
Pa	<b>Conservation Easements.</b> Complete if the organization answered "You	es" on Form 990. Part IV. line 7.	
L	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation		historically important land area
	☐ Protection of natural habitat	, —	ertified historic structure
		Preservation of a co	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form.	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histor	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acquestructure listed in the National Register	iired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferr tax year •	ed, released, extinguished, or terminated by t	the organization during the
1	Number of states where property subject to conservati	on easement is located 🗲	
5	Does the organization have a written policy regarding t	the periodic monitoring, inspection, handling o	of violations.
	and enforcement of the conservation easements it hold		☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting  \$ \bigs \$	, handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the	e footnote to the organization's financial state	nse statement, and
aı	the organization's accounting for conservation easement III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Yo		
La	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for put Part XIII, the text of the footnote to its financial statem	olic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for put following amounts relating to these items:		
1	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
(	ii)Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under FASB	ical treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		
	<i>,</i>		

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

**d** Equipment .

	aaic D	(101111 990) 2021									Page 2
Par	31111	Organizations M	aintaining Coll	ections of Art, H	listori	cal T	reas	ures, or Other	Similar As	ssets (c	ontinued)
3		the organization's acq (check all that apply):		, and other records,		any of	the f	ollowing that are a	significant u	ise of its	collection
а		Public exhibition			d		Loai	n or exchange prog	rams		
b		Scholarly research			e		Oth	er			
С		Preservation for future	e generations								
4	Provid Part X	de a description of the	organization's coll	ections and explain h	now the	ey furtl	her th	ne organization's ex	empt purpo	se in	
5		g the year, did the org s to be sold to raise fu								☐ Ye	s 🗆 No
Par	t IV	Escrow and Cust Complete if the or X, line 21.			m 990	, Part	IV,	line 9, or reporte	d an amou		
1a		e organization an agent led on Form 990, Part								Ye	s 🗌 No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fo	llowing	table:			A	mount	
C		ning balance		'	_			1c			
d	Additi	ions during the year .						1d			
e	Distril	butions during the yea	r					1e			
f	Endin	g balance						1f			
2a	Did th	ne organization include	an amount on Fo	rm 990. Part X. line 2	21. for	escrov	v or c	ustodial account lia	bility?	Пуе	s 🗆 No
b		s," explain the arrange							•	_	
	rt V	Endowment Fun		Check here it the ex	фіапац	OII IIas	, Dee	ii provided iii Fart /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		Complete if the or		ered "Yes" on For	m 990	, Part	ΙV,	line 10.			
				(a) Current year	<b>(b)</b> P	rior yea		(c) Two years back			(e) Four years back
	-	ing of year balance .		1,584,632		1,350		1,062,204		013,244	779,904
		outions		134,151			7,093	110,500		138,106	110,250
		estment earnings, gai	·	146,810		109	9,265	188,020		-79,597	123,090
		or scholarships									
		expenditures for faciliti ograms	es								
f	Admini	strative expenses .		14,786		1:	1,765	10,685		9,549	
g	End of	year balance		1,880,379		1,584	1,632	1,350,039	1,	062,204	1,013,244
2	Provid	de the estimated perce	ntage of the curre	nt year end balance	(line 1	g, colu	mn (a	a)) held as:			
а	Board	l designated or quasi-e	ndowment 🟲 🔝 1	100.000 %							
b	Perma	anent endowment ►									
c	Term	endowment ►									
	The p	ercentages on lines 2a	, 2b, and 2c shoul	ld equal 100%.							
3а		nere endowment funds iization by:	not in the possess	sion of the organizati	ion that	t are h	eld a	nd administered for	the		Yes No
	<b>(i)</b> Ur	nrelated organizations				•	•				(i) Yes
	` '	elated organizations		- 12-14-14-14							(ii) No
		s" on 3a(ii), are the re	-	•			.?			3	ВЬ
4 		ibe in Part XIII the inte			vrnent I	unas.					
el	t VI	Land, Buildings, Complete if the or			m 990	, Part	IV.	line 11a. See For	m 990. Pa	rt X. lin	e 10.
	Descri	ption of property	(a) Cost or oth	er basis (b) Cost							d) Book value
	,		(investme	nt)							
1a	Land					4	45,000				445,000
	Building	gs				3,0	65,199		1,494,236		1,570,963
		old improvements									

124,717

17,890

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

17,871

124,717

19

Part VII	<b>Investments - Other Securities.</b> Complete if the organization answered "Yes" on F	Form 990 Part IV	line 11h See Fo	rm 990 Part Y line	12	
	(a) Description of security or category	(b) Book value		(c) Method of valuation	on:	
(1) Financia	(including name of security) al derivatives		Cost	or end-of-year marke	et value	
(2) Closely (3) Other _	held equity interests					
(A) MPLS FOUNDATION CAPITAL RESERVE		751,88	38	F		
(B) MPLS FO (C)	DUNDATION ENDOWMENT	55,69	98	F		
(D)						
(E)						
(F)						
(G)						
(H)						
(H)						
	(h) much asset Farm 000 Park V and (D) line 12.)	007.50				
Part VIII		▶ 807,58	•			
	Complete if the organization answered 'Yes' on F  (a) Description of investment	Form 990, Part IV,	line 11c. See Fo	rm 990, Part X, ling (c) Method of		
(1)	. ,		` ,	Cost or end-of-yea	ar market value	
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(9) (10)						
(10)						
Total. (Colum Part IX	Other Assets.	<u> </u>				
	Complete if the organization answered 'Yes' on Fo		line 11d. See For		<b>(b)</b> Book value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	umn (b) must equal Form 990, Part X, col.(B) line 15.)			•		
Part X	Complete if the organization answered 'Yes' on Fe		line 11e or 11f.S	ee Form 990, Part		
1. (1) Federal	income taxes	ion of liability			(b) Book value	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col.(B) line 25.)			. 1		
	or uncertain tax positions. In Part XIII, provide the text o	of the footnote to the	organization's fina	ncial statements that	reports the	
organization	n's liability for uncertain tax positions under FIN 48 (ASC 7	740) Check here if t	he text of the footn	ote has been provided	d in Part XIII	

Schedule D (Form 990) 2021

Page 4

	Complete if the organi	zation answered 'Yes' on Form 990, Pari	: IV, li	ine 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facility	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line <b>1</b> :				
а	Investment expenses not included	on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n
1	•	zation answered 'Yes' on Form 990, Part lited financial statements			1	
2	Amounts included on line 1 but no				<u> </u>	
a	Donated services and use of facility	, ,	2a	I		
b	Prior year adjustments		2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII.)		2d		-	
e	Add lines 2a through 2d		24		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		•		3	
4	Amounts included on Form 990, P				<u> </u>	
a	· ·	on Form 990, Part VIII, line 7b	4a	I		
b	Other (Describe in Part XIII.)	, , , , , , , , , , , , , , , , , , ,	4b		1	
	Add lines <b>4a</b> and <b>4b</b>				4 <sub>C</sub>	
5						
	t XIII Supplemental Info		<i>,</i> .		5	
	• • • • • • • • • • • • • • • • • • • •	art II, lines 3, 5, and 9; Part III, lines 1a and	4· Parl	t IV lines 1h and 2h: Part	· V line	4: Part X line 2: Part
		2d and 4b. Also complete this part to provide			, , , ,,,,	
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page <b>5</b>		chedule D (Form 990) 2020		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2021

## **Additional Data**

Software ID:

Software Version: EIN: 41-1617933

Name: THE GILLESPIE CENTER

Supplemental Information

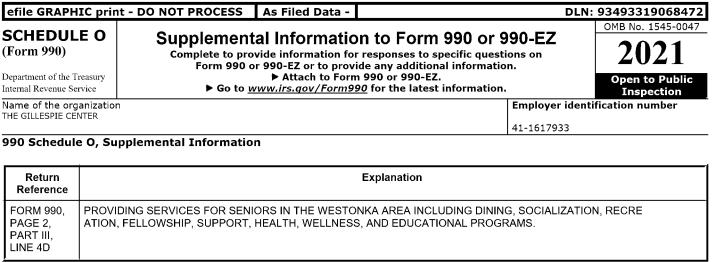
Return Reference	Explanation
	THE PRINCIPAL FROM THESE ENDOWMENT FUNDS WILL CONTINUE TO GROW, IN PERPETUITY TO HELP FUND THE GILLESPIE CENTER PROGRAMS AND SERVICES FOR MANY YEARS TO COME. THE INTEREST, EACH YEA
	R, WILL BE USED TO MEET CURRENT PROGRAM AND SERVICE NEEDS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319068472 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** THE GILLESPIE CENTER 41-1617933 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 1 8 10 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.

	than \$15,000 of fundraising a	event contributions and	aross income on Form	990-F7 lines 1 and 6	, or reported more	
	gross receipts greater than \$		gross income on rorm	990-LZ, illies I alid o	b. List events with	
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through	
		BOUTIQUE (event type)	BAKERY (event type)	(total number)	col. <b>(c)</b> )	
кеуелде						
	1 Gross receipts	34,406	19,891	19,145	73,44	
	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus line 2)</li></ul>	34,406	19,891	19,145	73,44	
	4 Cash prizes	34,400	19,091	19,143	73,44	
ر م	5 Noncash prizes					
Cired Experises	6 Rent/facility costs					
3	7 Food and beverages 8 Entertainment					
วี	9 Other direct expenses	23,428		13,083	36,51	
-					30,31	
5	10 Direct expense summary. Add lines 4				36.51:	
5	10 Direct expense summary. Add lines 4	through 9 in column (d)			,	
	·	through 9 in column (d)  from line 3, column (d)	s" on Form 990, Part I'		36,93	
Par	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org	through 9 in column (d)  from line 3, column (d)	s" on Form 990, Part I'  (b) Pull tabs/Instant bingo/progressive bingo		36,93:	
ar	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	<b>&gt;</b> V, line 19, or reported	36,93: more than \$15,000 (d) Total gaming (add	
ar	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	<b>&gt;</b> V, line 19, or reported	36,93 more than \$15,000 (d) Total gaming (add	
Par	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	<b>&gt;</b> V, line 19, or reported	36,93 more than \$15,000 (d) Total gaming (add	
Par Keverme	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	<b>&gt;</b> V, line 19, or reported	36,93: more than \$15,000 (d) Total gaming (add	
Par	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	<b>&gt;</b> V, line 19, or reported	(d) Total gaming (add	
Par	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo		36,93 more than \$15,000 (d) Total gaming (add	
ar	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	▶ V, line 19, or reported (c) Other gaming	36,93 more than \$15,000 (d) Total gaming (add	
ar	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo		36,93 more than \$15,000 (d) Total gaming (add	
ar	10 Direct expense summary. Add lines 4  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes	V, line 19, or reported  (c) Other gaming  Yes %  No	36,93 more than \$15,000 (d) Total gaming (add	
Par	10 Direct expense summary. Add lines 4 11 Net income summary. Subtract line 10 11 Income summary. Subtract line 10 11 Income summary. Subtract line 10 12 Income summary. Subtract line 10 13 Income summary. 14 Income summary. 15 Income summary. 16 Income summary. Subtract lines 2 17 Income summary. Subtract lines organization lines summary. Subtract li	through 9 in column (d) from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  through 5 in column (d) t line 7 from line 1, column (d) ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	V, line 19, or reported  (c) Other gaming  Yes	36,93 more than \$15,000 (d) Total gaming (add	

Sche	dule G (Form 990) 2021					Р	age 3	
11	Does the organization conduct gaming a	ctivities with nonmember	s?		Yes	□No		
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?		a member of a partnership or other entity		□Yes	_		
13	Indicate the percentage of gaming activi	ity conducted in:						
а	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 w revenue?		om the organization receives gaming 		·   Vec	Пио		
b	If "Yes," enter the amount of gaming rev	venue received by the org	ganization 🕨 \$ and	the	ies			
	amount of gaming revenue retained by t	the third party 🕨 \$						
С	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:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
b	Enter the amount of distributions require	ed under state law distrib	uted to other exempt organizations or spen	t	LI Tes			
	in the organization's own exempt activiti							
Pai			tions required by Part I, line 2b, colum licable. Also provide any additional in				 S.	
	Return Reference		Explanation					

Schedule G (Form 990) 2021



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 BEFORE IT IS FILED.
PART VI.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PAGE 6, PART VI, LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC

PAGE 6, PART VI, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318177193 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 D Employer identification number B Check if applicable: THE GILLESPIE CENTER  $\square$  Address change 41-1617933 ■ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (952) 472-6501 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 340,810 Name and address of principal officer: H(a) Is this a group return for SUSAN NAVRATIL ☐Yes **☑**No subordinates? 2590 COMMERCE BLVD H(b) Are all subordinates MOUND, MN 55364 Yes No included? Tax-exempt status:  $\checkmark$  501(c)(3)  $\bigcirc$  501(c)( )  $\blacktriangleleft$  (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. Website: ► WWW.GILLESPIECENTER.ORG **H(c)** Group exemption number ▶ L Year of formation: 1988 M State of legal domicile: **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangle1 Briefly describe the organization's mission or most significant activities: PROVIDE SERVICES TO THE SENIOR COMMUNITY IN THE WESTONKA AREA Activities & Governance Check this box  $\blacktriangleright \sqcup$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 3 4 14 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 439 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 175,077 153,667 8 Contributions and grants (Part VIII, line 1h) Ravenue Program service revenue (Part VIII, line 2g) 1,962 2,464 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 62,177 51.222 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 54,679 39,328 282,940 257,636 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). **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 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 261,727 290,389 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 261,727 290,389 19 Revenue less expenses. Subtract line 18 from line 12 . 21,213 -32,753 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 4,753,782 4,315,622 21 Total liabilities (Part X, line 26) . 36 8,991 22 Net assets or fund balances. Subtract line 21 from line 20 4,753,746 4,306,631 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 2023-11-14 Signature of officer Sign Here SUSAN NAVRATIL PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2023-11-14 P00279045 Paid self-employed Firm's EIN ▶ 90-0641646 Firm's name > JEANNE M MATTER CPA LTD **Preparer** Use Only Firm's address ► PO BOX 310 Phone no. (763) 972-2948 DELANO, MN 553280099 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Form	990 (2022)					Page <b>2</b>
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗹
1		organization's mission:				
PRO\	/IDE SERVICES TO THI	E SENIOR COMMUNITY	IN THE WESTO	NKA AREA.		
2	Did the organization	undertake any significa	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	edule O.			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	e O.			
4	Section $501(c)(3)$ an		ns are required	I to report the amount o	largest program services, as meas of grants and allocations to others,	
4a	(Code:	) (Expenses \$	165,067	including grants of \$	) (Revenue \$	)
	See Additional Data					
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
	(Code:	) (Expenses \$	67,071		) (Revenue \$ ATION, RECREATION, FELLOWSHIP, SUP	) PORT HEALTH WELLNESS
	AND EDUCATIONAL PRO				,,	
4d	Other program service	ces (Describe in Schedu	le O.)			
	(Expenses \$		ıding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ►	232,1	138		

Form	990 (2022)			Page <b>3</b>
Par	TIV Checklist of Required Schedules			
	7 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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? If "Yes," complete Schedule D, Part IX 2	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,		V	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

Nο

No

18

19

20a

20b

21

Yes

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
0	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		No
ar	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	• 1	Yes	⊔ No
a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   6	$\Box$		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.			

1c

Yes

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Page 3
Par			
2a	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)?	4a	No
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	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?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
Б	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
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		
c	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	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?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

orm	990 (2022)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	<b>V</b>
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   14		Yes	No
14	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		NI.
102	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		NO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
<b>C</b> -	· · · · · · · · · · · · · · · · · · ·	16b		
<u>5e</u> 17	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
18	MN  Section 6104 requires an organization to make its Form 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 in Schedule O)			
19	Describe in 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:			

П

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 the 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, box 6 of 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, or 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.

En check this box it ficialles the organization no	,	9					,			
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) MINDY ANDERSON DIRECTOR	1.00	Х						0	0	0
(2) LINDA BLAKSTVEDT SECRETARY	1.00	Х		х				0	0	0
(3) LYDIA BUETOW DIRECTOR	1.00	Х						0	0	0
(4) KAREN DELORENZO VICE PRESIDE	1.00	Х		×				0	0	0
(5) JOY GRUNDEEN DIRECTOR	1.00	Х						0	0	0
(6) ANNA MACGREGOR DIRECTOR	1.00	Х						0	0	0
(7) MIKE MICHALK DIRECTOR	1.00	Х						0	0	0
(8) SUSAN NAVRATIL PRESIDENT	1.00	Х		x				0	0	0
(9) CINDY PALM DIRECTOR	1.00	Х						0	0	0
(10) CATHERINE PAUSCHE DIRECTOR	1.00	X						0	0	0
(11) CHUCK RADKE DIRECTOR	1.00	Х						0	0	0
(12) RAY SALAZAR DIRECTOR	1.00	Х						0	0	0
(13) MICHELLE SEEMAN TREASURER	2.00	Х		×				0	0	0
(14) DEB TAYLOR PAST PRESIDE	1.00	х						0	0	0
										Form <b>990</b> (2022)
										. JIIII JJU (2022)

Page 8

FOLI	1 990 (2022)													Page 8
Pa	rt VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loye	ees,	and	Higl	nest Cor	npensate	d Employees	cont	tinued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than c	ne b	ox, ι in of tor/t	t che unles ficer rust	ecs a e Highest compensated	son	Repo compo froi orgai (W-2	(D) ortable ensation m the nization !/1099- 099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NE	;	(F) Estima amount o compens from organizat organiza	ated of other sation the ion and ed
	Sub-Total						▶∟							
<b>c</b> 1	Total from continuation sheets to P	art VII, Section	Α.				▶ _							
<u>d 1</u>	Total (add lines 1b and 1c)						<b>&gt;</b>							
2	Total number of individuals (including of reportable compensation from the		to thos	e list	ed a	bove	e) who	rec	eived mo	re than \$10	00,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2			ee, k •	еу е •	mplo	oyee,	or hi	ghest cor	mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4		No
5	Did any person listed on line 1a receivervices rendered to the organization									tion or indi	vidual for	5		No
- Se	ection B. Independent Contract											_		
1	Complete this table for your five high from the organization. Report compe	nest compensate										npen	sation	
	<u> </u>	(A) and business addre		7 - 3							(B) ription of services		(C Compen	

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

Part			(2022) Statement	of F	Pavanus						Page <b>9</b>
Total revenue Resided or Control Total Revenue Rev	Part	VIII				respo	nse or note to anv	line in this Part VIII			🗆
Total Add lines 1 and 1   Total Add lines 1 and 1   Total Add lines 2 and 2   Total Add lines			sizzikii Genec				3 417	(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
March   Marc	10 £	1a	Federated campaig	gns	1	.a			revenue		312 311
March   Marc	ant		-		<u> </u>	b	12,455				
### 12-10-10-10-10-10-10-10-10-10-10-10-10-10-	G. Gr		-		. 1	.с					
### 12-10-10-10-10-10-10-10-10-10-10-10-10-10-	ifts ar		_			_					
Discriment Code	s, G imi				<u> </u>	.e					
Discriment Code	tion sr S	•	and similar amounts i	not ir	schudod	.f	141,212				
Discriment Code	ibu Ste	g	Noncash contributions	s incl							
Discriment Code	ont nd 0	h		_1f		g					
2a PROGRAM PARTICIPATION REVENUE   2,444   2	ပ ခ	-"	Totali Add lines 10					153,667	1		
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya		2a	PROGRAM PARTICIPA	TION	I REVENUE		Business code	2,464	2,464		+
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya	H.e										
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya	even	ь									
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya	± 0.00 0.000	_									
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya	ervić										+
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya	S.	d									
### All other program service revenue.    9 Total. Add lines 2a-2f.   2,464   3 Investment name (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   5 Royalbies   63,177   63,177   63,177   63,177   64 Income from investment of tax-exempt bond proceeds   5 Royalbies   7 Roya	ogra	e									
9 Total. Add lines 2a-2f.   2.464	Ĕ	_ ا	All 11								
Strivestment income (including dividends, interest, and other similar amounts)   62.17   62.17							2.464				
Similar amounts   Similar am								1			
S Royalties   (i) Real		s	imilar amounts) .	•		•	<b>&gt;</b>	62,177			62,177
Company   Comp						ipt bo					
D   Less: rental expenses   Gb   23,059											
D   Less: rental expenses   Gb   23,059		62	Gross rents	62	-	33 600					
C   Rental income   Gc   10,541						,,,,,,,,		-			
Table   Tabl				6b	2	23,059		-			
Ta Grass amount   Tom sales of assets other than inventory   To b   Less: cost or other basis and sales expenses   To b		c		<b>6</b> c	1	10,541					
To form sales of assets other than inventory   To description   To form sales of assets other than inventory		d	Net rental income	or (				10,541	10,541		
Total revenue   Face		,,	Gross amount		(i) Securit	ies	(ii) Other	-			
## than inventory		/a	from sales of	7a							
other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  5 Geros income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18			than inventory					_			
C   Gain or (loss)   7c		b	other basis and	7b							
Net gain or (loss)			·					-			
Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18								1			
9a Gross income from gaming activities. See Part IV, line 19						 		1			
9a Gross income from gaming activities. See Part IV, line 19	nue										
9a Gross income from gaming activities. See Part IV, line 19	e∧e					8a	76,814				
9a Gross income from gaming activities. See Part IV, line 19	ř.	l						]			22.000
9a Gross income from gaming activities. See Part IV, line 19	the	l c	Net income or (los	s) fr	om fundraisir	ng eve	ents >	22,899			22,899
b Less: direct expenses	U	9a					40.000				
c Net income or (loss) from gaming activities		 				$\vdash$	•	-			
10aGross sales of inventory, less returns and allowances		l						J 5,888	5,888		
returns and allowances 10a b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a  b  c  d All other revenue											
c Net income or (loss) from sales of inventory .    Miscellaneous Revenue Business Code  11a  b  c  d All other revenue		10a	Gross sales of inve returns and allowa	entor	ry, less	10a					
Miscellaneous Revenue         Business Code           11a         b           c         d All other revenue		b	Less: cost of good	s sol	d	10b		-			
11a         b         c         d All other revenue         e Total. Add lines 11a-11d         12 Total revenue. See instructions         257,636       18,893		_ c				nvent		_			
b  c  d All other revenue  e Total. Add lines 11a–11d		11		us R	evenue		Business Code	-			
d All other revenue       ■         e Total. Add lines 11a-11d											
d All other revenue		   b									<del> </del>
d All other revenue											
e Total. Add lines 11a–11d		6									
e Total. Add lines 11a–11d											
<b>12 Total revenue.</b> See instructions											
257,636 18,893 85,0							•				
		12	Total revenue. S	ee ir	structions .	•	• • • •	257,636	18,893		85,076

orn	n 990 (2022)				Page <b>10</b>
Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an	v line in this Part IX			🗆
	not include amounts reported on lines 6b, 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		5, p 5, 15 5	g 5.1.0.1.1.1.0.1.0.0.0	одражения
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				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	81,480	81,480		
b	Legal				
c	Accounting	6,208		6,208	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,857		14,857	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	647	582	65	
12	Advertising and promotion	1,837	1,837		
13	Office expenses	6,625	3,581	3,044	
14	Information technology	4,276	3,848	428	
	Royalties				
16	Occupancy	78,175	66,449	11,726	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,982	67,530	7,452	
	Insurance	14,211		14,211	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EDUCATION/ENTERTAINMENT	4,189	4,189		
	b REAL ESTATE TAXES	2,095	1,885	210	
	c OTHER	475	475		
	d PROGRAM	282	282		
	e All other expenses	50		50	
25	Total functional expenses. Add lines 1 through 24e	290,389	232,138	58,251	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
	Check here F Li II following SOF 96-2 (ASC 936-720).				

Form 990 (2022)

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

Liabilities 22

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

complete lines 29 through 33.

Total net assets or fund balances

30,812

1,958,852

1,690,983

634.975

4,315,622

5,099

3.892

8.991

2,727,363

1,579,268

4,306,631

4,315,622

Form 990 (2022)

(B)

End of year

Beginning of year

31,983

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6 7

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10c

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12 13

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2,745,261

2,008,485

4,753,746

4,753,782

2,033,834

1,880,379

4,753,782

36 17

807.586

Check i	f Schedule (	O contains	a response	or note	to any l	line in thi	is Part IX	

erest-bearing . . . . Savings and temporary cash investments .

