

Critical Messages

None

Electronic Filing

None

Informational Messages

- Force field entered with data "592,566" on Screen Bal-2
- IRS regulations require any entity with an EIN to update the Responsible Party information within 60 days of any change by filing Form 8822-B, Change of Address or Responsible Party
- Historical Report (990 Return) does not display 2024 column if Tax Projection has not been selected.
- Form 4562, Section B may be required; review return for completeness
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Preparer 'SHARON WAGNER, CPA'

Missing Data

	Prior Year Data
Income, Analysis of Activities, Additional Information	
<input type="checkbox"/> Direct public support-noncash	8,494
Questions for Form 990, Part VI	
<input type="checkbox"/> Copy provided to members	X
General Options, Prior Year Revenue and Expenses, Penalties	
<input type="checkbox"/> Number of volunteers	500
Balance Sheet - Assets	
<input type="checkbox"/> Cash - EOY	65,795
<input type="checkbox"/> Accounts receivable - EOY	19,918
<input type="checkbox"/> Prepaid expense - EOY	35,551
<input type="checkbox"/> Current year book depreciation	13,078
Balance Sheet - Liabilities and Equity	
<input type="checkbox"/> With restrictions - BOY	32,523

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

47-2789634

TWELVE BASKETS

Net Asset / Fund Balance at Beginning of Year		<u>499,262</u>
Revenue		
Contributions	<u>284,154</u>	
Program service revenue		
Investment income	<u>5,100</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>8,696</u>	
Total revenue		<u>297,950</u>
Expenses		
Program services	<u>167,136</u>	
Management and general	<u>23,820</u>	
Fundraising		
Total expenses		<u>190,956</u>
Excess / (deficit)		<u>106,994</u>
Changes		<u>-13,690</u>
Net Asset / Fund Balance at End of Year		<u><u>592,566</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>297,950</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>190,956</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>568,501</u>	<u>655,709</u>	
Liabilities	<u>69,239</u>	<u>63,143</u>	
Net assets	<u><u>499,262</u></u>	<u><u>592,566</u></u>	<u><u>93,304</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date **11/15/24**
Failure to file penalty _____

Accounting Alternatives, Inc.
9835 Portage Rd
Portage, MI 49002
269-324-0001

July 30, 2024

CONFIDENTIAL

TWELVE BASKETS
10332 PORTAGE RD
Portage, MI 49002

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Michigan Affidavit of Owner of Personal Property Claiming Exemption (Form 5076)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Accounting Alternatives, Inc.

Filing Instructions

TWELVE BASKETS

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

- Date Due:** November 15, 2024
- Remittance:** None is required. Your Form 990 for the tax year ended 12/31/23 shows no balance due.
- Signature:** You have previously signed and returned Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization. No further action is required.
- Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Department of the Treasury
Internal Revenue Service

Name of filer

TWELVE BASKETS

EIN or SSN

47-2789634

Name and title of officer or person subject to tax **SHARON WAGNER**

TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>297,950</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ACCOUNTING ALTERNATIVES, INC.** to enter my PIN **38299** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **08/15/24**

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.

38184538299

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **SHARON WAGNER, CPA** Date **08/15/24**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization: **TWELVE BASKETS**

Doing business as: **TWELVE BASKETS FOOD PANTRY**

Number and street (or P.O. box if mail is not delivered to street address): **10332 PORTAGE RD** Room/suite

City or town, state or province, country, and ZIP or foreign postal code: **PORTAGE MI 49002**

D Employer identification number: **47-2789634**

E Telephone number: **269-532-4912**

F Name and address of principal officer:
KATHLEEN FETT
5323 LYNHILL ST
PORTAGE MI 49024

G Gross receipts \$: **297,950**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.TWELVE-BASKETS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2015**

M State of legal domicile: **MI**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRIDGE THE GAP BETWEEN THE NEED AND THE EXCESS, WHILE RESTORING HOPE, DIGNITY, AND SELF-RESPECT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	317,225	284,154
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,195	5,100
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,696	8,696
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	318,420	297,950
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,085	190,956
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	220,085	190,956	
19 Revenue less expenses. Subtract line 18 from line 12	98,335	106,994	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	568,501	655,709
	22 Net assets or fund balances. Subtract line 21 from line 20	69,239	63,143
		499,262	592,566

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **SHARON WAGNER** Date: _____

Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **SHARON WAGNER, CPA** Preparer's signature: **SHARON WAGNER, CPA** Date: **07/30/24** Check if self-employed PTIN: **P00129695**

