Ε.	Q	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		OMB No. 1545-0047
		benefit trust or private foundation)	Code (except black lung	
		Interstation may have to use a copy of this return to satisfy st	ate reporting requirements.	Open to Public Inspection
AF	or the		JUN 30, 2013	mopeemen
Bc	heck if	C Name of organization	D Employer identifica	ation number
a	oplicab			
	Addre] Chang	e THE GREAT LAKES CHILDREN S MUSEUM		
	Name chang Initial	e Doing Business As		30004
	Ireturn	Number and street (or P.O. box if mail is not delivered to street address)		000 4506
	Termi ated Amen	15240 S WEST BAT SHOKE DATVE	(231)	
	_return]Applic	City, town, or post office, state, and ZIP code	G Gross receipts \$	334,142.
	_tion pendi	IRAVERSE CITI, MI 49004	H(a) Is this a group ret	
		¹⁹ F Name and address of principal officer: JOHN NOONAN 13240 S. WEST BAYSHORE DRIVE, TRAVERSE CIT	for affiliates?	
	·	empt status: $X = 501(c)(3)$ $= 501(c)()$ $($ $) = (insert no.)$ $= 4947(a)(1)$ or $=$		
		te: \blacktriangleright WWW.GREATLAKESKIDS.ORG		st. (see instructions)
			H(c) Group exemption Year of formation: 1998 M	
	rt I			State of legal dofinicile, 111
		Briefly describe the organization's mission or most significant activities: TO SURRO	DUND CHTLDREN A	ND THE
Activities & Governance	•	ADULTS IN THEIR LIVES WITH A HANDS-ON, INTER	RACTIVE AND INF	ORMAL
nar	2	Check this box		
Ievel			3	13
ğ		Number of independent voting members of the governing body (Part VI, line 1b)		13
es &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		7
vitie		Total number of volunteers (estimate if necessary)		70
cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.
4		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	125,295.	133,741.
Revenue	9	Program service revenue (Part VIII, line 2g)	151,630.	142,862.
Jev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8.	-194,993.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,376.	41,529.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,309.	123,139.
		Grants and similar amounts paid (Part IX, column (A), lines 1.3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,216.	142,780.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
EXp		Total fundraising expenses (Part IX, column (D), line 25) 16,807.	220 522	101 220
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	228,532. 376,748.	<u>181,330.</u> 324,110.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-59,439.	-200,971.
ss	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20	Tatal accests (Dart V, line 10)	Beginning of Current Year 516,857.	End of Year 297,837.
Asse Bal		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	252,565.	234,516.
Vet / und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	264,292.	63,321.
Pa	rt II	Signature Block		00,021.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which pre		
Sia	ı	Signature of officer	Date	

Sign	Signature of officer									
Here		E DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid				self-employed						
Preparer	Firm's name			Firm's EIN						
Use Only	Firm's address									
				Phone no.						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
						00.				

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2012)

4c (Ca 	ode:) (Expenses \$including grants of \$) (Peve) Form 990 (
4c (Ca 	ode:) (Expenses \$including grants of \$) (Reve ther program services (Describe in Schedule O.) xpenses \$including grants of \$) (Revenue \$		
4c (ca	including grants of \$		
	including grants of \$) (Rever including grants of \$) (Rever	nue \$	
	<pre>code:) (Expenses \$ including grants of \$) (Reve</pre>	nue \$	
	including grants of \$) (Reve	nue \$	
	including grants of \$) (Expenses \$) (Reve	nue \$	
	rode:) (Expenses \$ including grants of \$) (Reve	nue\$	
_			
_			
<u>P</u> .	ARENT TEACHER ORGANIZATIONS AND COMMUNITY FESTIVALS.		
$\frac{\overline{F}}{T}$	AMILIES. THE MUSEUM OFFERED IN-HOUSE PROGRAMS TO CLAS ROOPS, AND OTHER GROUPS, AS WELL AS OUTREACH PROGRAMS	SROOMS,	SCOUT
I	ROVIDED CHILDREN, FAMILIES, AND EDUCATORS WITH INQUIRY N A HANDS-ON MUSEUM FACILITY. THE MUSEUM SERVED OVER THROUGHOUT THE TAX-YEAR, WITH ANNUAL MEMBERSHIPS OF MOR	31,000 \	/ISITOR
re 4a (Co	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth evenue, if any, for each program service reported. rode:) (Expenses \$262,403. including grants of \$) (Reve	nue \$	142,68
4 De	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, a	•	-
	"Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program services'	?	Yes X
	id the organization undertake any significant program services during the year which were not listed on ne prior Form 990 or 990-EZ?		Yes X
C	NTERACTIVE AND INFORMAL EDUCATIONAL ENVIRONMENT THAT W URIOSITY, ALLOW EXPLORATION, ENCOURAGE PARTICIPATION A HE CHILD-LIKE WONDER IN ALL OF US.		
Т	riefly describe the organization's mission: O SURROUND CHILDREN AND THE ADULTS IN THEIR LIVES WITH	I A HANDS	
Part I	III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		

Form 990 (2012)

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
		2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		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		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 Revenue Procedure 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 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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		X
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	110		
D D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
16	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15		45		x
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_ A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			- v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