Pledges and grants receivable, net . . Accounts receivable, net

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 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

10a

10b b Less: accumulated depreciation Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 Intangible assets .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

3,652,806

1,693,954

24 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

26

Secured mortgages and notes payable to unrelated third parties

employee, creator or founder, substantial contributor, or 35% controlled entity 

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

☐ Both consolidated and separate basis

Yes

Nο

Form 990 (2022)

2c

3a

3h

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Consolidated basis

consolidated basis, or both:

Separate basis

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID:

PROVIDING SERVICES FOR SENIORS IN THE WESTONKA AREA INCLUDING DINING, SOCIALIZATION, RECREATION, FELLOWSHIP, SUPPORT, HEALTH, WELLNESS, AND

**EIN:** 41-1617933

Name: THE GILLESPIE CENTER

Form 990, Part III, Line 4a:

EDUCATIONAL PROGRAMS.

Form 990 (2022)

Software Version:

Form 990, Part III, Line 4b: DEPRECIATION OF BUILDINGS AND EQUIPMENT.

етпе	GRA	APHIC prin	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493318177193
SCH	IFD	ULE A	- Dublic	Charity Statu	e and Dul	hlic Supp		OMB No. 1545-0047
	n 99(			Charity Statu rganization is a sect				2022
		,	Complete ii tiic o	4947(a)(1) nonexe	mpt charitable	trust.	d Section	
-		the Treasury ue Service	► Go to www.irs	Attach to Form ! a.gov/Form990 for in			ermation.	Open to Public
								Inspection
		n <b>e organiza</b> E CENTER	tion				Employer identific	ation number
				(41)	<u>.</u>		41-1617933	
Par he or			for Public Charity Stat a private foundation because				see instructions.	
1			onvention of churches, or as	`	•		(A)(i).	
2	$\exists$		scribed in section 170(b)(					
3			or a cooperative hospital ser		,	, ,	iii)	
4		·	·	-			-	ntor the beenitelle
-	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ned in <b>section</b> .	170(B)(1)(A)(III). E	nter the nospital s
5	П	An organiza	ation operated for the benefi	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6	_		(iv). (Complete Part II.)			470(1)(4)(4)		
6			tate, or local government or	-				
7			ation that normally receives $(\mathbf{0(b)(1)(A)(vi)}.$ (Complete		s support from a	i governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de ant college of agriculture. S					ege or university or a
10	<b>✓</b>		tion that normally receives:					
		investment	ies related to its exempt fur income and unrelated busir	nctions—subject to ceri ness taxable income (le	tain exceptions, ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its s sses acquired by the c	upport from gross rganization after June
		30, 1975. S	See <b>section 509(a)(2).</b> (Co	omplete Part III.)				- J
11		An organiza	ation organized and operate	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated by supported organizations of the through 12d that described	described in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <mark>section 509(</mark> a	
a		Type I. A s	supporting organization oper n(s) the power to regularly	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
		-	Part IV, Sections A and B		•			
b		manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ation vested in the san				
c		Type III f	unctionally integrated. A	supporting organization				ted with, its
d	П		organization(s) (see instruct on-functionally integrate	•	-			nization(s) that is not
_	Ш	functionally	integrated. The organizatio	n generally must satis	fy a distribution	requirement and		
e			<ul> <li>You must complete Particle</li> <li>box if the organization receit</li> </ul>	· ·	-		na I Typa II Typa II	I functionally
Ū	Ш	integrated,	or Type III non-functionally	integrated supporting	organization.	NS that it is a Ty	pe i, Type ii, Type ii	runctionally
			of supported organizations				<u> </u>	
g			ing information about the su	<u>'</u>	r '		() A	( - i )
	(1) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total			tion Act Notice, see the I					

_ :	section A. Public Support						
	Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(4) 2010	(B) 2015	(0) 2020	(u) 2021	(0) 2022	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from						
	line 4.						
9	Section B. Total Support						
	Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(a) 2010	(D) 2019	(C) 2020	(u) 2021	(e) 2022	(I) Iotai
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, et	c. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third	, fourth, or fifth ta	ax year as a section	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b> .					▶□	
- 5	Section C. Computation of Public						
	Public support percentage for 2022 (line		_	column (f))		14	

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

Schedule A (Form 990) 2022

17a 10%-facts-and-circumstances test—2022. 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 . . . . . . . . . . . . . . . 10%-facts-and-circumstances test-2021. 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 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

1,487,367

278,633

Se	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	155,777	164,525	246,712	175,077	153,667	895,758
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	63,566	66,680	34,661	44,479	48,152	257,538
3		69,935	69,935	41,220	76,167	76,814	334,071
4	Tax revenues levied for the organization's benefit and either paid						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

	to or expended on its behalf					
5	The value of services or facilities					
	furnished by a governmental unit to					
	the organization without charge					
6	Total. Add lines 1 through 5	289,278	301,140	322,593	295,723	
7a	Amounts included on lines 1, 2, and					
	3 received from disqualified persons					
b	Amounts included on lines 2 and 3					
	received from other than disqualified					
	persons that exceed the greater of					
	\$5,000 or 1% of the amount on line					
	13 for the year.					
С	Add lines 7a and 7b					

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

the organization fails to qualify under the tests listed below, please complete Part II.)

	\$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1,487,367
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	289,278	301,140	322,593	295,723	278,633	1,487,367
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	175	76	3	50,602	62,177	113,033
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	175	76	3	50,602	62,177	113,033
11	Net income from unrelated business						

	Calendar year (or fiscal year beginning in) ▶	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	289,278	301,140	322,593	295,723	278,633	1,487,367
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	175	76	3	50,602	62,177	113,033
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.	175	76	3	50,602	62,177	113,033
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.		8,246				8,246
12							
13	Total support. (Add lines 9, 10c, 11, and 12.).	289,453	309,462	322,596	346,325	340,810	1,608,646
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	l, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	nization, check
	this box and <b>stop here</b>						▶ 🗆
Se	ection C. Computation of Public S						
	D 11: 1 1 5 2022 (II			1 (6))			

	activities not included on line 10b, whether or not the business is regularly carried on.		8,246				8,246
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).	289,453	309,462	322,596	346,325	340,8	1,608,646
14	First 5 years. If the Form 990 is for t	he organization's	first, second, third	l, fourth, or fifth t	ax year as a secti	on 501(c)(3) o	ganization, check
	this box and <b>stop here</b>						▶ 🗆
Se	ction C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2022 (lin	ne 8, column (f) d	ivided by line 13,	column (f)) .  .  .		15	92.460 %
16	Public support percentage from 2021 S	16	96 410 %				

	assets (Explain in Part VI.) .										
13	Total support. (Add lines 9, 10c, 11, and 12.).	289,453	309,462	322,596	346,325	340	0,810	1,608,646			
14	4 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) organize										
	this box and <b>stop here</b>							▶ □			
Se	Section C. Computation of Public Support Percentage										
15	Public support percentage for 2022 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15		92.460 %			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16		96.410 %			
Se	Section D. Computation of Investment Income Percentage										
17	Investment income percentage for 20:	<b>22</b> (line 10c, colu	mn (f) divided by	line 13, column (f	"))	17		7.000 %			

Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . 18 19a 33 1/3% support tests-2022. 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

b 33 1/3% support tests—2021. 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 . . . . . .  $\blacktriangleright$ **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ □ 20 Schedule A (Form 990) 2022 5a

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10a

Part IV Supporting Organizations

4b

4c

5a

5b

5c

6

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9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Page 4

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

Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section $509(a)(1)$ or $(2)$ .	2	

	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

	(m, continue 500(c)(d) (m) (2)		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	2- 6-1			
	3c below.	3a		
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 $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			

	, and the second se		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.		

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

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)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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))? If "Yes,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

SCH	ledule A (Form 990) 2022			age <b>5</b>
Pa	Supporting Organizations (continued)			
			Yes	No
	. Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
а	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?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
-	<i>VI.</i> Section B. Type I Supporting Organizations			
	ection b. Type I supporting organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100	
2	Did the organization energic for the handlit of any supported organization other than the supported organization (s) that			<del></del>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	!		
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
	<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .  b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> , the role played by the organization in this regard.			

instructions)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	ed Type III supporting or	ganization (see

4 Distributions for 2022 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Excess from 2020. . . . .

e Excess from 2022. . . . .

**d** Excess from 2021.

c Remainder. Subtract lines 4a and 4b from line 4.

Section D - Distributions

Schedule A (Form 990) (2022)

Page **7** 

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
	Distributable arrount for 2022 from Carting C. line C.		

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

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2022:				
a From 2017				
<b>b</b> From 2018				
c From 2019			·	
<b>d</b> From 2020				
e From 2021				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2022	(III) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
a From 2017			
<b>b</b> From 2018			
c From 2019			
<b>d</b> From 2020			
e From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
<b>b</b> Excess from 2019		

Schedule A (	(Form 990) 2022 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
_	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493318177193

OMB No. 1545-0047

#### **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.

Open to Public

Internal Revenue Service

(Form 990)

► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** THE GILLESPIE CENTER 41-1617933 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c C Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III	Organizations M	aintaining Col	lections of a	Art, Histor	ical T	reası	ıres, or	Other :	Similar As	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other re	cords, check	any of	the fo	ollowing t	hat are a	significant ı	use of its coll	ection	
а		Public exhibition			d		Loan	or excha	ange prog	rams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4	Provi Part	ide a description of the XIII.	organization's col	lections and ex	kplain how th	ey furt	her th	e organiz	ation's ex	empt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur									☐ Yes	□ N	lo
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			n Form 99	0, Part	: IV, li	ine 9, or	reporte	d an amou	ınt on Form	1 990,	Part
1a		e organization an agent ded on Form 990, Part I									Yes	□ N	lo
	TC 113.4							Г					_
b		es," explain the arrange		•		_			1c	A	mount		_
c d	_	nning balance						-	1d				_
e		tions during the year .						ı	1e				_
f		ibutions during the year ng balance							1f				_
•		-											_
2a		the organization include										∐ N	lo
		es," explain the arrange		. Check here if	the explana	tion ha	s been	provided	d in Part X	(III			
Pa	rt V	Endowment Fund		wared "Vee" s	n Form 00	O Dart	· T\/  ;	ino 10					
		Complete if the or	gariizacion answ	(a) Current y		Prior year		(c) Two y	ears back	(d) Three ye	ars back (e)	our yea	ırs back
<b>1</b> a	Beginr	ning of year balance .			0,379		4,632		1,350,039		062,204		013,244
b	Contri	butions		3	2,462	13	4,151		137,093		110,500		138,106
С	Net in	vestment earnings, gair	ns, and losses	-23	6,715	14	6,810		109,265		188,020		-79,597
d	Grants	s or scholarships											
е		expenditures for facilition	es										
f	Admin	nistrative expenses .		1	4,857	1	4,786		11,765		10,685		9,549
g	End of	f year balance		1,69	0,983	1,88	0,379		1,584,632	1,	350,039	1,	062,204
2	Provi	ide the estimated perce	ntage of the curre	ent year end b	alance (line 1	Lg, colu	ımn (a	)) held a	s:		•		
а	Boar	d designated or quasi-e	ndowment 🕨 🗀	100.000 %									
b	Perm	nanent endowment ►											
С	Term	n endowment <b>&gt;</b>											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%	١.								
3а		there endowment funds nization by:	not in the posses	sion of the org	anization tha	at are h	eld an	ıd admini	stered for	the		Yes	No
	(i) ∪	Inrelated organizations									3a(i)	Yes	
		Related organizations									3a(ii)		No
b		es" on 3a(ii), are the re					₹? .				3b		
4		ribe in Part XIII the inte			endowment	funds.							
Pai	rt VI	Land, Buildings, Complete if the or			n Form 00	n Part	· T\/  :	ine 112	See For	m 990 Pa	rt X line 1	n.	
	Descr	ription of property	(a) Cost or oth (investme	ner basis (I	Cost or othe					epreciation		ook valu	е
1 ~	Land					1	45,000						445,000
	Land						65,199	<u> </u>		1,568,759		-	1,496,440
	Buildir	-				3,0	JJ,177			1,500,739		-	L,770, <del>44</del> 0
		hold improvements				4	24,717			124,717			
a	⊏quipr	ment	l			1	∠¬,/⊥/	1		144,/1/			