Firm's name: **ACCOUNTING ALTERNATIVES, INC.** Firm's EIN: **38-2992213**

Firm's address: **9835 PORTAGE RD PORTAGE, MI 49002** Phone no.: **269-324-0001**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO BRIDGE THE GAP BETWEEN THE NEED AND THE EXCESS, WHILE RESTORING HOPE, DIGNITY, AND SELF-RESPECT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **113,733** including grants of \$) (Revenue \$)
TO PROVIDE A WIDE VARIETY OF HEALTHY, SUSTAINING FOOD AND PERSONAL CARE PRODUCTS TO THOSE WHO NEED THEM; INCLUDING MEATS, PRODUCE, BREADS, DAIRY ITEMS, CANNED AND DRY GOODS, PERSONAL CARE ITEMS AND CHILD CARE ITEMS AMONG A VARIETY OF OTHER DAILY NECESSITIES.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ **53,403** including grants of \$) (Revenue \$)

4e Total program service expenses **167,136**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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. See instructions		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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	0
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	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			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
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).				
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe on 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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

WILLIAM STEGER

10332 PORTAGE RD

PORTAGE

MI 49002

269-532-4912

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLTON BELDEN	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) NANCY BRUTSCHE	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) ROMONA CZUK	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) AUTUMN DESVOIGNES	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) TAMI LEFFINGWELL	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) MICHAEL WESTFALL	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) KATHLEEN FETT	0.00									
VICE PRESIDENT	0.00			X			0	0	0	
(8) ROBIN TULLOCK	0.00									
PRESIDENT	0.00			X			0	0	0	
(9) SHARON WAGNER	0.00									
TREASURER	0.00			X			0	0	0	
(10) JOANN WESPINTER	0.00									
SECRETARY	0.00			X			0	0	0	
(11) WILLIAM STEGER	0.00									
BOARD MEMBER	0.00					X	0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	284,154				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				284,154			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g Total. Add lines 2a-2f								
Other Revenue	3			Investment income (including dividends, interest, and other similar amounts)	5,100	5,100		
	4			Income from investment of tax-exempt bond proceeds				
	5			Royalties				
	6a	6a	(i) Real	(ii) Personal				
			Gross rents					
			Less: rental expenses					
	b			Rental inc. or (loss)				
	c			Net rental income or (loss)				
	7a	7a	(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory					
			Less: cost or other basis and sales exps.					
	b			Gain or (loss)				
	c			Net gain or (loss)				
	d			Net gain or (loss)				
	8a	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
Less: direct expenses								
b			Net income or (loss) from fundraising events					
9a	9a	Gross income from gaming activities. See Part IV, line 19						
		Less: direct expenses						
b			Net income or (loss) from gaming activities					
10a	10a	Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold						
b			Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS		5,828	5,828			
	b	ASSET SALE		1,539	1,539			
	c	RECYCLING		873	873			
	d	All other revenue		456	456			
	e Total. Add lines 11a-11d				8,696			
12 Total revenue. See instructions				297,950	13,796	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	380	380		
13 Office expenses	1,394	316	1,078	
14 Information technology				
15 Royalties				
16 Occupancy	40,660	32,528	8,132	
17 Travel	17,974	17,974		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30	30		
20 Interest	3,185	3,185		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,954	15,869	1,085	
23 Insurance	6,910	3,455	3,455	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD AND PERSONAL ITEMS	93,399	93,399		
b SUPPLIES	10,070		10,070	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	190,956	167,136	23,820	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	65,795	1	
	2	Savings and temporary cash investments	34,137	2	147,374
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,918	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	35,551	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	447,281		
	10b	Less: accumulated depreciation	95,088	10c	352,193
	11	Investments—publicly traded securities	43,489	11	153,077
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	4,189	14	3,065
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	568,501	16	655,709	
Liabilities	17	Accounts payable and accrued expenses	4,206	17	2,955
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	65,033	25	60,188
	26	Total liabilities. Add lines 17 through 25	69,239	26	63,143
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds	499,262	31	592,566	
32	Total net assets or fund balances	499,262	32	592,566	
33	Total liabilities and net assets/fund balances	568,501	33	655,709	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	297,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,956
3	Revenue less expenses. Subtract line 2 from line 1	3	106,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	499,262
5	Net unrealized gains (losses) on investments	5	-13,690
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	592,566

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue 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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TWELVE BASKETS

Employer identification number

47-2789634

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,189	267,060	253,546	317,225	284,154	1,213,174
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	292	37			13,796	14,125
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	91,481	267,097	253,546	317,225	297,950	1,227,299
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,227,299

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	91,481	267,097	253,546	317,225	297,950	1,227,299
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,244	1,195		2,439
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			1,244	1,195		2,439
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	91,481	267,097	254,790	318,420	297,950	1,229,738
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.80 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TWELVE BASKETS

Employer identification number

47-2789634

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations? Yes No
 - (ii) Related organizations? Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,214		21,214
b Buildings				
c Leasehold improvements		16,275	8,138	8,137
d Equipment		44,378	34,285	10,093
e Other		365,414	52,665	312,749
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				352,193

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BUILDING LOAN	60,188
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	60,188

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e 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:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e 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:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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.