20b

Form 990 (2012)

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THE GREAT LAKES CHILDREN'S MUSEUM

Form 990 (2012)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
		23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
2-1u	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
		24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		1
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0.5		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			x
~-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	30		- 23
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52		32	x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
94	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	1
		Form	990	(2012)

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," 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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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		Х
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Δ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

THE GREAT LAKES CHILDREN'S MUSEUM

Statements Regarding Other IRS Filings and Tax Compliance

Form 990	(2012)
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232005 12-10-12

Form 990 (2012)

Part V

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THE GREAT LAKES CHILDREN'S MUSEUM

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rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

Check if Schedule O	contains a res	ponse to any	auestion in this	Part VI	

X

Sec	tion 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	1					
	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		Х			
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		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
- 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		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	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					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?						
	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in 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		X			
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					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{MI}$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website Y 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	d finar	ncial				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	►				
	JOHN NOONAN, EXECUTIVE DIRECTOR - 231-932-4526						
232000	13240 S. WEST BAYSHORE DRIVE, TRAVERSE CITY, MI 49684	Γ	000	(0040)			
12-10-	12	Form	990	(2012)			
	6						

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question 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 (Ď), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

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Name and hile Andre and hile Work for work for related organizations field related organizations field related organizations related organizations field related organizations related organizations related related organizations related	(A)	(B)	(C)		(D)	(E)	(F)				
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	ees, Key Emp					-					
Part VII Section A. Officers, Directors, Truste		DIOYE	ees,			ghes	st C				
(A) Name and title	(B) Average hours per week	box, office	not ch unles	(C Posi neck r ss per d a dir	tion nore f son is	s botł	h an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other
o	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	eensation om the inization related nizations
1b Sub-total								0.	0		0.
c Total from continuation sheets to Part VII,								0.	0		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not compared to a second to a second							no re	•••	-	'I	(
compensation from the organization											Yes No
3 Did the organization list any former officer, d line 1a? <i>If</i> "Yes," <i>complete Schedule J for suc</i>			, ke	y en	nplo	yee,	orl	highest compensated e	mployee on	3	X
4 For any individual listed on line 1a, is the sum and related organizations greater than \$150,										4	X
5 Did any person listed on line 1a receive or ac rendered to the organization? <i>If</i> "Yes," <i>complete</i>					-			-		5	x
Section B. Independent Contractors											
 Complete this table for your five highest com the organization. Report compensation for th 										sation fr	om
(A)								(B)		(C)	
Name and business a	Iddress	NO	NE	5			+	Description of s	services	Compen	sation
							+				
							+				
							+				
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2 Total number of independent contractors (ind		ot lin	niteo	d to	-		sted	l above) who received n	nore than		
\$100,000 of compensation from the organiza	ation 🕨				0	,				Form S	90 (2012)

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Form 990 (20	12)		HE	GRE
Part VIII	Statemen	t of	Rev	enue

THE GREAT LAKES CHILDREN'S MUSEUM

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		Check if Schedule O contain	s a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G	с	Fundraising events						
Gift Iar		Related organizations						
imil		Government grants (contribution		28,397.				
tion r S	f	All other contributions, gifts, grants,	and					
ibui		similar amounts not included above	1f	105,344.				
d O	g	Noncash contributions included in lines 1a-	1f: \$					
an Co	h	Total. Add lines 1a-1f		🕨	133,741.			
				Business Code				
e	2 a	PROGRAM FEES		611710	142,682.	142,682.		
ervi	b	MISCELLANEOUS REVENUE		900099	180.	180.		
Program Service Revenue	c							
Jev	c	l						
rog	e							
٩.	f							
		Total. Add lines 2a-2f			142,862.			
	3	Investment income (including div			7			-
		other similar amounts)			7.			7.
	4	Income from investment of tax-e						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b							
		Rental income or (loss)						
		Net rental income or (loss)						
			i) Securities	(ii) Other				
		assets other than inventory	.) 0000111000					
	b	Less: cost or other basis						
		and sales expenses		195,000.				
	с	Gain or (loss)		-195,000.				
		Net gain or (loss)		►	-195,000.	-195,000.		
ē	8 a	Gross income from fundraising e	vents (not					
Other Revenu		including \$	of					
Rev		contributions reported on line 1c). See					
erF		Part IV, line 18		37,331.				
Oth		Less: direct expenses		6,917.				
•		Net income or (loss) from fundra	-	····· 🕨	30,414.			30,414.
	9 a	Gross income from gaming activ						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming	-	>				
	10 a	Gross sales of inventory, less ret		20,201.				
	h	and allowances		9,086.				
		Net income or (loss) from sales o		,	11,115.	11,115.		
		Miscellaneous Revenue		Business Code	,	,		
	11 a							
	b							
	c							1
	c	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.			123,139.	-41,023.	0.	30,421.
23200 12-10	9 •12							Form 990 (2012)
					9			

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THE GREAT LAKES CHILDREN'S MUSEUM