17,890

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

17,412

1,958,852

478

Part VII	Complete if the organization answered "Yes" on Formal (a) Description of security or category (including name of security)	orm 990, Part IV (b) Book value		rm 990, Part X (c) Method of va or end-of-year r	luation:
<ul><li>(1) Financia</li><li>(2) Closely-</li></ul>	I derivatives				
(3) Other _	UNDATION CAPITAL RESERVE	599,16	59	F	
	UNDATION ENDOWMENT	35,80		F	
(C)		,			
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	634,97	75		
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Fe	orm 990, Part IV,	, line 11c. See Fo	rm 990, Part X	(, line 13.
	(a) Description of investment		(b) Book value		od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Fo	orm 990, Part IV,	line 11d. See Forr	n 990, Part X, lir	ne 15.
(1)	(a) Description				<b>(b)</b> Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) ————					
(9) 					
(10)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.			•	
	Complete if the organization answered 'Yes' on Fo		line 11e or 11f.S	ee Form 990, I	Part X, line 25. <b>(b)</b> Book value
<b>1. (1)</b> Federal	income taxes	ability			(b) book value
CEE LOAN/L	IGHT REPLACEMENT				3,892
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	3,892
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of		=	ncial statements	that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if t	he text of the footn	ote has been pro	ovided in Part XIII 🔲

Schedule D (Form 990) 2022

Page **4** 

1	Total revenue, gains, and other su	upport per audited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on in	nvestments	2a		
b	Donated services and use of facility	ties	2b		
С	Recoveries of prior year grants .	[	2c		
d	Other (Describe in Part XIII.) $\ .$		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b> .			3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:			_
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) $\ .$		4b		
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c	c. (This must equal Form 990, Part I, line 12.)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		Retur	n.
1		dited financial statements		1	
2	Amounts included on line 1 but no				
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b	1	
С	Other losses		2c	1	
d	Other (Describe in Part XIII.) .		2d	Ī	
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b> .			3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) $\ .$		4b		
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	)	5	
Pai	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b. Also complete this part to provide		V, line	4; Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2022		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2022

#### **Additional Data**

Software ID:

**Software Version: EIN:** 41-1617933

Name: THE GILLESPIE CENTER

#### **Supplemental Information**

Return Reference	Explanation
LINE 4	THE PRINCIPAL FROM THESE ENDOWMENT FUNDS WILL CONTINUE TO GROW, IN PERPETUITY TO HELP FUND THE GILLESPIE CENTER PROGRAMS AND SERVICES FOR MANY YEARS TO COME. THE INTEREST, EACH YEA R, WILL BE USED TO MEET CURRENT PROGRAM AND SERVICE NEEDS.

**SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding**

► Attach to Form 990 or Form 990-EZ.

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

DLN: 93493318177193 OMB No. 1545-0047

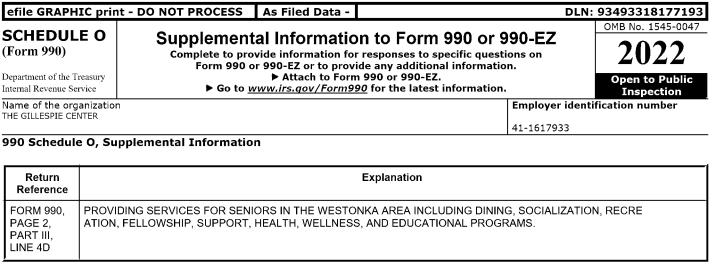
> **Open to Public** Inspection

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

ame of the organization				Employer ide	entification number			
HE GILLESPIE CENTER				41-1617933				
<b>Part I</b> Fundraising Activities. Complete if Form 990-EZ filers are not required t			orm 990,	Part IV, line	17.			
Indicate whether the organization raised funds th	nrough any of the f	ollowing activities. Check	all that a	pply.				
a   Mail solicitations	•	Solicitation of nor	-governm	ent grants				
<b>b</b> Internet and email solicitations	f Solicitation of government grants							
c Phone solicitations	Phone solicitations g			g Special fundraising events				
<b>d</b> In-person solicitations	In-person solicitations							
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?								
b If "Yes," list the 10 highest paid individuals or en to be compensated at least \$5,000 by the organi		pursuant to agreements	under wh	ich the fundrais	er is			
) Name and address of individual or entity (fundraiser)	(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			
1	Yes No							
2								
3								
4								
5								
6								
7								
8								
9								
10								
otal								
List all states in which the organization is registere licensing.	d or licensed to sol	licit contributions or has l	peen notifi	ed it is exempt	from registration or			

	dule G (Form 990) 2022  rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on Fort	m 990 Part IV line 18	or reported more
	than \$15,000 of fundraising e gross receipts greater than \$!	vent contributions and			
	gross receipts greater than \$.	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		BOUTIQUE	BAKERY	2	col. <b>(c)</b> )
9		(event type)	(event type)	(total number)	
Revenue					
	1 Gross receipts	34,920	21,831	15,995	72,746
	2 Less: Contributions	34,920	21,831	15,995	72,746
	<b>4</b> Cash prizes				
S	<b>5</b> Noncash prizes				
nse	<b>6</b> Rent/facility costs				
Direct Expenses	7 Food and beverages				
т С	8 Entertainment				
Dire	9 Other direct expenses	24,362		25,640	50,002
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			50,002
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	22,744
Pai	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
æ	1 Gross revenue				
nses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organization licensed to conduct good of "No," explain:	aming activities in each of	these states?		☐ Yes ☐ No
					1
10a b		censes revoked, suspende	d or terminated during the		Yes No

Sche	dule G (Form 990) 2022							Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmemb	pers?			☐ Yes	Пио	
12	Is the organization a grantor, beneficial formed to administer charitable gaming		or a member of a partnership or other	entity 		□Yes	_	
13	Indicate the percentage of gaming acti	vity conducted in:						
а	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 ►							
4	Address >							
15a	Does the organization have a contract revenue?		vnom the organization receives gamin			□ <b>v</b>	П.	
b	If "Yes," enter the amount of gaming re	evenue received by the	organization ▶ \$	and tl	he	⊔ Yes	⊔ No	
	amount of gaming revenue retained by							
c	If "Yes," enter name and address of the third party:							
	Name <b>&gt;</b>							
	Address >							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ► \$							
	Description of services provided ►							
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а	Is the organization required under stat retain the state gaming license? .			ds to 		☐Yes	Пис	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	in the organization's own exempt activ							
Pai			nations required by Part I, line 2b pplicable. Also provide any addition					s.
	Return Reference		Explanation					



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 BEFORE IT IS FILED.
PART VI,

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PAGE 6, PART VI, LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC

PAGE 6, PART VI, LINE 19

Department of the Treasury Internal Reveroe Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to warw.irz.gov/Form990 for Instructions and the latest Information.

2023
Open to Public

<u>A</u>			alendar year, o		nning		, an	d ending								
E		sit gespje:	C Name of organiza									DE	mploy	er kientification	intilipet.	
Ш	Address	ciange :			Gilles	pie Ce	nter					_				
	Name ob	ianga j	Doing business a									4:	1-1	.617933	3	
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片		ital return) , City or loan, state or province, country, and ZIP or foreign posteriors											24-	<u>·472-65</u>	10T	
닏	i terminated												_			
Anended relum F Name and address of principal officer:  Application pending Karen DeLocenzo Hita) is this a group relum for ait												2f:153	315	,509		
												sibordinates?	Yas	X No		
<u> </u>				ommerce Camprenz							l '			=	₹	=
				mmerce	PTAG						H(b) Amail			_	Yes	∐ No
			Mound		<del></del>		<u>553</u>		_		דינו	NO," ROPECT	10 1151	See instruction	#	
-		out status:	X 501(c)(3)				494	7(a)(1) or	527							
<u>1</u>	Website		ww.gille			<u>g</u>		·	<del></del> ,		H(c) Group e	ocentration	nunb	4	• • • • • • • • • • • • • • • • • • • •	
<u>K</u>	Former	organization:		7rust 1	Association	Other	<del></del>			1 Ye	ar of formation:	<u> 1988</u>	3	as State of leg	al donici	E MN
	art L		mmary	<del></del>	·			<del></del>								
	1	Briefly de	scribe the organ	ization's missio	n or most s	ignificent a	ctivities:	*********		*****			• • • • • •			
8		Prov	ide servic	ses to the	e senio	e comm	unity	in the	West	onk.	a area.					
쿒	Ι.	********		<b></b>	*****											
Activities & Governance	Ι.		· · · · · · · · · · · · · · · · · · ·													
ద	2 (	Check thi	s box 🔲 if the	organization di	scontinued	its operatio	ns or dis	posed of m	ore than	25%	of its net as:	ets.	•••••	***********		******
8	3	Number o	fvoling member	rs of the govern	ing body (F	art VI, Ime	1a)					- 1	3	12		
8	4	Number o	f independent vo	endment gnik	of the gove	ming body	(Part VI	. line 1b)	*******		• • • • • • • • • • • • • • • • • • • •	····	4	12		
몽	5	Total num	ber of Individual	s employed in :	calendar ve	ar 2023 (Pa	ert V. Iini	e 2a)		******	,********	····	5	0	-	<del></del>
퍨	6	Total num	ber of volunteer	s (estimate if n	ecessary)								6	400		
•	7a	Total unre	lated business r	evenue from P	ett VIII. col:	mon (C). Bo		**********		:		····	7a	•		0
	ы	Net unrels	ted business ta	ri emosti eldex	om Form 9	20LT Part (	line 11	*	*****			····	7b			<del></del>
		,		ACCOUNT TO THE	opt i omi o	30-1, E ALL	- mio 1 t	**********	******	7	Prior Y		.,,,,	Čniri	ent Year	
Revenue	8 (	Contributi	ons end grants (	Part VIII. line 1	h)					.[-		3,6	67		124,	122
	9 1	Program's	ervice revenue	(Part VIII, line 2	l-\							2,4				227
348	10 1	nvesimer	it income (Pari \	(A) namico UN	Ross 3 A	and 7d\	••••••		*******	·· ├─		2,1		·····		867
Ĕ	71 6	Other neur	nue (Part VIII, c	ohmen (A). The	- E BA Da	On 10a an		**********	*******	··		E, 9				402
	12	Total rase	nue – add lines	estat gry minos.	erest convert t	24, 100, CH 244, 1111	M 110) Marie /8		*******	·- ├─						
$\overline{}$	13 (	Grande an		o unough tite	aust equal r	Sit Alli' CO	arrinis fi <del>s</del>	), wile 12)	*******			<u> 17,6</u>	20		238,	<u> </u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)												$\dashv$			<u></u>
		Dalasia -	nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)													0
Expanses	10	32121162 <sub>1</sub> (	uner compensar Ial fundralsing fe Talsing expanse	ion, employee i	benants (Pa	it ix, colum	nn (A), 1	nes 5-10) <sub></sub>			<u> </u>			<del></del>		0
E E	1021	Pioression	ारा स्वायायायायाय	es (Part IX, col	lunn (A), lis	11e)		**********		. 270	A CONTRACTOR OF THE CONTRACTOR	-14: 417:4		24224		
×									0	🍱	A WAR A CAND	447-1487	15-21	37.29 2.30	7	<u>:</u>
_	77 (	Juier exp	enșes (Part IX, c	olumn (A), ilne	s 11n-11d,	11f-24e)						0,3			299,	
	18	Lotal exbe	nses. Add lines	13–17 (must er	qual Part IX	, column (A	i), line 2	5)			29	0,3	89		<u> 299</u>	<u>351</u>
4.97	19 F	Kevenue I	ess expenses. S	jublicact line 18	from line 12	, ,						12,7			-60,	<u>733</u>
91	50.7	Foint annu	i Deal V line of	· 50						-  -	leginning of C				Year	===
Net Assets or Fond Balances	20 1		is (Part X, line 1		******	• • • • • • • • • • • • • • • • • • • •		***********	*******	. <u> -</u> -	4,31			4,3	<u> 392,</u>	
됄	21 1		ties (Part X, line		•===	• • • • • • • • • • • • • • • • • • • •	*******	••••••••	******			8,9				156
	art II	VEL ESSES	or fund balance	s. Subtract line	21 from lin	<u>e 20 , , , , , , , , , , , , , , , , , , </u>	7-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				4,30	6,6	31	4,3	390,	<u>984</u>
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to	ner ben	taities of po	rjury, I deciare the opiete. Deciaration	at i have exemine	ed this return,	including ac	company	ing schedule:	s end stat	ement	s, and to the l	est of n	ny kok	i bns egbalw	relief, it i	is,
	- Course		Mage Decaration	or trebate. form	er man conce	a) is cased o	an ell mio	mation of wi	cu prepa	rer has	any knowled	ge.		<del> </del>	~	
C1_	_	Signature	**************************************													
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		Firm's action		lano, M		28-00	99				1.	Mana		763-0"	12-2	Q4 Q
May	May the IRS discuss this when will the															
For E	apenw	ork Reduc	tion Act Notice,	see the senarate	Instruction	B.		*	********		*******	,	,			No
DAA	-													FC	m 990	(ZUZ3)