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SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

47-2789634

TWELVE BASKETS

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM STEGER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE L

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Employer identification number

47-2789634

TWELVE BASKETS

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) RAYMOND JAMES & ASSOCIATES	BROKER		INVESTMENTS PLACED		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART V - ADDITIONAL INFORMATION

BOARD MEMBER HAS FACILITATED THE PLACEMENT OF CERTAIN INVESTMENTS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

TWELVE BASKETS

Employer identification number

47-2789634

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

TRANSPORTATION OF DONATED FOOD, AND STORAGE/REFRIDGERATION THEREOF.

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

**FINANCIALS ARE PREPARED AND DISCUSSED AT MONTHLY BOARD MEETINGS. 990 IS
DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING, FOR REVIEW.**

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

AVAILABLE UPON REQUEST.

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
	VEHICLE #1	12/31/15	100.00	\$ 2,000	\$ 2,000	5.0	200DBHY	\$
VEHICLE #2	12/31/15	100.00	2,000	2,000	5.0	200DBHY		
2014 FORD E250 VAN	8/31/18	100.00	13,439	13,439	5.0	200DBHY	774	
2006 CHEVY VAN	7/08/20	100.00	6,500	6,500	5.0	200DBMQ	796	
TOTAL			\$ <u>23,939</u>	\$ <u>23,939</u>			\$ <u>1,570</u>	\$ <u>0</u>

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023

Attachment
Sequence No. **179**

TWELVE BASKETS

Identifying number
47-2789634

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,949

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	6,146
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,570
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	15,665
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 24a-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Fridges & Freezers	12/31/15	3,000			3,000	7 HY 200DB	3,000	0
2	Furniture & Fixtures	12/31/15	10,000			10,000	7 HY 200DB	10,000	0
5	Driveway Improvements	8/01/16	15,175			15,175	15 HY S/L	6,576	1,012
6	Parking Lot Engineering	11/17/16	1,100			1,100	15 HY S/L	477	73
7	New Shopping Cards	2/08/18	1,104			1,104	7 HY 200DB	858	98
8	26' Stand-alone Refrigerator	6/18/18	4,375			4,375	7 HY 200DB	3,399	390
9	Camera Security System	11/19/18	630			630	7 HY 200DB	489	57
11	10332 Portage Rd - Building	1/01/18	120,000			120,000	39 MMS/L	15,256	3,077
12	20 Ft Johnson Box Freezer	7/29/19	4,300			4,300	7 HY 200DB	2,957	384
13	Split Off - Donated Sale Value	1/01/18	20,000			20,000	39 MMS/L	2,543	513
15	Furnace	1/25/20	470			470	7 MQ200DB	290	52
16	Four Refrigerators	8/20/20	3,766			3,766	7 MQ200DB	2,051	490
20	Security Cams	1/20/21	225		X	0	5 HY 200DB	225	0
21	Commercial Fridge / Freezer Combo	8/02/21	7,573		X	0	7 HY 200DB	7,573	0
			<u>191,718</u>			<u>183,920</u>		<u>55,694</u>	<u>6,146</u>
Other Depreciation:									
14	10403 Portage Rd - Land	2/25/20	21,214			21,214	0 -- Land	0	0
22	3-door freezer	6/01/22	4,849			4,849	7 MO S/L	404	693
23	Security System= #1	6/16/22	1,212			1,212	7 MO S/L	87	173
24	Security System - #2	6/16/22	2,873			2,873	7 MO S/L	205	411
25	2012 Ford 250	9/12/22	9,000			9,000	5 MO S/L	600	1,800
26	10330 Portage Bldg	10/13/22	190,000			190,000	39 MO S/L	1,218	4,872
	Total Other Depreciation		<u>229,148</u>			<u>229,148</u>		<u>2,514</u>	<u>7,949</u>
	Total ACRS and Other Depreciation		<u>229,148</u>			<u>229,148</u>		<u>2,514</u>	<u>7,949</u>
Listed Property:									
3	Vehicle #1	12/31/15	2,000			2,000	5 HY 200DB	2,000	0
4	Vehicle #2	12/31/15	2,000			2,000	5 HY 200DB	2,000	0
10	2014 Ford E250 Van	8/31/18	13,439			13,439	5 HY 200DB	12,665	774
17	2006 Chevy Van	7/08/20	6,500			6,500	5 MQ200DB	4,511	796
			<u>23,939</u>			<u>23,939</u>		<u>21,176</u>	<u>1,570</u>
Amortization:									
28	Bosch Survey	10/31/23	2,475			2,475	15 MO Amort	0	165
19	Loan Costs	1/09/20	2,090			2,090	5 MO Amort	1,254	418
27	10330 Portage-Closing Costs	10/13/22	3,530			3,530	5 MO Amort	177	706
			<u>8,095</u>			<u>8,095</u>		<u>1,431</u>	<u>1,289</u>
	Grand Totals		<u>452,900</u>			<u>445,102</u>		<u>80,815</u>	<u>16,954</u>
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>452,900</u>			<u>445,102</u>		<u>80,815</u>	<u>16,954</u>