	Check if Schedule O contains a respon	- / · · · · · · · · · · · · · · · · · ·			
	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 governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	38,627.	15,451.	11,588.	11,588.
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	80,633.	67,339.	12,395.	899.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,938.	6,033.	2,503.	402.
10	Payroll taxes	14,582.	10,135.	3,062.	1,385.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
10	column (A) amount, list line 11g expenses on Sch 0.)	6,816.	6,339.		477.
12 13	Advertising and promotion	3,731.	2,518.	1,045.	168.
13 14	Office expenses Information technology	577510	270100	1,0100	2000
15	Royalties				
16	Occupancy	72,000.	72,000.		
	Travel	106.	106.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15,710.	14,610.	1,100.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,538.	34,543.	995.	
23	Insurance	3,330.	3,097.	233.	
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 0.)				
а	UTILITIES	14,696.	9,920.	4,115.	661.
b	COMMON AREA	7,383.	4,984.	2,067.	332.
c	BANK FEES	5,377.	3,629.	1,506.	242.
d	TELEPHONE	3,813.	2,573.	1,068.	172.
е	All other expenses	12,830.	9,126.	3,223.	481.
25	Total functional expenses. Add lines 1 through 24e	324,110.	262,403.	44,900.	16,807.
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)				

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Form 990 (2012)

GLCM___1

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	THE	GREAT	LAKES	CHILDREN'S	MUSEUM	
nce Sheet						

Check if Schedule O contains a response to any question in this Part X

		Check if Schedule O contains a response to any	/ question	III UIIS FAILA	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			24,363.	1	19,042.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,493.	4	6,974.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501(c))(9) voluntary			
		employees' beneficiary organizations (see instr).		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,403.	8	7,762.
-	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	846,669.			
	b	Less: accumulated depreciation	10b	582,610.	484,598.	10c	264,059.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			516,857.	16	297,837.
	17	Accounts payable and accrued expenses			16,539.	17	12,985.
	18	Grants payable	15,829.	18	15,673.		
	19	Deferred revenue	15,029.	19	15,075.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		21			
	22	Loans and other payables to current and former key employees, highest compensated employee					
						22	
	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		E E E E E E E E E E E E E E E E E E E		27	
	20	parties, and other liabilities not included on lines					
		Schedule D			220,197.	25	205,858.
	26	Total liabilities. Add lines 17 through 25			252,565.	26	234,516.
		Organizations that follow SFAS 117 (ASC 958), check h	nere 🕨 🗴 and			
		complete lines 27 through 29, and lines 33 an					
	27	Unrestricted net assets			246,112.	27	57,141.
	28	Temporarily restricted net assets	18,180.	28	6,180.		
	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117 (A					
;		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
	31	Paid-in or capital surplus, or land, building, or ec		31			
	32	Retained earnings, endowment, accumulated in			0.6.4 0.0.0	32	(2, 201
	33	Total net assets or fund balances		·····	264,292.	33	63,321.
	34	Total liabilities and net assets/fund balances			516,857.	34	297,837.

Form 990 (2012)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balan

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Form 990 (2012)

Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response to any question in this Part XI					
						~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1				39.
2	Total expenses (must equal Part IX, column (A), line 25)	2				10.
3	Revenue less expenses. Subtract line 2 from line 1	3				71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		264	1,2	92.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		63	3,3	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 9	9 90 ((2012)

(Fc Depa Interr	rtment o al Reve	DULE A 90 or 990-EZ) of the Treasury inue Service	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. on Employer id							-	012 to Publection	lic	
Nar	ne of 1	the organizati					~						
				AT LAKES CHI						3	8-3430	0004	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
The	organ			because it is: (For lines 1									
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	-				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4											the hospita	ıl's nam	ıe,
		city, and stat											
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	it describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general	public des	cribed	in
			b)(1)(A)(vi). (Comple										
8				ection 170(b)(1)(A)(vi).									
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembersh	ip fees, a	nd gross re	eceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support	from gross	s invest	tment
		income and ι	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June	30, 197	75.
		See section	509(a)(2). (Complete	e Part III.)									
10		-	•	perated exclusively to te		-			-				
11				perated exclusively for th									or
		more publicly	supported organiza	ations described in section	on 509(a)(1) or sectio	on 509(a)(2	2). See sec	tion 509((a)(3). Ch	eck the bo	x that	
				organization and comple		•							
		a 📖 Type I	,			nctionally i	-		• •		n-functiona	•	-
e				t the organization is not									
				han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
f				ten determination from t	the IRS that	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										. 📖
ç				organization accepted ar									
				irectly controls, either al								Yes	No
				upported organization?							11g(i)	1	<u> </u>
				n described in (i) above?									<u> </u>
				person described in (i) o							11g(iii)	
h		Provide the f	ollowing information	about the supported org	ganization	(S).							
(i) Name of supported organization			(ii) EIN	(described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in the above or IRC section governing document? (i) of your support? U.S.?					(vii) Amour suj	it of mo oport	netary		
				(see instructions))	Yes	No	Yes	No	Yes	No			
-													

 Total

 LHA For Paperwork Reduction Act Notice, see the Instructions for

 Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990 EZ) 2012 THE GREAT LAKES CHILDREN'S MUSEUM Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