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	<u>le Gillespie</u>		41-1617933	<u> </u>	Page 2
Rait III Stat	ement of Program	Service Accomplishme	nis	·	==
Che	CK If Schedule O cor	ntains a response or note	to any line in this Part III	*********	<u> </u>
Briefly describe	the organization's mission	in:	•• • • •	_	
ricvide s	ervices to t	he senior commi	mity in the Weston	oka area.	
			·		
* *************		***************************************		***********	
Did the organiza	-/	**************************************		<del> </del>	
prior Form 990			the year which were not listed on the		
	or eso-ez? O these new services on	Cabadela A	*	****************	Yes 🔀 No
			how it conducts, any program		
Saning:	ineri cesse enimentifi f	त्र शावक्य अविधिताद्वास दशकारीवर्शस	new it contacts, any program		Yes 🗓 No
If "Yes." describ	e these changes on Sch				
			of its three largest program services	e ou mosconal hy	
expenses, Sadi	on 501(c)(3) and 501(c)(	t herius as emitations (4	o report the amount of grants and all	ocations to others	
		or each program service repo		overhold to calmol	
•	•				
a (Code:	) (Expenses \$	174,281 Including	gants of \$ ne Westonka area in	) (Revenue S	
Providing	services fo	r seniors in th	e Westonka area in	ncluding din	ing,
ocializa:	tion, recrea	tion, fellowshi	.p. support. healtl	i. wellness.	and
ducation	al programs.	^^^^	· · · · · · · · · · · · · · · · · · ·		*******
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	ervices (Describe on Sch				_
(Expenses S		including grants of S	) (Revenue \$		}
Total progrem se	IIVICE expenses	241,352			<del></del>

	- Provided Of Medities Obligaties		,	
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	Yes	No
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	<del> </del>
_	candidates for public office? If 'Yes," complete Schedule C, Part !	3	i	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	┼──	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ĺ		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
B	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; sarve as a	8	<del> </del> -	X
•		1	1	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	۱.	l	X.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	8		-
	or in quasi-enclowments? If "Yes," complete Schedule D, Part V	10	x	ł
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7.		<del></del>
	VII, VIII, IX, or X, as applicable,	773	197	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes,"		**	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	115	X	<u> </u>
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 167 if "Yes," complete Schedule D, Part VIII	110		X
Œ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>*</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
٠	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 4B (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? if "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
•	"Yes," and if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional	12b		x
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.1	- [	
16	for any foreign organization? If "Yes," complete Schedule F, Peris II and IV	15		<u>X</u>
10	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? If "Yes," complete Schedule F, Parts III and IV		-	
17	Did the organization report a total of more than \$16,000 of expenses for professional fundraising services on	16		X
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	1	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? If "Yes," complete Schedule G. Part II	18	$\mathbf{x}$	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line Sa?	<del>  ~</del>		<del></del>
	If "Yes," complete Schedule G. Pert III	19		X
20a	Did the organization operate one or more hospital facilities? If "Ves." complete Schedule H	20a		X
D.	ir res to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Liquie 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? if "Yes." complete Schedule I, Parts I and II	21		X
AA.	•		000	

Form 990 (2023) The Gillespie Center 41~1617933 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part Vil, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24Ъ Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tex-exempt bonds? d Did the organization act as an "on behalf of leaver for bonds outstanding at any time during the year?" Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes," complete Schedule L, Part I X 25h Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these parsons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Pert IV A family member of any Individual described in line 28a? If "Yes," complete Schedule L. Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 34 Was the organization related to any fex-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 6% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 197 Note: All Form 990 filers are required to complete Schedule O. . . Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

	RitV: Statements Recording Other De Cities and Town On the Company			Page 8
	The state of the s		Yes	
48	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 2a 0	\$ 7		
b	- The second of the Ca, did the cigalization has all required recent amplication by refune?	2b		Ί
3a	The second server in the server produced the server groups discourse of \$1,000 or more disting the vest?	3a	*-1	X
0	tr "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del>                                     </del>
42	At any time during the calendar year, did the organization have an interest in, or a signature or other sufficient over	T	1	<del>                                     </del>
	a mancial account in a foreign country (such as a bank account, secretiles account, or other financial account?)	4a		X
Þ	ii res, enter the hame of the foreign country	<u>(777</u>	<u> </u>	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	25.		
5a	1745 the organization a pany to a prohibited tax shelter transaction at any time during the fax year?	5a	20.00	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shaller transaction?	5b	1	X
C	ir 183 to line 58 of 55, did the organization file Form 8885-T?	50	1-	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	1-	<del> </del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	if "Yes," did the organization include with every solicitation an excress statement that such contributions or	W	<del> </del>	<del>                                     </del>
	guis were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	12.3	155	<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3.7		1
	and services provided to the payor?	7a	1	x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del>	
8	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	╆──	├
	required to file Form 8282?	<b> </b>		x
ď	if "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	**	<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			÷
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70	<del> </del>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	75	<del> </del>	X
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70	<del>                                     </del>	÷
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u>  7</u> 2		<u>-</u>
	sponsoring organization have excess business holdings at any time during the year?	1350	. "	
9	Sponsoring organizations maintaining donor advised funds.	8	Tan .	•••
à	Did the sponsoring organization make any texable distributions under section 4966?	1 1	20.0	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b	-:-:	
a	Initiation fees and capital contributions included on Part VIII, line 12		3.5	•
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ह क्ष		٠. ٠
11	Section 501(c)(12) organizations. Enter:	144	2:3	•
а	A			
ь	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	3-23	المناز	• •
	against amounts due or received from them.)		** **	•
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in fleu of Form 1041?		·*·'l	
ь	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	<del>,2</del> ₹52:	<del></del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		18	••
a	la the organization licensed to issue qualified health plans in more than one state?	$\overline{}$		—
	Note: See the Instructions for additional information the organization must report on Schedule O.	13a	<del></del> -	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1. 3.	3.	
	the organization is licensed to issue qualified health plans			
C		33		
4a	Did the organization receive any payments for indoor taming sayless during the for your?	* **	─-┼	<del></del>
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	<del> </del>	X
5	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remineration or	14b	<del> </del> -	
	CYCOCC marminus announced of the contract of t			~
	If "Yes," see instructions and file Form 4720, Schedule N.	15	*5.	X
6	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	1		7.7
	If "Yes," complete Form 4720, Schedule O.	16		X
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities		•	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	[	-	
	If "Yes," complete Form 6069.	47	l	
		. 1	:_	

Form 990 (2023)

Form 980 (2023) The Gillespie Center	41-1617933	_
Part VIII Compensation of Officers, Directors, Trustee	S. Key Employees, Highest Componented E.	Page 7
maskour doubtdomis	· ·	
Check if Schedule O contains a response or not	e to any line in this Part VII	□
Section A. Officers, Directors, Trustees, Key Employees, and High	ed Compared and Late All	
1a Complete this table for all persons required to be listed. Report comperorganization's tax year.	nsation for the calendar year ending with or within the	
e List all of the organization's current officers, directors, trustees (whe compensation, Enter-0- in columns (D), (E), and (F) if no compensation w	other Individuals or organizations), regardless of amount of las 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, box 6 of 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 life	(B) Average house per week (list any house for related organizations below dotted line)	(c	(C) Position (do not check more than one box, unless person is both an officer and a directoriustee)				)a an a)	(D) Reportable compensation from the organization (W-2/ 1099-NEC)	(E) Reportable compensation from retained computations (W-21 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Karen DeLorenzo	1.00 0.00	x		X				0	. 0	0
(2) Joy Grundeen Vice President	1.00 0.00	x		x				0	0	
(3) Linda Blakstvedt Secretary	1.00 0.00	x		X				0	0	0
(4)Michelle Seeman Treasurer	2.00	x		X				. 0	. 0	0
(5) Wendy Gasca Director	1.00	X						0	0	0
(6) Sherrie Pugh	1.00	X		•				0	·	0
(7) Claudia Lacy	1.00 0.00	x						0	0	0
(8) Cindy Palm	1.00	X						0	o	. 0
(9)Betty Carlson Director	1.00	x					1	0	0	0
(10)Colleen Hendrick	s 1.00	x		1	7		1	0	0	
(11)Rhonda Nelson Director	1.00	X					1	0	0	0
	······································									<u>_</u>

		CONCENSION DI SCIPRES	Tenthersenon
		•	
_	•	·	
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	fitose listed above) who	V.A.)
¥A.			Form 990 (2023)

	VIII Staten Check	if Sc	of Revenue nedule O con	tains	a respo	nse or no	te to any line in t	his Part VIII		
		•		· <del>- ·</del>			(A) Total severana	(B) Related or exempt function revenue	· (C) Usrelated business rovenue	(D) Revenue excluded from tax under sections 512-614
	a Federated cam		B	1a						25 3680,000 at 10
b Membership dues						10,38			ol pareavers	
₹ '	Fundralsing ev	., edno		1c						
흴 '	d Related organiz			10	1					1
튊 5	Government grants (contributions)     Al other contributions, grifts, grants,				<u> </u>				1 40 00 00 00 00	
5	මැත් න්ගම්ක නගතෝය (	not includ	ed abova	15	ł	113,742				
8	9 Newcash contributions included to lines to-11									
흳.				19	\$		A CHESTAN	45755		
<del>-</del>	7 Total. Add lines	1d-1	¥	<u>-</u>	*****		124,12			3 202
22	Program na	-H-	ipation reve			Business Code		**************************************	5 100 500 500	A STATE OF THE STA
anua de					•••••		2,22	2,22	7	
	*		***********						<del>- </del>	
			****************			<b></b>	<del>                                     </del>	<del> </del>	-{	· [
٦ e			*************		*******		<del> </del>		<del></del>	
1	All other program	m sen	rice revenue		********		<u> </u>	<del> </del>	1	<del> </del>
1 9	Total. Add lines	22-2	<u> </u>		· · · · · · · · · · · · · · · · · · ·		2,227	1 4 3 3 4 5 1 5 1		51574-3575-3575.
3	investment inco	me (la	icluding dividenc	is, inter	rest, and					
	other similar am	ounts)	)				44,867	7 <b></b> .	i .	44,86
4	Income from inv	resime	ent of tax-exemp	bond	proceeds					
5	Royalties	*****	*********	.,,,,,,,,	******	******		•		
1			(1) Resi			Personal				
1	Gross rents	6a		601			200		6.00	
	Less; rental expenses			491	-				No. of the second	
4	Rental Inc. or (loss)  Net rental (ncom	6c		110		<del></del>	CANAL STATE			AND SECURITY OF THE PARTY OF TH
	Gross amount from	in or (i	(i) Securities	******	(B) CON-		25,110	25,110	) Tarena da de la companya de la comp	STANCES FOR ALLER T
	raies of assets other than inventory	7a	(i) occurses		15/	- Luses				
Ь	Less: post or other		•							
	basis and sales exps.	7b						20 - EV	55.07	
0	Gain or (loss)	7c								
	Net gain or (loss	·····					-			
8a	Gross Income from	Tundia	ising events				<b>SERVICE AND AND AND AND AND AND AND AND AND AND</b>		THE STATE OF THE S	74555(A) (A) (A)
1	(not including \$									
	of contributions rep	orteci c	n line				de secretario			
١.	ic). See Part IV, lir		**********	8a	<del></del>	86,508	-			
	Less: direct expe			85		49,200			2.00	
0	Net income or (k	oss) fr	om fundralsing e	wents .	********	*********	. 37,308		der Europe von Sincer	37,308
28	Gross income in activities. See P.	om ga od v	ming The 40	_		17 704				100 mm
h	Less: direct expe		mie sa	9a 9b		11,184 6,200			2023	1000 TVA
	Nat income or (k		on gamina sala			0,200	4,984	4,984	AND THE PROPERTY OF THE PARTY O	18.28°C 1
10a	Gross sales of in	venia	ry, less		*******		4,304 4,304 4,304 4,304	*,364	500555555	SEE SEE SOUTH
1	returns and allow	vances		10a	. •.	•				
b	Less: cost of god	ods so	ld	10b		•	<b>349300克利</b>			55.000
<u> </u>	Net income or (lo	25S) fr	om sales of inve	ntory _						
	•					Bosiness Code	%XXXXXX		Missississis	resident
11a b c d	* 1-00	*****								
ь	***************									
C	**************									
	All other revenue				1					
	Total, Add lines				*********			STREET,	18.62 M. 18.42 M. 18	estrict i
14	Total revenue.	ee in	audicuons		*******		238,618	32,321	0	82,175