MI Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
Prior MACRS:								
1	Fridges & Freezers	12/31/15	3,000	3,000	3,000	0	0	0
2	Furniture & Fixtures	12/31/15	10,000	10,000	10,000	0	0	0
5	Driveway Improvements	8/01/16	15,175	15,175	6,576	1,012	1,012	0
6	Parking Lot Engineering	11/17/16	1,100	1,100	477	73	73	0
7	New Shopping Cards	2/08/18	1,104	1,104	858	98	98	0
8	26' Stand-alone Refrigerator	6/18/18	4,375	4,375	3,399	390	390	0
9	Camera Security System	11/19/18	630	630	489	57	57	0
11	10332 Portage Rd - Building	1/01/18	120,000	120,000	15,256	3,077	3,077	0
12	20 Ft Johnson Box Freezer	7/29/19	4,300	4,300	2,957	384	384	0
13	Split Off - Donated Sale Value	1/01/18	20,000	20,000	2,543	513	513	0
15	Furnace	1/25/20	470	470	290	52	52	0
16	Four Refrigerators	8/20/20	3,766	3,766	2,051	490	490	0
20	Security Cams	1/20/21	225	225	117	43	0	-43
21	Commercial Fridge / Freezer Combo	8/02/21	7,573	7,573	2,937	1,324	0	-1,324
			<u>191,718</u>	<u>191,718</u>	<u>50,950</u>	<u>7,513</u>	<u>6,146</u>	<u>-1,367</u>
Other Depreciation:								
14	10403 Portage Rd - Land	2/25/20	21,214	21,214	0	0	0	0
22	3-door freezer	6/01/22	4,849	4,849	404	693	693	0
23	Security System= #1	6/16/22	1,212	1,212	87	173	173	0
24	Security System - #2	6/16/22	2,873	2,873	205	411	411	0
25	2012 Ford 250	9/12/22	9,000	9,000	600	1,800	1,800	0
26	10330 Portage Bldg	10/13/22	190,000	190,000	1,218	4,872	4,872	0
	Total Other Depreciation		<u>229,148</u>	<u>229,148</u>	<u>2,514</u>	<u>7,949</u>	<u>7,949</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>229,148</u>	<u>229,148</u>	<u>2,514</u>	<u>7,949</u>	<u>7,949</u>	<u>0</u>
Listed Property:								
3	Vehicle #1	12/31/15	2,000	2,000	2,000	0	0	0
4	Vehicle #2	12/31/15	2,000	2,000	2,000	0	0	0
10	2014 Ford E250 Van	8/31/18	13,439	13,439	12,665	774	774	0
17	2006 Chevy Van	7/08/20	6,500	6,500	4,511	796	796	0
			<u>23,939</u>	<u>23,939</u>	<u>21,176</u>	<u>1,570</u>	<u>1,570</u>	<u>0</u>
Amortization:								
28	Bosch Survey	10/31/23	2,475	2,475	0	165	165	0
19	Loan Costs	1/09/20	2,090	2,090	1,254	418	418	0
27	10330 Portage-Closing Costs	10/13/22	3,530	3,530	177	706	706	0
			<u>8,095</u>	<u>8,095</u>	<u>1,431</u>	<u>1,289</u>	<u>1,289</u>	<u>0</u>
	Grand Totals		<u>452,900</u>	<u>452,900</u>	<u>76,071</u>	<u>18,321</u>	<u>16,954</u>	<u>-1,367</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>452,900</u>	<u>452,900</u>	<u>76,071</u>	<u>18,321</u>	<u>16,954</u>	<u>-1,367</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Fridges & Freezers	12/31/15	3,000			3,000	7 HY 150DB	3,000	0
2	Furniture & Fixtures	12/31/15	10,000			10,000	7 HY 150DB	10,000	0
5	Driveway Improvements	8/01/16	15,175			15,175	15 HY S/L	6,576	1,012
6	Parking Lot Engineering	11/17/16	1,100			1,100	15 HY S/L	477	73
7	New Shopping Cards	2/08/18	1,104			1,104	7 HY 200DB	858	98
8	26' Stand-alone Refrigerator	6/18/18	4,375			4,375	7 HY 200DB	3,399	390
9	Camera Security System	11/19/18	630			630	7 HY 200DB	489	57
11	10332 Portage Rd - Building	1/01/18	120,000			120,000	39 MMS/L	15,256	3,077
12	20 Ft Johnson Box Freezer	7/29/19	4,300			4,300	7 HY 200DB	2,957	384
13	Split Off - Donated Sale Value	1/01/18	20,000			20,000	39 MMS/L	2,543	513
15	Furnace	1/25/20	470			470	7 MQ200DB	290	52
16	Four Refrigerators	8/20/20	3,766			3,766	7 MQ200DB	2,051	490
20	Security Cams	1/20/21	225		X	0	5 HY 200DB	225	0
21	Commercial Fridge / Freezer Combo	8/02/21	7,573		X	0	7 HY 200DB	7,573	0
22	3-door freezer	6/01/22	4,849		X	0	7 HY 200DB	4,849	0
			<u>196,567</u>			<u>183,920</u>		<u>60,543</u>	<u>6,146</u>
