

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			5,965
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			3,084	3,084
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				3,084	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				2,881	

- 9** Enter the state(s) in which the organization conducts gaming activities: Michigan
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: Poker fundraisers are organized and run by third parties who are licensed by the State of Michigan to run charitable gaming activities.
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: Not Applicable

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

38-2304970

Neighbors of Belknap Lookout

Form 990 -EZ, Part I, Line 16, Other Expenses, Line 16, Neighborhood Improvement, \$12,760

Form 990 -EZ, Part I, Line 16, Other Expenses, Line 16, Miscellaneous, \$3,172

Form 990 -EZ, Part II, Line 24, Other Assets, Accounts Receivable, BOY \$100, EOY \$4,012

Form 990 -EZ, Part I, Line 20, Other Changes in Net Assets or Fund Balances: The Association recorded the value of land held by the

Association and not previously included in the balance sheet.

Form 990 -EZ, Part II, Line 26, Total Liabilities, Payroll Liabilities BOY \$3,384, EOY \$3,192

Form 990 -EZ, Part II, Line 26, Total Liabilities, LMCU Loan BOY \$7,742, EOY \$4,643

Form 990 -EZ, Part II, Line 26, Total Liabilities, Rental Deposit Held BOY \$500, EOY \$500