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, (B) Program service (C) 8b, 9b, and 10b of Part VIII. Малас nent end Grants and other resistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuais. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, irusines, and key employees Compensation not included above to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include saction 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroli taxes Fees for services (nonemployees): Management 85,993 85,993 Legal Accounting 3,180 3,180 Professional fundraising services. See Part IV, line 17 Investment management fees 15,042 15.042 Other, (If line 11g amount exceeds 10% of line 25, column (A) emorant, East line 11g expenses on Schedule (0.) 931 838 93 12 Advertising and promotion 1,969 1.969 13 Office expenses . 6,496 3,629 2,867 Information technology 14 118 106 15 16 Occupancy | 87,720 74,562 13,158 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depraciation, depletion, and amortization 74,982 67,530 7,452 Insurance 23 15.983 15,983 Other expenses, liemize expenses not covered 24 abova. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().) Education/Entertainment 3,812 3,812 Real Estate Taxes 1,869 1,682 187 Program 1.231 1,231 MN AG Fees 25 25 e All other expenses Total functional expenses. Add fines 1 through 249 299,351 241,352 57.999 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | If following SOP 98-2 (ASC 958-720) DAA Form 990 (2023)

		Check if Schedule O contains a response or note	to any	line in this Part X		<del>(</del>	<u>,                               </u>
_		<u> </u>			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			30,812	1	37,224
	2	easings and tentificially cash historialisms				2	
	3	ciecões sur Bisura (ecsuside, list		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or former	officer	director,	TO WEST TO THE STATE OF	n in	2660年4247
	]	trustee, key employee, creator or founder, substantial co	5.0				
		controlled eatily or family member of any of these person	25		and an advantage of an army of broads about	5	
	8	Loans and other receivables from other disqualified para	ons (e	s defined		3.75	
23	1	under section 4958(f)(1)), and persons described in section	lon 49	58(c)(3)(B)	MANAGER COLUMN	6	
Assets	7	Notes and loans receivable, net				7	<u> </u>
₹	8	inventiones for sale or use				В	
	9	Prepaid expenses and deferred charges	*****	*****************	· · · · · · · · · · · · · · · · · · ·	9	<u>                                     </u>
	10a	Land, buildings, and equipment: cost or other	[***			15. NO.	MARKET STATE OF THE
	ŀ	basis. Complete Part VI of Schedule D	10a	3,652,806			
	ь	Less: accumulated depreciation	10b	1,768,936	1,958,852	460	1,883,870
	11				1,690,983	44	1,858,499
	12	Investments—other securities. See Part IV, line 11	***************************************	634,975	12	612,547	
	13	Investments—program-related. See Part IV, line 11		004/515	13	9.42,021	
	14	talawaThIn annala				14	
	15	Other assets. See Part IV, line 11		15			
	15	Total assets: Add lines 1 through 15 (must equal line 33		4,315,622		4,392,140	
	17	Accounts payable and accrued expenses			5,099		11
	18	Guaria adminia	•••••		. 0,000	18	· · · · · · · · · · · · · · · · · · ·
	19	Granis payable		19			
	20	Deferred revenue Toy overest hand lightestee		20.			
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of		21			
•	22	Loans and other payables to any current or former officer			ESERCES INVESTIGATION	21 B	HERATE TO A STATE OF THE STATE
Labilities	22	trustee, key employee, creator or founder, substantial con					
3			_	· ·		÷.	3387
뿔	23	controlled entity or family member of any of these person	\$ 			22	
	24	Secured mortgages and notes payable to unrelated third	parue			23	
	25	Unsecured notes and loans payable to unrelated third par				24	
	23	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24). (of Schedule D	الأسام	ate Patt A .	2 002		1.145
	28			****************	3,892 8,991		1,156
	20	Total liabilities, Add lines 17 through 25	10	**************	Vereichensteinensteinensteinensteinen	20	2,200
y <u>a</u>		Organizations that follow FASB ASC 958, check here	X		GENERAL SERVICES	<b>通过</b>	
2	<b></b>	and complete lines 27, 28, 32, and 33.			2,727,363		
	27 28				1,579,268		2,664,883
8	25	Net assets with donor restrictions Organizations that do not follow FASE ASC 958, chec			1,3/9,200	28	1,726,101
Net Assats or Fund Balances							
논		and complete lines 29 through 33.	l l				
Ħ	29	Capital stock or trust principal, or current funds		29			
356	30	Paid-in or capital surplus, or land, building, or equipment	und .		<u> </u>	30	
¥ .	31	Relained earnings, endowment, accumulated income, or				31	4 000 004
윤	32	Total net assets or fund balances		*********************	4,306,631		4,390,984
	33	Total liabilities and net assets/fund balances			4;315,622	33	4,392,140

Form 89	(2023) The Gillespie Center	<u>41-1617933</u>		Pe	ige 12
Part	. In the second		<del> </del>		
	Check if Schedule O contains a response or note to any line	in this Part XI		*******	
1 To	al revenua (must equal Part VIII, column (A), line 12)	1 4	1 2	238,	618
. IV	ra exhances furnat edital Late IV Contium (V) (116 SP)	2	1 2	299,	351
- 10	ecius ess experses. Subiraci ima 2 mem ima 7	1 2	_	-60 ,	733
4 Ne	i assets or fund balances at beginning of year (must equal Part X. line 32) or	alumn (A))		306,	
p (46	unrealized gains (losses) on investments	5	] ]	45,	086
0 110	recen services and use of lacinities	6	T		
	estment expenses				
8 Pri	or deriod adjustments	1 0	I		
9 Off	er changes in net assets or fund balances (explain on Schedule O)	. 9	7		
10 Ne	essets or fund balances at end of year. Combine lines 3 through 9 (must ex	rual Part X, line	T		
	column (B))	10	4,3	190 .	984
Kings	,				
	Check if Schedule O contains a response or note to any line if	n this Part XII	*********	*****	
	•	_		Yes	No
1 Acc	counting method used to prepare the Form 990: 🔲 Cash 🛮 🗵 Accrus	of Other			
Ift	e organization changed its method of accounting from a prior year or check	ed "Other," explain on		133	•
	edule O.				
2a We	re the organization's financial statements compiled or reviewed by an indepe	endent accountant?	2a	X	
	es," check a box below to indicate whether the financial statements for the		38	-::	
revi	ewed on a separate basis, consolidated basis, or both.	•			:
	Separate basis Gonsolidated basis Both consolidated and	saparate basis			
b We	re the organization's financial statements audited by an Independent accoun		2b		X
	es," check a box below to indicate whether the financial statements for the		<b>198</b>	13:5	***
	arate basis, consolidated basis, or both.			1:33	•
П	Separate basis Consolidated basis Both consolidated and	separate basis	3.47	:	
c If "Y	es" to line 2a or Zb, does the organization have a committee that assumes				
	audit, raview, or compilation of its financial statements and selection of an ir		20	X	
	o organization changed either its oversight process or selection process dur			F33	
	edule O.			133	
3a As	a result of a federal award, was the organization required to undergo an audi	t or endits as set forth in the	l		
	orm Guidance, 2 C.F.R. Part 200, Subpart F?	•	3a		X
	es," did the organization undergo the required audit or audits? If the organiz	ation did not undergo the	******	$\Box$	
	tired audit or audits, explain why on Schedule O and describe any steps take	• -	3b		
			5-	001	moss

#### SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public

Schedule A (Form 990) 2023

#### Name of the organization Employer Identification number The Gillespie Center 41-1617933 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(t). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental until described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 178(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type 1, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported collected to add (III) (iv) is the organization (v) Amount of monetary (vil) Amount of organization (described on lines 1-10) ksted in your governing other support (see expoort (ces above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

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

Sch	edule A (Form 990) 2023 Th	e Gillesp	le Center		41	1617933	Page 2
: · .	sit   Support Schedule for (	Organizations P	Described in S	ections 170(i	one (vi)(A)(f)(c	170/h)(1)(Δ)(v)	1
	(colubiate outly it you cu	eckea the box o	n line 5. 7. or 8	of Part I or if I	milecinemo ed	dileun of belief :	under
<u> </u>	Part III. If the organization	in falls to qualify	under the test	s listed below,	please comple	e Part III.)	
Cole	ction A. Public Support	<u> </u>			,		
Gare	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		•				
4	Total. Add lines 1 through 3						
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)						
8	Public support. Subtract line 5 from line 4		*********			70 100 100 100 100	
Sec	ction B. Total Support	A to said a district or a small .	ALL OF CONTRACT OF THE PARTY.	The state of the s	Lemanton Marcanana Analysis	344,255,344,454,454,756	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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	NEW SERVICE OF THE PERSONS			<b>经过程的证据</b>	DECEMBER 1995	<del></del>
!2 (3	Gross receipts from related activities, etc.				***************************************	12	
	First 5 years. If the Form 990 is for the or	rganization's first, so	scond, third, fourth	ı, or lilih tax year e	as a section 501(c)	(3)	11
Son	organization, check this box and stop her tion C. Computation of Public S	re	**************************************	****************	***********	**********	
14	Dublic support served to 2008 # - 6	nhhour Leiceite	aye	- (7)		1 22 1	
15	Public support percentage for 2023 (line 6	o, cululuu (i) cuvideu vadula A. Bast II. liim	cyme 11, comn	u (IX)	************	14 .	<u>%</u> %
.c [6a	Public support percentage from 2022 Sch 33 1/3% support test — 2023. If the orga	oujsoljov djej vet cyc ierinio të Laif ië izie	er the her on line	12 and line 14 is	27 1796 or more	nhaek thin	70
	_ have and after hear 77						П
b	33 1/3% support test — 2022. If the organization	enization did not che	eck a hox on line 1	3 or 16a and line	15 is 33 1/3% or m	ince check	L.i
	this box and stop here. The organization	cualifies as a cublic	ly supported one				П
7a					6a. or 16b. and line	14 is	Ц
	10% or more, and if the organization mee	ts the facts-and-circ	umstances test. c	heck this box and	stop here. Explain	ı ibn	
	Part VI how the organization meets the fa	cis-and-circumsian	ces test. The orga	nization qualifies a	is a publicly suppo	fed	П
ь	10%-facis-and-circumstances test — 20	022. If the organizat	ion did not check :	s box on line 13, 1	6a, 16b, or 17a, ar	d line	
	15 is 10% or more, and if the organization	meets the facts-an	d-circumstances t	est, check this bo	and stop here. E	xplain	
	in Part VI how the organization meets the organization						🛮
18	Private foundation. If the organization distructions	d not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box end se	3	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Parfilli Support

1990) 2023 The Gillespie Center 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 faile to qualify under the tasts listed below please complete Part II.)