Other Depreciation:									
14	10403 Portage Rd - Land	2/25/20	0			0	0 HY	0	0
23	Security System= #1	6/16/22	0			0	0 HY	0	0
24	Security System - #2	6/16/22	0			0	0 HY	0	0
25	2012 Ford 250	9/12/22	0			0	0 HY	0	0
26	10330 Portage Bldg	10/13/22	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:									
3	Vehicle #1	12/31/15	2,000			2,000	5 HY 150DB	2,000	0
4	Vehicle #2	12/31/15	2,000			2,000	5 HY 150DB	2,000	0
10	2014 Ford E250 Van	8/31/18	13,439			13,439	5 HY 200DB	12,665	774
17	2006 Chevy Van	7/08/20	6,500			6,500	5 MQ200DB	4,511	796
			<u>23,939</u>			<u>23,939</u>		<u>21,176</u>	<u>1,570</u>
	Grand Totals		220,506			207,859		81,719	7,716
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>220,506</u>			<u>207,859</u>		<u>81,719</u>	<u>7,716</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
5	Driveway Improvements	8/01/16	15,175		0	0	0	15,175
6	Parking Lot Engineering	11/17/16	1,100		0	0	0	1,100
20	Security Cams	1/20/21	225		0	0	225	0
21	Commercial Fridge / Freezer Combo	8/02/21	7,573		0	0	7,573	0
Grand Total			<u>24,073</u>		<u>0</u>	<u>0</u>	<u>7,798</u>	<u>16,275</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Fridges & Freezers	0	0	0
Page 1	1	2	Furniture & Fixtures	0	0	0
Page 1	1	3	Vehicle #1	0	0	0
Page 1	1	4	Vehicle #2	0	0	0
Page 1	1	5	Driveway Improvements	1,012	1,012	0
Page 1	1	6	Parking Lot Engineering	73	73	0
Page 1	1	7	New Shopping Cards	98	98	0
Page 1	1	8	26' Stand-alone Refrigerator	390	390	0
Page 1	1	9	Camera Security System	57	57	0
Page 1	1	10	2014 Ford E250 Van	774	774	0
Page 1	1	11	10332 Portage Rd - Building	3,077	3,077	0
Page 1	1	12	20 Ft Johnson Box Freezer	384	384	0
Page 1	1	13	Split Off - Donated Sale Value	513	513	0
Page 1	1	15	Furnace	52	52	0
Page 1	1	16	Four Refrigerators	490	490	0
Page 1	1	17	2006 Chevy Van	796	796	0
Page 1	1	20	Security Cams	0	0	0
Page 1	1	21	Commercial Fridge / Freezer Combo	0	0	0
				<u>7,716</u>	<u>7,716</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Fridges & Freezers	12/31/15	3,000	0	0
2	Furniture & Fixtures	12/31/15	10,000	0	0
5	Driveway Improvements	8/01/16	15,175	1,011	1,011
6	Parking Lot Engineering	11/17/16	1,100	73	73
7	New Shopping Cards	2/08/18	1,104	99	99
8	26' Stand-alone Refrigerator	6/18/18	4,375	391	391
9	Camera Security System	11/19/18	630	56	56
11	10332 Portage Rd - Building	1/01/18	120,000	3,077	3,077
12	20 Ft Johnson Box Freezer	7/29/19	4,300	383	383
13	Split Off - Donated Sale Value	1/01/18	20,000	512	512
15	Furnace	1/25/20	470	41	41
16	Four Refrigerators	8/20/20	3,766	350	350
20	Security Cams	1/20/21	225	0	0
21	Commercial Fridge / Freezer Combo	8/02/21	7,573	0	0
			<u>191,718</u>	<u>5,993</u>	<u>5,993</u>
Other Depreciation:					
14	10403 Portage Rd - Land	2/25/20	21,214	0	0
22	3-door freezer	6/01/22	4,849	693	0
23	Security System= #1	6/16/22	1,212	173	0
24	Security System - #2	6/16/22	2,873	410	0
25	2012 Ford 250	9/12/22	9,000	1,800	0
26	10330 Portage Bldg	10/13/22	190,000	4,872	0
	Total Other Depreciation		<u>229,148</u>	<u>7,948</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>229,148</u>	<u>7,948</u>	<u>0</u>
Listed Property:					
3	Vehicle #1	12/31/15	2,000	0	0
4	Vehicle #2	12/31/15	2,000	0	0
10	2014 Ford E250 Van	8/31/18	13,439	0	0
17	2006 Chevy Van	7/08/20	6,500	734	734
			<u>23,939</u>	<u>734</u>	<u>734</u>
Amortization:					
28	Bosch Survey	10/31/23	2,475	165	0
19	Loan Costs	1/09/20	2,090	418	0
27	10330 Portage-Closing Costs	10/13/22	3,530	706	0
			<u>8,095</u>	<u>1,289</u>	<u>0</u>
	Grand Totals		<u>452,900</u>	<u>15,964</u>	<u>6,727</u>