38-3430004 Page 2

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	125,252.	129,221.	125,013.	125,295.	133,741.	638,522.			
2	Tax revenues levied for the organ-									
	ization'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	125,252.	129,221.	125,013.	125,295.	133,741.	638,522.			
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)									
	Public support. Subtract line 5 from line 4.						638,522.			
	ction B. Total Support			1	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2008 125, 252.	(b) 2009 129,221.	(c) 2010 125,013.	(d) 2011 125,295.	(e) 2012 133,741.	(f) Total 638,522.			
	Amounts from line 4	143,434.	129,221.	123,013.	140,490.	133,/41.	030,322.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties		0	1 1	202	107	F 0 0			
_	and income from similar sources		8.	11.	303.	187.	509.			
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	26 204	26 020	20 202	20,286.	20 111	122 215			
	assets (Explain in Part IV.)	26,394.	26,939.	28,282.	20,200.	30,414.	<u>132,315.</u> 771,346.			
	Total support. Add lines 7 through 10	ata (asa instructi				12	778,386.			
	Gross receipts from related activities,						110,500.			
13	First five years. If the Form 990 is for organization, check this box and stop	-			•					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2012 (-	column (f))		14	82.78 %			
	Public support percentage from 2011					15	90.61 %			
	33 1/3% support test - 2012. If the o						,-			
	stop here. The organization qualifies									
b	33 1/3% support test - 2011. If the o									
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation						
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	nis box and stop h	ere. Explain in Pa	rt IV how the organ	nization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-				
b	b 10% -facts-and-circumstances test - 2011. 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 IV how the									
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►			
					Sche	dule A (Form 990	or 990-EZ) 2012			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization'	s first second thi	rd fourth or fifth t	tax vear as a secti	$\frac{1}{00.501(c)(3)}$	organization
	check this box and stop here	0					
Sec	tion C. Computation of Publ						
	Public support percentage for 2012 (column (f))		15	%
	Public support percentage from 2011						%
	tion D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2012. If the						
100	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2011. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33	1/3%, and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
23202	23 12-04-12			15	Sc	nedule A (F	orm 990 or 990-EZ) 2012
551	113 792967 GLCM	201	12.04040		LAKES CH	ILDREN	I'S GLCM 1

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Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

Name	e of	the	organ	ization
------	------	-----	-------	---------

	THE GREAT LAKES CHILDREN'S MUSEUM	38-3430004
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

38-3430004

THE GREAT LAKES CHILDREN'S MUSEUM

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DUDLEY III AND BARBARA SMITH X Person Payroll 12400 E HENDRYX DR. 5,000. Noncash \$ (Complete Part II if there SUTTONS BAY, MI 49682 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 GRAND TRAVERSE BAY ALLIANCE Person Payroll 13240 S WEST BAY SHORE DRIVE 72,000. X Noncash \$ (Complete Part II if there TRAVERSE CITY, MI 49684 is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 RALPH L. & WINIFRED E. POLK FOUNDATION Χ Person Payroll 5,000. 26955 NORTHWESTERN HWY. Noncash (Complete Part II if there SOUTHFIELD, MI 48033 is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 TWO SEVEN OH INC. Х Person Payroll P.O. BOX 1725 5,000. Noncash \$ (Complete Part II if there BIRMINGHAM, MI 47012 is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 MICHIGAN COUNCIL MEDC Х Person Payroll 17,000. 300 N WASHINGTON SQUARE Noncash (Complete Part II if there LANSING, MI 48913 is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash s (Complete Part II if there is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 223452 12-21-12 17 14551113 792967 GLCM 2012.04040 THE GREAT LAKES CHILDREN'S

GLCM1

Employer identification number

38-3430004

THE GREAT LAKES CHILDREN'S MUSEUM

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

ED RENT OF BUILDING (b) Description of noncash property given	\$\$_72,000.	(d)
	(c) FMV (or estimate) (see instructions)	
	FMV (or estimate) (see instructions)	(d) Date received
	\$	
		1
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	(b) (b) Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) \$

art III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	invidual contributions to section 501(c) the following line entry. For organization tc., contributions of \$1,000 or less for t	7), (8), or (10) organizations that total more than \$1,000 for the scompleting Part III, enter he year. (Enter this information once.)		
) No. rom art I	Use duplicate copies of Part III if additio (b) Purpose of gift	nal space is needed. (c) Use of gift	(d) Description of how gift is held		
- _ _		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transferee's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee		
(a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
-					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		

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19 2012.04040 THE GREAT LAKES CHILDREN'S GLCM___1