Sec	tion A. Public Support	quality under tr	ie iesis ilsied d	elow, please c	omplete Part II	.)	
	edar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 0004	647 0000	(-) mana	10 T-1-1
4	Gits, grants, contributions, and membership fees	(a) 2018	(8) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
,	received. (Do not include any "musual grants.")	164,525	246,712	175,077	153,667	124,122	864,103
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose	- 66,680	34,661	44,479	48,152	60,012	253,984
3	Gross receipts from activities that are not an unrelated trade or business under section 513	69,935	41,220	76,167	76,814	<b>86,50</b> 8	350,644
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•					•
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	301,140	322,593	295,723	278,633	270,642	1,468,731
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		٠		•		
	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						
	Add lines 7a and 7b	and we say, where a	Factorial and a state of the st	182000000000000000000000000000000000000	emplement of the later	Takan tan Erb	
8	Public support. (Subtract line 7c from						
Š.	ine 6.) tion B. Total Support	NASA MANAGEMENT	SECTION AND SECTION	2.41628-13425-1	RANGE PROPERTY.		1,468,731
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	·(f) Total
	Amounts from line 6	301,140	322,693	295,723	278,633	270,642	1,468,731
	Gross income from interest, dividends, payments received on securilies loans, renis, royalties, and income from similar sources	76		50,602	62.177	44,867	157,725
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				٠		
C	Add lines 10a and 10b	76	3	50,602	62,177	44,867	157,725
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly canted on	8,246					8,246
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		•				
13	Total support. (Add lines 9, 10c, 11,	•		1			
	and 12.)	309,462	322,596	346,325	340,810	315,509	1,634,702
14	First 6 years, If the Form 990 is for the or organization, check this box and stop her	_		, or fifth tax year a	•	(3)	
Sec	tion C. Computation of Public St					·	
15	Public support percentage for 2023 (line 8					15	89.85%
15	Public support percentage from 2022 Sch						92.46%
	tion D. Computation of Investme				·	[ ]	
17 18	Investment income percentage for 2023 (I			, contain (t))		· · · · · · · · · · · · · · · · · · ·	10% 7%
	Investment income percentage from 2022 \$ 33 1/3% support tests — 2023. If the org		********		man iban 22 1H	18   18   18	178
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization q	ualifica as a public	ly supported organ	nizalion	X
ь	33 1/3% support tests — 2022. If the org					•	<del></del>
	line 18 is not more than 33 1/3%, check th	•	_	•		-	
20	Private foundation. If the organization dis	not check a box o	n line 14, 19a, or 1	9b, check this box	and see Instructi	ons	

Schedule A (Form 890) 2023 . Part IV.

**Supporting Organizations** 

(Complete only if you checked a box on 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Old the organization have utilimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Dld the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 6c 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?"
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VL
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes		No	-
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<u>: Pai</u>	t:IV. Supporting Organizations (continued)			
42	Double constant and the second	2.0	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1 1		•
h	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		<del></del>
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11e, 11b, or 11c, provide detail in Part VI.	110	٠.	
Secf	ion B. Type I Supporting Organizations	1 4 16 3		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	19873	24.5.5	4.4
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			•
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization	1.7.4		٠,
	effectively operated, supervised, or controlled the organization's activities, if the organization had more than or			•
	organization, describe how the powers to appoint and/or remove officers, directors, or trustaes were allocated			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		· ::	
	supervised, or controlled the supporting organization.	2		, <u></u>
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			;
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			•
	the supported organization(s).	1		, <u>.</u>
Sect	on D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
•			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			•
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			•
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	)   \$60.50 to		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	7 584-12	-	<del></del>
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported	- 10 m		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	72 Table 1		•
	how the organization maintained a close and continuous working relationship with the supported organization(s	2 2 3 3 3	5-70	****
<b>`</b> 3	By reason of the relationship described on line 2, above, dld 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 tex year? If "Yes," describe in Part VI the role the organization's supported organizations played in this repart.			
Sect	lon E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see Instructions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3.21	• •	· ·
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			-
	those supported organizations and explain how these activities directly furthered their exempt purposes,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	how the organization was responsive to those supported organizations, and how the organization determined	136 C	. ; :	-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvament, one or more of the organization's supported organization(s) would have been engaged in? If		· : : ·	• .
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		: ••	
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	356		
٦ a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			•
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3n		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h (\$4)	• •	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,	3b	l	
DAA		Schedule A (I	onn 9	90) 2023

Circle	33 Paç
instructions. All other Type III non-functionally integrated supporting ornanizations must complete Sections A through E.  Instructions. A Holding Type III non-functionally integrated supporting ornanizations must complete Sections A through E.  Instructions. A Holding III no	
1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other pross 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 hald for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 9 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 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 securilies 12 b Average monthly cash balances 15 c Fair market value of other non-exempt-use assets 15 d Total (add lines 1a, 1b, and 1c) 10 d Total (add lines 1a, 1b, and 1c) 10 d Total (add lines 1a, 1b, and 1c) 10 d Total (add lines 1a, 1b, and 1c) 10 d Cash deemed held for exempt use: Enler 0.015 of line 3 (for greater emount, see instructions) 5 f Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 g Milling Income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A) 1	
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see Instructions) 3 Other gross income (see Instructions) 4 Add lines 1 through 3. 5 Depreciation and deplation 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 Aggregate fair market value of all non-exempt-use assets (see Instructions for short tex year or assets held for part of year): 1 Aggregate fair market value of securilies 1 Average monthly value of securilies 1 Average monthly cash balances 1 to 0 Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1s, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in defail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use: Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of con-exempt-use assets (subtract line 4 from line 3) 5 Net value of con-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6)	
2 Recoveries of prior-year distributions 3 Other gross income (see Instructions) 4 Add lines 1 through 3. 5 Depreciation and denietion 6 Porlion 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) 7 Other expenses (see Instructions) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted line Income (subtract lines 5, 6, and 7 from line 4) 9 Adjusted line Income (subtract lines 6) 9 Adjusted line Income (subtract lines 1) 9 Adjusted line Income (subtract line 4 from line 3) 9 Adjusted line Income (subtract line 6) 9 Adjusted line Income (subtract line 6) 9 Adjusted line Income (subtract line 6) 9 Adjusted line Income (subtract line 7 to line 6) 9 Adjusted line Income for prior year (from Section A, line 8, column A) 9 Adjusted line Income for prior year (from Section A, line 8, column A) 9 Adjusted line Income for prior year (from Section A, line 8, column A) 9 Adjusted line Income for prior year (from Section A, line 8, column A) 9 Adjusted line Income for prior year (from Section A, line 8, column A)	(B) Current Year (optional)
3 Other gross income (see Instructions) 4 Add lines 1 through 3. 5 Depreciation and deeletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property hald for production of income (see Instructions) 7 Other expenses (see Instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 Aggregate fair market value of all non-exempt-use assets (see Instructions for short fax year or assets held for part of year): a Average monthly value of securilles 1 Average monthly value of citier non-exempt-use assets 1 C Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indetretness explicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use: Enter 0.016 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Milliply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Millimum Asset Amount (add line 7 to line 6) 8 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section A, line 8, column A)	
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	Current Year
<u>도</u> Englished Loop of the 1.	
2 Million or or or or or or or or or or or or or	
4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5	
5 Income tax imposed in prior year 5	
8 Distributable Amount. Subtract line 5 from line 4, unless subject to	
emergency temporary reduction (see instructions).	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	

	18A (Form 990) 2023 The Gillespie Cen		. 41-16	1793	33 Paga 7
Rai	t:V% Type III Non-Functionally Integrated 509(a)(3) 5	Supporting Organiza	tlons (continued)		
Sect	ion D Distributions		•		Current Year
	Amounts paid to supported organizations to accomplish exempt purpor			1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	·
	Administrative expenses paid to accomplish exempt purposes of supposes	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
<u> 5</u>	Qualified sel-eside amounts (prior IRS approval required—provide dela	alls in Part VI)		5	
<u> 6</u>	Other distributions (describe in Part VI), See instructions.	······································	<del></del>	6	
7	Total annual distributions, Add lines 1 through 6.			7	<del> </del>
.8	Distributions to attentive supported organizations to which the organizations to which the organizations are supported organizations.	ition is responsive		В	
8	(provide details in Part VI). See instructions.		•		
10	Distributable amount for 2022 from Section C, tine 6	<del></del>	·	9	
10	Line 8 amount divided by line 9 amount	· .	***	10	21000
Cart	in It Wildington All and the tentral	(i)	(II)		(III)
3661	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s   '	Distributable
1	Distributable amount for 2023 from Section C. line 6		Pre-2023	<del>55</del>	Amount for 2023
2	Underdistributions, If any, for years prior to 2023		<b>発音器を発送するというというと</b>	363) 363)	Administration of the second
-	(reasonable cause required-explain in Part VI). See				
	Instructions				
3	Excess distributions carryover, if any, to 2023				
а	From 2018		100000000000000000000000000000000000000	多數	100000000000000000000000000000000000000
	From 2019		<b>建筑的中华的发现</b>	3 TO	has the first of t
3	From 2020		<b>建设设置</b> 设计	遊戲	<b>有数数数据数据</b>
	From 2021		<b>三国主义</b>	經過	
	From 2022	<b>公司是我的政治的</b>	<b>在图别的类似的现在</b>	屬領	
f	Total of lines 3a through 3a	•	<b>医甲基甲基对邻</b>	新新	<b>张连号等。</b> [17]
9	Applied to underdistributions of prior years	<b>等的表现的影響</b>		X	
h	Applied to 2023 distributable amount				<del></del>
<u> </u>	Carryover from 2018 not applied (see instructions)		<b>经验证金额</b>	多部	2 es = 110 + 1
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.		AND REAL PROPERTY.	學學	<b>2555</b> 2500000000000000000000000000000000
4	Distributions for 2023 from			選案	
	Section D, line 7:			4 A	Negletickin (
	Applied to underdistributions of prior years	<b>可以包括加加斯斯斯</b>	•	757	
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	Market Carlot Company Company		- 1 TW	
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero. explain in Part VI. See instructions.		Contraction Contraction Contraction		
6	Remaining underdistributions for 2023. Subtract lines 3h				•
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.	<b>2012年次年安全的</b>		925) 5790 (455)	
7	Excess distributions carryover to 2024. Add lines 3]	•		劉總	
8	and 4c. ( Breakdown of line 7:	1000 1000 1000 1000 1000 1000 1000 100	AND AND AND AND AND AND AND AND AND AND	1437 (300) 256 (304)	STEAM TO SEE SEE SEE SEE
	Excess from 2019		ALCO ACCOUNTS OF CASE	5884J999 5581865	THE STATE OF THE S
	Excess from 2020			CALL VE	ON NOTES
	Excess from 2021				
	Excess from 2022	100000000000000000000000000000000000000			Personal Control
	Excess from 2023	23/80 CO (POSS/ES)	20 × 20 × 10 × 20 × 20 × 20 × 20 × 20 ×		
···		melte der gen "am einer gefan 9 jerrenderagelen fig.	THE CONTRACTOR STATES OF THE PARTY AND ADDRESS OF		dule A (Form 999) 2023
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	THE GILLESPIE CENTER	41-1617933	Page 8
Partyll	Supplemental Information. Provide the explanations required by Part II, line 10	): Part II. line 17a or	17b: Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11	h and the Bort B/	Coeffee
	D (non-4 and 2) Dock 1/2 Continue 1, 2, 42, 50, 10, 10, 10, 10, 10, 10, 114, 11	D, and 110, Partiv,	SECHOIL
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part	IV, Section E, lines	1c, 2s, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6	and 8- and Part V	Section F
	lines 2, 5, and 6. Also complete this part for any additional information. (See Inst		
	mice 2, c. c. co. 7 lies complete the part for any administration (See Insu	(GCGOUS')	
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## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. QMB No. 1545-0047

2023

Schednle B (Form 990) (2023)

Employer identification number

41-1617933 The Gillespie Center Organization type (check one): Filers of: · Section: **X** 501(c)( Form 990 or 990-EZ 3 ) (enter number) organization 4947(a)(1) nonexempt charilable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charilable 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 K 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 datermining 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 331/3% 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 Vill, 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 cruelly to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and ill. 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, unter 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 filling requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 890-PF.

Schadula P	3 (Farm 990) (2023)	Page	1 of 1 Page 2
vame of o	organization Gillespie Center	'Emp	oloyer identification number -1617933
Part I		ut I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Westonka Lions 2590 Commerce Blvd Mound MN 55364	26,600	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
<b>(</b> a)	(b)	(c) . Total contributions	(d) Type of contribution
No.	Name, address, and ZIP+4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP+4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	1	s	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncesh (Complete Part II for noncesh contributions.)
		<u> </u>	Schedule B (Form 990) (2023)

## SCHEDUTE 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.

OMES No. 1545-0047 Open to Public : Inspection

Schedule D (Form 990) 2023

Name of the organization Employer identification of The Gillespie Center 41-1617933 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. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No conferring impermissible private benefit? ্Part ॥ ? Conservation Easements Complete if the organization answered "Yes" on Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2008, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where properly subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items. (I) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of cit, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part Vill, line 1 b Assets Included in Form 990, Part X ...... 