Asset	Description	Date In Service	Cost	MI
<u>Prior MACRS:</u>				
1	Fridges & Freezers	12/31/15	3,000	0
2	Furniture & Fixtures	12/31/15	10,000	0
5	Driveway Improvements	8/01/16	15,175	1,011
6	Parking Lot Engineering	11/17/16	1,100	73
7	New Shopping Cards	2/08/18	1,104	99
8	26' Stand-alone Refrigerator	6/18/18	4,375	391
9	Camera Security System	11/19/18	630	56
11	10332 Portage Rd - Building	1/01/18	120,000	3,077
12	20 Ft Johnson Box Freezer	7/29/19	4,300	383
13	Split Off - Donated Sale Value	1/01/18	20,000	512
15	Furnace	1/25/20	470	41
16	Four Refrigerators	8/20/20	3,766	350
20	Security Cams	1/20/21	225	26
21	Commercial Fridge / Freezer Combo	8/02/21	7,573	947
			<u>191,718</u>	<u>6,966</u>
<u>Other Depreciation:</u>				
14	10403 Portage Rd - Land	2/25/20	21,214	0
22	3-door freezer	6/01/22	4,849	693
23	Security System= #1	6/16/22	1,212	173
24	Security System - #2	6/16/22	2,873	410
25	2012 Ford 250	9/12/22	9,000	1,800
26	10330 Portage Bldg	10/13/22	190,000	4,872
	Total Other Depreciation		<u>229,148</u>	<u>7,948</u>
	Total ACRS and Other Depreciation		<u>229,148</u>	<u>7,948</u>
<u>Listed Property:</u>				
3	Vehicle #1	12/31/15	2,000	0
4	Vehicle #2	12/31/15	2,000	0
10	2014 Ford E250 Van	8/31/18	13,439	0
17	2006 Chevy Van	7/08/20	6,500	734
			<u>23,939</u>	<u>734</u>
<u>Amortization:</u>				
28	Bosch Survey	10/31/23	2,475	165
19	Loan Costs	1/09/20	2,090	418
27	10330 Portage-Closing Costs	10/13/22	3,530	706
			<u>8,095</u>	<u>1,289</u>
	Grand Totals		<u>452,900</u>	<u>16,937</u>