SCHEDULE D)
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(Form	990)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Nam	e of the organization THE GREAT LAKES CHILDRE	EN'S MUSEUM	Employer identification number 38-3430004
Pa			
Ia	organization answered "Yes" to Form 990, Part IV, line 6.		Accounts.Complete il trie
		a) Donor advised funds	(b) Funds and other accounts
4	·		
1 2	Total number at end of year Aggregate contributions to (during year)		
2	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	I light the assets held in donor advised fu	nde
5	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
Ŭ	for charitable purposes and not for the benefit of the donor or donor a		•
Pa		n answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization (chec		,
·	Preservation of land for public use (e.g., recreation or education		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a c	conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
с	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 8/17		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e		nization during the tax
	year 🕨		-
4	Number of states where property subject to conservation easement is	s located	
5	Does the organization have a written policy regarding the periodic mo		
	violations, and enforcement of the conservation easements it holds?		Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	j conservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation easen		
	include, if applicable, the text of the footnote to the organization's final	ancial statements that describes the or	rganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art, H		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Par	t IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these	e items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	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 se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• •
			🕨 \$
2	If the organization received or held works of art, historical treasures, o	or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2012
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		AT LAKES C						38-34			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that	it are a sig	gnificant	use of its	collectior	item	s
	(<u>check</u> all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" to F	- orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contributior	ns or other as	sets not	included		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
	Distributions during the year										
	Ending balance										
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" to Fo	1						
		(a) Current year	(b) P	rior year	(c) Two year	rs back 🛛 🌔	d) Three y	ears back	(e) Four	years I	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	zation	г		
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	1		i					(
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	value	÷
		basis (investr	nent)	Basis	(other)	dep	reciation				
	Land										
	Buildings			<u>лл</u>	0,474.	1	.97,3	75	212	3,09	00
	Leasehold improvements				1,056.		29,3			<u>, 0</u>	
	Equipment				5,139.	2	<u>29,3</u> 55,9			-,/.),22	
	Other		Varia		-	2		<u>+ 4 •</u>		, <u>2</u>	
Tota	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	X, Colun	nn (B), line 1	IU(C).)						
								Schedule	D (Form	990)	2012

		REN'S MUSEUM	38	-3430004 Page 3
(a) Description of security or category (including name of security)	e Form 990, Part X, li (b) Book value		aluation: Cost or one	d-of-year market value
		(C) Method of Va	aluation. Cost of end	1-01-year market value
 (1) Financial derivatives (2) Cleach held again interacts 				
(2) Closely-held equity interests(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X.				
	line 25.	(b) Book value		
		(b) BOOK value		
(1) Federal income taxes (2) CURRENT PORTION OF LONG-T	דפא האפי	12,870.		
	BRM DEDI	192,988.		
(4) (3) LONG-TERM DEBT		152,500.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	205,858.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			statements that rep	oorts the organization's
liability for uncertain tax positions under FIN 48 (ASC 7				

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Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 THE GREAT LAKES CHILDREN'S	MUSEUM	38-3430004 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities		1
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a and 4; Part IV, lines ⁻	1b and 2b; Part V, line 4; Part

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

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(Form	990	or	990	-EZ)
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Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

r 19 ,	2012					
	Open To Public Inspection					
Employer identification number						

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OMB No. 1545-0047

THE GRE	AT LAKES CHILDREN.	SM	USE	UM	38-3430	004			
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and address of individual or entity (fundraiser)(ii) Activity(iii) Activity(iii) Did fundraiser have custody or control of contributions?(iv) Gross receipts from activity(v) Amount paid to (or retained by) fundraiser listed in col. (i)(vi) Amount paid to (or retained by) or ganization									
		Yes	No						
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.									

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

Schedule G (Form 990 or 990-EZ) 2012

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	Schedule G (Form 990 or 990-EZ) 2012 THE GREAT LAKES CHILDREN'S MUSEUM 38-3430004 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
		of fundraising event contributions and gro	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			SPRING GALA					
0			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	37,331.			37,331.		
Œ								
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	37,331.			37,331.		
						1		
	4	Cash prizes						
	-	Nonoosh prizoo						
ŝ	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	5,985.			5,985.		
Ш ж	-	Food and however						
irec	7	Food and beverages						
		F 1 1 1						
	8	Entertainment	932.			932.		
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through				(<u>6,917</u>) 30,414.		
Da	11 rt		n (d), and line 10	000 Dart IV line 10 ar		50,414.		
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.		(1) Dull take (instant				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				biligo/progressive biligo				
Re								
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direc.	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			()		
	8	Net gaming income summary. Combine line 1	, column d, and line 7		····· •			
•	F							
		ter the state(s) in which the organization opera	· · · –					
		the organization licensed to operate gaming ac				Yes No		
b) If "	No," explain:						
		ere any of the organization's gaming licenses re				L Yes L No		
b	lf "	Yes," explain:						
2320	82 0	1-07-13			Schedule G (Fo	orm 990 or 990-EZ) 2012		
2020	0							

Sch	edule G (Form 990 or 990-EZ) 2012 THE GREAT LAKES CHILDREN'S MUSEUM 38-	3430	004	Page
	Does the organization operate gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	N
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	. 13a		
	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
			100	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by 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 somicos provided			
	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?		Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati	on (see	instruc	tions).
23208	33 01-07-13 Schedule G (Fo	rm 990	or 990	-EZ) 20 [.]
551	.113 792967 GLCM 2012.04040 THE GREAT LAKES CHILDREN	' c	GLCI	л 1
LC (TTO 192901 GUCM 2012.04040 INE GREAT DARES CHIDREN	5	GUCI	۲r