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

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Sche	dule D (Form 990) 2023 The Gill					517933 <u> </u>	Page 2			
Pa	řtilli Organizations Maintainir	g Collections of	Art, Historical Tr	easures, c	or Other	Similar Asset	s (continued)			
3	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	a Public exhibition d Loan or exchange program									
b										
C	Preservation for future generations					,.,				
4	Provide a description of the organization's	collections and explain	how they further the o	aganization's	exempt p	urpose in Part				
	XIII	•	•			•				
	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						Yes No			
₽₽à	Part IV: Escrow and Custodial Arrangements									
• • •	Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 9, or reported an amount on Form									
	990, Part X, line 21.									
1a	Is the organization an agent, irustee, custo	dian or other intermedi	ary for contributions or	r other assets	s not					
	Included on Form 990, Part X?				-		Yes No			
b	If "Yes," explain the arrangement in Part XI	I and complete the fol	lowing table.		•					
	, i						Amount			
C	Beginning balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		1c	<del> </del>			
d	Additions during the year					1d				
	Distributions during the year					19				
f	Ending balance					[1f]				
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cust	odial accoun	tiability?		Yes No			
b	If "Yes," explain the amangament in Part XI	II. Check here if the ex	planation has been pr	ovided on Pa	rt XIII	·				
Pa	#Was Endowment Funds	•			_					
	Complete if the organization	n answered "Yes"	on Form 990, Par							
		(a) Current year.	(b) Prior year	(c) Two year		(d) Three years back	(e) Four years back			
1a	Beginning of year balance	1,690,983			4,632	1,350,03				
þ	Contributions	45,777	. 62,176	16	3,723	137,09	3 110,500			
	Net investment earnings, gains, and									
	losses	136,781	-236,715	2.4	6,810	109,26	188,020			
d	Grants or scholarships									
	Other expenditures for facilities and				1	•				
•	programs						40.505			
f	Administrative expenses	15,042	14,857		4,786	11,76				
9	End of year balance	1,858,499			0,379	1,584,63	2 1,350,039			
2	Provide the estimated percentage of the cu	ment year end balance	e (line 1g, column (a)) i	held as:						
æ	Board designated or quasi-endowment	L00.00%								
b	Permanent endowment %	•								
C	Term endowment %	•								
	The parcentages on lines 2a, 2b, and 2c si									
3а	Are there endowment funds not in the poss	ession of the organiza	tion that are held and	administered	for the		[ar] av			
	organization by:						Yes No			
		******								
	(ii) Related organizations?						3a(ii) X			
	If "Yes" on line 3a(II), are the related organ			***********		*************	. <u>  3b                                       </u>			
_	Describe in Part XIII the intended uses of t		wment funds.	4						
· ga	it VI Land, Buildings, and Eq	urpment		-1112 N	4- 0	Earn 000 Bod	V line 10			
	Complete if the organization				TEL SEE	Completed	(d) Book value			
	* Description of property	(a) Cost or other b ((Investment)	esis (b) Costoro (cibe			recipion	Internation			
<u> </u>	Para d			45,000			445,000			
1a	Land	.		65,199		643,282	1,421,917			
Þ	Buildings		10,0	222,00		. 033, 202				
C	Leasehold improvements		<del></del>	24;717		124,717				
	Equipment			17,890		937	16,953			
B	Other						1,883,870			
1013	L Add lines 1e through 1e. (Column (d) mus	t equal rolm 990, Pan	A, MIE TUG, COMMIN (C	<i>71</i>	,,,,,,,,	<u></u>	2,003,070			

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Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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 fax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 980) 2023

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Schedule D (Form 990) 2023 The Gillespie Cer		-1617933 Page 4
Reconciliation of Revenue per Audited	Financial Statements With Rever	ue per Return
Complete if the organization answered "Y		
1 Total revenue, gains, and other support per audited financial:		1
2 Amounts included on line 1 but not on Form 990, Part VIII, lin	e 12:	
a Net unrealized gains (losses) on investments	22	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
a Other (Describe in Fart XIII.)		
e Add lines 2a through 2d	h	2e
3 Subtract line Ze from line 1		3
4 Amounts included on Form 990, Part Vill, line 12, but not on !	ine 1:	50h
a investment expenses not included on Form 990, Part VIII, line	7b 4a ·	
b Other (Describe in Part XIII.)	45	
c Add lines 4a and 4b	*	Ac
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990	D. Part I. line 12.)	8
*Part XII Reconciliation of Expenses per Audite		
Complete if the organization answered "Y		ingo has reading
1 Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Donated services and use of facilities		
b Driet year adhichmenta	2b	
b Prior year adjustments  c Other losses		36.35
d Chief (Describe in Part Vitr.)		
e Add lines Za through 2d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20
3 Subtract line 2e from line 1		3 3
4 Amounts included on Form 990, Part IX, line 25, but not on lin		
a Invesiment expenses not included on Form 990, Part VIII, line		
b Other (Describe in Parl XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses: Add lines 3 and 4c. (This must equal Form 98	00, Part I, line 18.)	5
©PartXIII© Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part II		
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp		ilion.
Part V, Line 4 - Intended Uses f	or Endowment Funds	
!		*
The principal from these endowne	nt funds will continue	to grow, in
* *************************************		
perpetuity to help fund the Gill	espie Center programs	and services for many
	1	
years to come. The interest, each	h year, will be used t	o meet current
	• •••• • • • • • • • • • • • • • • • • •	
program and service needs.	f	
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Schedule D (Form 990	2023 The	Gillespie	Center		41-1617933	Page o
Schedule D (Form 990 Part XIII Supp	iemental in	ormation (contin	nued)			<del></del>
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# SCHEDULE G (Form 990)

Supplemental information Regarding Fundralsing or Gaming Activities Complete if the organization enswered "Yes" on Form 990, Part IV, Ilno 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, Ilno 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go to provide	Altach to Form	990 c	Form	990-EZ. and the latest informati	ora.	Open to Public			
Name of the organization		gour omoso idi u	Muus	10113	and the public tribings	Employer (dentifies				
=	The Gillespie Center 41-1617933									
	ing Activities. Complete if -EZ filers are not required to				red "Yes" on Form	990, Part IV, line	17.			
	rganization raised funds through a				Cipeck all that apply.					
a Mail solicitations	•	a 🔲 Solicitation	of no	ונסם-נו	emment grants					
b Internet and email	solicitations	Solicitation	of go	vemn	ent grants					
c Phone solicitations	<b>3</b> 1	Special fun	_		_					
d In-parson solicitati										
2a Did the organization ha	ave a written or oral agreement wi d in Form 990, Part VII) or entity i	th any individual (i n connection with	nclud profe:	io gni sroiza	licers, directors, truster Il fundralsing services i	es. ?	Yes No			
b if Yes, list the 10 high	hest paid individuals or entitles (fu						•			
(i)	\$5,000 by the organization.  address of individual by (fundraler)	(ii) Activity	custr cont	d fand- hawe ody or roll of	(iv) Gross receipts from salivity	(v) Amount poid to (or ratained by) fundralism listed in	(vi) Amount paid to (or retained by) organization			
				utons?		col: (i)	<u> </u>			
1			Y 85	No		•				
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	the organization is registered or li	censed to solicit c	onhib							
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or Penanturic Reduction Act Notice, see the Instructions for Form 990 or 990-F7. Schedule G (Form 990) 2023										

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Schedule G (Form 990) 2023

Scher	tula 13 (Econo 000) 2023	The Gillespi	e Center	41-1617933	rage o
11	Dass the americation con-	fuct caming activities with a	onmembers?	of a partnership or other entity	Yes No
12	is the constraint and each	or, heneficiary or inustee of	a trust, or a member	of a partnership or other entity	51 51
160	formed to administer charil	lable gaming?		areas resident of the control of the	Yes No
				13a	%
ь	An oniside facility		144.54.64.44.44.44.44.44.44.44.44.44.44.44.44	geming/special events books and	1%_
14	Enter the name and address	ss of the person who prepa	es the organization	gaming/special events books and	•
	records:		_		
				•	
	Nome .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******
	Address				******
	***********				
1E2	Does the amenization hav	re a contract with a third par	ly from whom the or	panization receives garning	П. П.
144	minorita?	•		s	Yes   No
	If Vee perior the amount	of namino revenue receive	i by the organization	s and the	
	omount of naming revenue	e relained by the third party	\$		
_	if "Yes," enter name and a		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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16	Gaming manager informs	illon:			
10					
	Name	•			
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	Gamino manager compet	nsation \$			
	Description of services of	rovided			
	,		<u>-</u>		
	Director/officer	Employee	Independen	t contractor	
		-			
17	Mandatory distributions:				
8		ed under state law to make	charitable distributio	ns from the gaming proceeds to	□ ves □ No
					L L
ъ	. Hairtine amount of title	TOTAL OF LEADING CONTROL OF THE	2		
	spent in the organization	's own exempt activities du	ing the tax year	S	(v): and
P	art IV Supplemen	rtal Information. Prov	ide the explanati	s ons required by Part I, line 2b, columns (iii) and applicable. Also provide any additional informat	້ (ຄາ) ສາເຕ
	Partill, lines	s 9, 9b, 10b, 15b, 15c,	16, and 17b, as	sphilespie. Also provide any additional informati	J <b>U</b> 111
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# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 for the latest information. OMB No. 1545-0047

2023

Open to Public Linspection Employer identification number

The Gillespie Center	4T-TPT 1322
Form 990, Part III, Line 4d - All Other Accomplishme	
Providing services for seniors in the Westonka area including dining,	
socialization, recreation, fellowship, support, heal	th, wellness, and
educational programs.	***************************************
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
The board of directors reviews and approves Form 990	before it is filed.
Form 990, Part VI, Line 12c - Enforcement of Conflic	
Annual consideration and written declaration by dire	ctors and all staff.
Discussions of review take place in board meetings.	
* *************************************	\$66466566544465575646658888866666
Form 990, Part VI, Line 19 - Governing Documents Dis	closure Explanation
· ·	closure Explanation
Form 990, Part VI, Line 19 - Governing Documents Dis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Form 990, Part VI, Line 19 - Governing Documents Dis No documents available to the public	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Form 990, Part VI, Line 19 - Governing Documents Dis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Form 990, Part VI, Line 19 - Governing Documents Dis	

Form 4562

Department of the Treasury

Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Anach to your tax tentil.

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

OMB No. 1545-0172

2023

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Form 4562 (2023)

There are no amounts for Page

Identifying number Name(s) shown on return 41-1617933 The Gillespie Center Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see Instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,890,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation, Subtract line 3 from line 2, If zero or less, enter-0-Dollar limitation for lax year. Subtract line 4 from line 1. If zero or less, enter-0-. If married filing separately, see instructions ... (b) Cost (business use only) (a) Description of property Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 5 and 7 я 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 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 Carryover of disallowed deduction to 2024. Add lines 9 and 10. less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property, See Instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) SPärtus Section A 74,982 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 If you are electing to group any assets placed in service chaing the tax year into one or more general asset accounts, check bere ..... Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year placed in (d) Recovery (g) Depreciation deductor (n Method (a) Convention business/kwesiment use only-see kustructions) (a) Classification of property centos 的机构和基础和 19a 3-year property SHEET STATE h 5-year property 7-year property APPENDING SAN d 10-year property 15-year property 20-year property SIL 25 yrs. 25-year property S/L MM 27.5 yrs. Residential rental S/L MM 27.5 yrs. property S/L 39 yrs. MM Nonresidential real S/L MM property Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 是是其他因為 SIL 20a Class life S/L 12 yrs. b 12-year MM S/L 30 yrs. 30-year им S/L 40 yrs. d 40-year Part IV Summary (See instructions.) 21 ·Listed property. Enter amount from line 28 Listed property. Enter amount from line 25

Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 74,982 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....

For Paperwork Reduction Act Notice, see separate instructions.