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name _____

Taxpayer Identification Number _____

TWELVE BASKETS

47-2789634

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	289,289	284,154	-5,135
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	27,936		-27,936
	4. Program service revenue	4.			
	5. Investment income	5.	1,195	5,100	3,905
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		8,696	8,696
	12. Total revenue. Add lines 1 through 11	12.	318,420	297,950	-20,470
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19.	85,273	40,660	-44,613
	20. Depreciation and Depletion	20.	13,081	16,954	3,873
	21. Other expenses	21.	121,731	133,342	11,611
	22. Total expenses. Add lines 13 through 21	22.	220,085	190,956	-29,129
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	98,335	106,994	8,659
Other Information	24. Total exempt revenue	24.	318,420	297,950	-20,470
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,195	13,796	12,601
	27. Total assets	27.	568,501	655,709	87,208
	28. Total liabilities	28.	69,239	63,143	-6,096
	29. Retained earnings	29.	499,262	592,566	93,304
	30. Number of voting members of governing body	30.	12	11	
31. Number of independent voting members of governing body	31.	11	11		
32. Number of employees	32.	0	0		
33. Number of volunteers	33.	500			

Form 990	Tax Return History	2023
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Name TWELVE BASKETS	Employer Identification Number 47-2789634
-------------------------------	---

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants		267,060	253,546	317,225	284,154	
Membership dues						
Program service revenue						
Capital gain or loss			2,060			
Investment income		37	1,244	1,195	5,100	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					8,696	
Total revenue		267,097	256,850	318,420	297,950	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees						
Occupancy costs		15,477	18,195	85,273	40,660	
Depreciation and depletion		13,082	23,044	13,081	16,954	
Other expenses		59,549	83,632	121,731	133,342	
Total expenses		88,108	124,871	220,085	190,956	
Excess or (Deficit)		178,989	131,979	98,335	106,994	
Total exempt revenue		267,097	256,850	318,420	297,950	
Total unrelated revenue						
Total excludable revenue		37	3,304	1,195	13,796	
Total Assets		340,073	410,646	568,501	655,709	
Total Liabilities		62,621	1,215	69,239	63,143	
Net Fund Balances		277,452	409,431	499,262	592,566	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST	\$ 438					
PORTFOLIO INCOME	4,662					
TOTAL	<u>\$ 5,100</u>					

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
DONORS & GRANTS	\$ 241,518
GIVING CAMPAIGNS	32,748
MISC INCOME	2,876
FUNDRAISING-PLANT SALE	7,012
TOTAL	\$ <u>284,154</u>

Schedule A, Part III, Line 2(e)

Description	Amount
INTEREST	\$ 438
PORTFOLIO INCOME	4,662
MISCELLANEOUS	5,828
OTHER	456
RECYCLING	873
ASSET SALE	1,539
TOTAL	\$ <u>13,796</u>

Michigan Property Tax Diagnostics

Critical Messages

- Unit #1, Assessor address in Setup > 990 > Michigan PPT is blank

Informational Messages

- Return completed using the Book treatment within the asset module
- Form 5076 calculated for properties with less than \$180,000 of true cash value; verify all personal property has been included for this calculation including related parties and additional properties in the same city or township

Michigan Form 632/5076 Return Summary

For assessment period beginning **01/01/23** and ending **12/31/23**
TWELVE BASKETS **47-2789634**
 Parcel # **10-90023-120-O** Parcel Type **COMMERCIAL**
 City/Township/Village **PORTAGE - KALAMAZOO**

MI Form 632, Page 2

		Original Cost		Assessor Calculations
Section A - including furniture and fixtures	A-1	1,104	A-2	519
Section B - including machinery and equipment	B-1	16,248	B-2	9,540
Section C - including rental videotapes and games	C-1		C-2	
Section D - including office, electronic, video and testing equipment	D-1		D-2	
Section E - including consumer coin operated equipment	E-1		E-2	
Section F - including computer equipment	F-1	855	F-2	167
Total		18,207		10,226

MI Form 632, Page 3

		Original Cost		Assessor Calculations
Section G - other assessable personal property	G-1		G-2	
		Original Cost		GAAP Net Book Value
Section H - assessable tooling	H-1		H-2	
		Original Cost		Assessor Calculations
Section I - qualified personal property	I-1		I-2	
		Selling Price		
Section J - leased property which is not qualified personal property	J-1			
Section K - other personal property	K-1			
Total				

MI Form 632, Pages 4-5

				Selling Price
Section L - detail of leases				
		Original Cost		Assessor Calculations
Section M - leasehold improvements	M-1		M-2	
Section N - buildings and other structures on leased or public land	N-1		N-2	
Section O - rental information			O-2	
Total				