SCHEDULE N (Form 990 or 990-EZ)		Liquidation, Termination,		Dissolution, or Significant Disposition of Assets	ficant Disp	osition of Ass	ets	OMB No. 1545-0047
		omplete if the orgar	ne organization answered "Yes	Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.	les 31 or 32; or Forr	n 990-EZ, line 36. s		
Department of the Treasury Internal Revenue Service	sury	HIGO		► Attach to Form 990 or 990-EZ.		ō		Open to Public Inspection
Name of the organization		T LAKES CH	THE GREAT LAKES CHILDREN'S MUSEUM	EUM			Employer ide 38 – 3	Employer identification number 38 – 3 4 30 0 0 4
Part I Liquic space	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.	ution. Complete this	part if the organization a	answered "Yes" to Form 99	00, Part IV, line 31, o	r Form 990-EZ, line 36. Pa	art I can be dup	licated if additional
1 (a) De distrik	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	of recipient	(g) IRC section of recipient(s) (f tax-exempt) or type of entity
2 Did or will aa Become a (Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization?	key employee of the or or transferee orga	organization: nization?					Yes No 2a 2a
b Become an	Become an employee of, or independent contractor for, a successor or transferee organization?	contractor for, a succ	essor or transferee orga					2b
	Become a direct or indirect owner of a successor or transferee organization?	cessor or transferee	organization?					
	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	tion or other similar	bayments as a result of t	the organization's liquidation.	on, termination, or di	ssolution?		2d
e It the organ	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.	of the questions in th	is line, provide the name	e of the person involved al	id explain in Part III.			

Schedule N (Form 990 or 990-EZ) (2012)

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

ile N (Form 990 or 990-EZ) (2012)	THE GREAT LAKES	CES CHILDREN'S	S MUSEUM	38-3430004	004	Page 2
Note letter according distribution or Dissolution (continued)	iution (continued)			C (Total accenta) and		
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part A, column (b), line 16 (10tal assets), and line 26 (10tal liabilities), should equal -0	ns assets auring the	e tax year, then Form 990	l, Part X, column (Β), line 1 Δο If "Νιο " describe in Bor	o (I otal assets), and · III	line ∠o (Total Ilabilities), snould equal -0	2 Yes No
	attorney general or o	ther appropriate state off	icial of its intent to dissolv	e, liquidate, or termir	late /	
b If "Yes," did the organization provide such notice?	n notice?					
5 Did the organization discharge or pay all of its liabilities in accordance with	of its liabilities in acc	ordance with state laws?				5
6a Did the organization have any tax-exempt bonds outstanding during the year?	bonds outstanding	during the year?				6a
b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	e all of its tax-exempt	bond liabilities during the	e tax year in accordance	vith the Internal Reve		6b
c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III	v the organization de	efeased or otherwise sett	led these liabilities. If "No,	" explain in Part III.		
Part II Sale, Exchange, Disposition, or Othe	er Transfer of More	Than 25% of the Orgar	nization's Assets.Comple	te this part if the org	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or	⊃art IV, line 32, or
Form 990-EZ, line 36. Part II can be duplicated if additional space is needed	uplicated if addition:	al space is needed.				
 (a) Description of asset(s) distributed or transaction expenses paid 	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
L OF LISTENING TO THE RIVER						
EXHIBIT	21/10//.0	325,000.	VALUE			
						- F
	-	-				Yes No
Z UIG OF WIII any Officer, offector, trustee, of key employee of the organization: a Become a director or trustee of a successor or transferee organization?	key employee of the sor or transferee org	e organization: anization?				2a X
b Become an employee of, or independent contractor for, a successor or transferee organization?	contractor for, a suc	cessor or transferee orga				2b X
	ccessor or transfere	e organization?				2c
	ation or other similar	pavments as a result of t	the organization's significa	int disposition of ass		:
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.	of the questions in	this line, provide the nam	ie of the person involved a	nd explain in Part III.		

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

THE GREAT LAKES CHILDREN'S MUSEUM

Employer identification number 38-3430004

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATIONAL ENVIRONMENT THAT WILL INVITE CURIOSITY, ALLOW EXPLORATION,

ENCOURAGE PARTICIPATION AND CELEBRATE THE CHILD-LIKE WONDER IN ALL OF

US.

FORM 990, PART VI, SECTION B, LINE 11: DURING THE YEAR, ANY QUESTIONS THAT MAY ARISE ARE DIRECTED TO AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. AFTER THE FINANCIAL INFORMATION IS PROVIDED TO THE THE TAXABLE YEAR END, INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR REVIEW AND PREPARATION OF THE FORM 990. ONCE THIS PROCESS IS COMPLETE, THE FIRST DRAFT OF THE FORM 990 IS DISTRIBUTED TO THE BOARD OF TRUSTEES AND REVIEWED IN PERSON BY THE EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE. UPON THEIR APPROVAL, THE FORM 990 IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES ROUTINELY AND ON A REGULAR BASIS REVIEWS THEIR CONFLICT OF INTEREST POLICY AND REQUIRES ALL BOARD MEMBERS TO DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE WAS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AND INCLUDED CONTEMPORANEOUS SUBSTANTIATION OF SAID PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: COPIES MADE AVAILABLE UPON REQUEST.

		REQUEST FOR 45	R CI	REDIT ONLY			0MB N 4545 0007
Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return		OMB No. 1545-0687
Department of the Treasury Internal Revenue Service	For c	(and proxy tax und alendar year 2012 or other tax year beginning JUL 1	er se 20	ction 6033(e))	UN 30.20	13	ppen to Public Inspection for
A Check box if address changed		Name of organization (Check box if name c				DEmplo (Emplo	yer identification number byees' trust, see
B Exempt under section	Print	THE GREAT LAKES CHILDR	EN'S	S MUSEUM		instruc 38	3-3430004
X 501(C)(3)	or Type	Number, street, and room or suite no. If a P.O. bo					ted business activity codes structions)
408(e) 220(e)	Type	13240 S WEST BAY SHORE	DR	IVE			
408A 530(a) 529(a)		City or town, state, and ZIP code TRAVERSE CITY, MI 496	84				
C Book value of all assets	F Group	exemption number (see instructions)					
at end of year	G Check	c organization type ► 🛛 🗶 501(c) corporatio	n 🗌	501(c) trust	401(a) trust		Other trust
297,837.	n'o prim	ary unrelated business activity. 🕨					
		poration a subsidiary in an affiliated group or a pare	nt-suhsi	diary controlled group?		Yes	s No
		tifying number of the parent corporation.	111 30031		F L	103	
		JOHN NOONAN, EXECUTIVE	DIR	ECTOR Telepho	one number 🕨 2	31-9	932-4526
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale							
b Less returns and allo		c Balance	1c				
		A, line 7)	2			_	
3 Gross profit. Subtrac			3 4a				
		h Schedule D) art II, line 17) (attach Form 4797)	4a 4b				
		sts	40 4c				
		ips and S corporations (attach statement)	5				
6 Rent income (Schedu			6				
7 Unrelated debt-finance		ne (Schedule E)	7				
8 Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8				
9 Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization					
			9				
		me (Schedule I)	10				
		3 J)	11 12			_	
		s; attach statement) gh 12	12	0.		-	
		ot Taken Elsewhere (see instructions for		• •			
		itions, deductions must be directly connecte			s income)		
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
						15	
						16	
						17	
						18	
19 Taxes and licenses20 Charitable contribution	one (cor	instructions for limitation rules)				19 20	
		562)				20	
22 Less depreciation cl	aimed or	n Schedule A and elsewhere on return		22a		22b	
						23	
24 Contributions to def	erred co	mpensation plans				24	
25 Employee benefit pr	ograms					25	
26 Excess exempt expe	enses (So	chedule I)				26	
27 Excess readership c	osts (Sc	hedule J)				27	
		tement)				28	
		es 14 through 28				29 30	0.
		(limited to the amount on line 30)				30 31	0.
		ncome before specific deduction. Subtract line 31 fi				32	0.
		<pre>/\$1,000, but see instructions for exceptions)</pre>				33	1,000.
		able income. Subtract line 33 from line 32. If line					
of zero or line 32			•			34	0.
		Reduction Act Notice, see instructions.					Form 990-T (2012)

Form 990-T (2012)	\mathbf{THE}	GREAT	LAKES	CHILDREN'S	MUSEUM
Part III Tax	x Com	putation			

Fail	111									
35	Orga	nizations taxable as corporati	ons (see instr	uctions for tax co	mputation).					
	Cont	rolled group members (section	s 1561 and 15	563) check here 🖡	See instruction	s and:				
	a Enter	your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxable	income brackets (in that	order):				
	(1)	\$	(2) \$		(3) \$					
		organization's share of: (1) A		ax (not more than						
		dditional 3% tax (not more that					_ 			
		me tax on the amount on line 3					」	35c		0.
36		ts taxable at trust rates (see in						000		
00		Tax rate schedule or						36		
07										
37		y tax (see instructions)						37		
38	Alteri	native minimum tax						38		
39		I. Add lines 37 and 38 to line 3	oc or 36, which	hever applies				39		0.
		Tax and Payments								
		gn tax credit (corporations atta						-		
								_		
	c Gene	ral business credit. Attach Forr	n 3800			40c				
	d Cred	it for prior year minimum tax (a	uttach Form 88	301 or 8827)		40d				
	e Tota	l credits. Add lines 40a throug	h 40d					40e		
41	Subt	ract line 40e from line 39						41		0.
42	Othe	r taxes. Check if from: 🔛 Fo	rm 4255] Form 8611 🗌	🗌 Form 8697 🔲 Forn	n 8866 🔲 0	ther (attach statement	42		
43	Tota	I tax. Add lines 41 and 42						43		0.
44	a Pavn	nents: A 2011 overpayment cr								
		estimated tax payments						-		
	c Tax c	leposited with Form 8868				44c		-		
		gn organizations: Tax paid or v						-		
		up withholding (see instruction						-		
		it for small employer health ins					2,240	-		
			 ,				2,210	4		
		Form 4136		Form 2439	Total	► 44g				
45		FUIIII 4 130			Total	44y		- 45	2 2	240.
45		i paymenta. Add intes 44a tino	uyii ++y		·····					40.
46		nated tax penalty (see instruction								
47		due. If line 45 is less than the to								10
48		payment. If line 45 is larger that						48		240.
49	1	the amount of line 48 you war Statements Regardir				otion (see in	Refunded >	49	4,4	240.
Part	-		-			-	-			T
	-	ne during the 2012 calendar yea					-		ik, Yes	No
		, or other) in a foreign country'								
Α 2 Du	ccounts	. If "Yes," enter the name of the tax year, did the organization receive e instructions for other forms the org	foreign count	ry here	ntor of or transferor to a fore	on trust?				X
Z If	"Yes," se	e instructions for other forms the org	anization may ha	ave to file.					·····	X
		amount of tax-exempt interest								
-		A - Cost of Goods S	old. Enter m	nethod of inven		I/A				
1 In	ventory	at beginning of year	1		6 Inventory at end o			6		
2 Ρι	urchase	S	2		7 Cost of goods sol	d. Subtract line	6			
3 Co	ost of la	bor	3		from line 5. Enter	here and in Parl	t I, line 2	7		
4a Ac	ditional	section 263A costs (att. statement)	4a		8 Do the rules of se	ction 263A (with	n respect to		Yes	No
b Ot	ther cos	ts (attach statement)	4b		property produced	d or acquired fo	r resale) apply to			
5 To	otal. Ad	d lines 1 through 4b	5		the organization?					
	U	nder penalties of perjury, I declare th prect, and complete. Declaration of p	at I have examin	ed this return, includ	ling accompanying schedules	and statements, a	nd to the best of my kn	owledge and b	pelief, it is true,	
Sign		irect, and complete. Declaration of		an axpayer) is base				vav the IBS di	iscuss this return	with
Here					EXECU	TIVE DI			hown below (see	
		Signature of officer		Date	Title		i	nstructions)?	X Yes	No
		Print/Type preparer's name		Preparer's sig	nature	Date	Check	if PTIN		
Paid							self- employed	i l		
Prep		Firm's name		1		1	Firm's EIN	<u> </u>		
USe	Only									
		Firm's address					Phone no.			
223711	01-11-12	F.					1. 110110 1101	F	orm 990-T	(2012)
	IO				31			'		1012)
5511	13	792967 GLCM		2012.0	4040 THE GRI	EAT LAK	ES CHILDR	EN'S	GLCM	1
	-			. = . •						

14551113 792967 GLCM

Page **2**

38-3430004

Form	887	'9-	E	0
Form	001	3-		U

IRS *e-file* Signature Authorization

for an Exempt Organization

, 2012, and ending JUN 30 ,20 13

OMB No. 1545-1878

2012

Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.

UE ODENE LAVEC OUTLODEN'S MUSEUM

Employer identification number

38 - 3430004

THE GREAT LAKES CHILDREN'S MUSEUM

Name and title of officer JOHN NOONAN

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2012, or fiscal year beginning **JUL** 1

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	123139
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here F D b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize DGN, LLC	to enter my PIN 30004
ERO firm name	Enter five numbers, bu do not enter all zeros
, , , , , , , , , , , , , , , , , , , ,	ed return. If I have indicated within this return that a copy of the return ne IRS Fed/State program, I also authorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature of indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent scree	
Officer's signature 🕨	Date 🕨
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	38400724842 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements of <i>e-file</i> Providers for Business Returns.	
ERO's signature 🕨	Date 🕨
ERO Must Retain This For	rm - See Instructions
Do Not Submit This Form To the IR	S Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2012)
	32

2012.04040 THE GREAT LAKES CHILDREN'S GLCM____

Form	8941	
Departme	ent of the Treasurv	

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

Internal Revenue Service

Attach to your tax return.

Information about Form 8941 and its separate instructions is at www irs gov/forms8941

Attachment Sequence No. 63

Nam	e(s) shown on return	Ident	tifying number
	THE GREAT LAKES CHILDREN'S MUSEUM	38	-3430004
1:	a Enter the number of individuals you employed during the tax year who are considered employees for		
	purposes of this credit (see instructions)	1a	8
11	• Enter the employer identification number (EIN) used to report employment taxes for individuals included		
	on line 1a (see instructions)	1b	38-3430004
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered		
	25 or more, skip lines 3 through 11 and enter -0- on line 12	2	4
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip		
	lines 4 through 11 and enter -0- on line 12	3	29,000.
4	Premiums you paid during the tax year for employees included on line 1a for health insurance coverage		
	under a qualifying arrangement (see instructions)	4	11,958.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average		
	premium for the small group market in which you offered health insurance coverage (see instructions)	5	10,668.
6	Enter the smaller of line 4 or line 5	6	10,668.
7	Multiply line 6 by the applicable percentage:		
	 Tax-exempt small employers, multiply line 6 by 25% (.25) 		
	All other small employers, multiply line 6 by 35% (.35)	7	2,667.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	2,667.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	2,240.
10			
	premiums included on line 4 (see instructions)	10	11 050
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	11,958.
	Enter the smaller of line 9 or line 11	12	2,240.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included		
	on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying		ົ ງ
	arrangement (see instructions)	13	2
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included		1
	employees included on line 13	14	<u>⊥</u>
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives,	45	
40	estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines		
	17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K.	16	2,240.
17	All others, stop here and report this amount on Form 3800, line 4h Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see	16	2,240.
17		17	
18	instructions) Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on		
10	Form 3800, line 4h	18	
19	Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see		
	instructions)	19	14,582.
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T,		,
	line 44f	20	2,240.
LHA			Form 8941 (2012)

223001 11-26-12