MI Form 632, Page 1

				Assessor Calculations
Grand total from page 2		18,207		10,226
Grand total from page 3				
Grand total from pages 4-5				
Total cost of idle equipment from Form 2698				
Total cost of personal property construction in progress			X.50	
Total cost of cable TV, utility, wind/solar assets: Forms 633, 3589, 4565 and 5762				
Total cost of cellular site equipment from Form(s) 4452				
Total		18,207		10,226
True Cash Value calculated on Form 632	10,226		Assessor Adjustment(s)	
TCV of leased or possessed (not owned) property			Exemption(s)	
True Cash Value for filing requirement	10,226		True Cash Value	10,226
			Assessed Value (50% of TCV)	

**FORM 5076 FILED INSTEAD OF FORM 632
 DUE TO TRUE CASH VALUE BEING
 LESS THAN \$80,000.**

Approximate Tax Rate _____
 Approximate Expected Tax Due _____

Filing Instructions

TWELVE BASKETS

**Form 5076 - Affidavit of Owner of Eligible Personal Property Claiming
Exemption from Collection of Taxes**

Taxable Year 2024

Date Due: AS SOON AS POSSIBLE

Remittance: No payment is required with this return.

Mail To:

,

Signature: The return should be signed and dated on page 1.

Michigan Department of Treasury
5076 (Rev. 11-23)

Parcel Number

10-90023-120-0

2024

Small Business Property Tax Exemption Claim Under MCL 211.9o

This form is to be filed with the local unit (City or Township) where the personal property is located. **Please contact the local unit where the personal property is located for their mailing address.** This form **IS NOT** to be mailed to the Michigan Department of Treasury or Michigan State Tax Commission. This form **must be filed no later than February 20, 2024 (postmark is acceptable)**. Late filed forms may be filed directly with the 2024 March Board of Review prior to the closure of the March Board.

This form must be filled out in its entirety. Failure to fill out the form completely can be cause for denial of the exemption. Taxpayers should pay particular attention to including contact information, including phone number and email address.

General Information

Business Name TWELVE BASKETS		
Name and Mailing Address of Owner(s) or Partners (if sole proprietorship or partnership) - attach a separate sheet if necessary TWELVE BASKETS 10332 PORTAGE RD PORTAGE MI 49002		
Name of Local Unit of Government City: PORTAGE Township: _____ Village: _____		County Where the Property is Located KALAMAZOO
Parcel Number 10-90023-120-0	Assumed Name(s) Used by Legal Entity (if any)	Owner Telephone Number 269-532-4912
Date Business Began in Local Tax Collecting Unit 01/01/15	Description of Owner's Business Activity	
Name, Telephone Number and Email Address of the Person in Charge of Personal Property Records SHARON WAGNER 269-532-4912		Address Where Personal Property Records are Kept 10332 PORTAGE RD
Names of all other businesses having personal property, including any leasehold improvements assessed as personal property at the location(s) included in this form. (Attach additional sheets as necessary.)		
List all addresses where any personal property owned by, leased to, or in the possession of the owner listed above or a related entity is located within the local tax collecting unit. (Attach additional sheets as necessary.)		
Value of Personal Property		
<input checked="" type="checkbox"/> The True Cash Value of all Personal Property, as defined by MCL 211.9o, located within the local tax collecting unit indicated above, that is owned by, leased to, or in the possession of the owner or related entity, was less than \$80,000 on December 31, 2023. (Enter value at right.)		Value of Personal Property 10,226
<input type="checkbox"/> The True Cash Value of all Personal Property, as defined by MCL 211.9o, located within the local tax collecting unit indicated above, that is owned by, leased to, or in the possession of the owner or related entity, was equal to or greater than \$80,000 and less than \$180,000 on December 31, 2023. (If checked, attach a copy of Form 632, "2024 Personal Property Statement," to this form. Enter value at right.)		Value of Personal Property

The undersigned certifies that:

1. I am the owner of the commercial personal property and/or industrial personal property being claimed as exempt or I am the duly authorized agent.
2. The following procedures were used to determine that the True Cash Value of the Eligible Personal Property on December 31, 2023:
 - a) The determination of True Cash Value was based on the State Tax Commission's recommended valuation procedures as set forth on Form 632 (L-4175), "Personal Property Statement"
 - b) The determination of True Cash Value includes all assessable personal property, located within the city or township listed on this form that is owned by, leased to, or in the possession of the owner or related entity. This shall include all trade fixtures and may include leasehold improvements not assessed as real property. Attach an explanation if not all personal property is included.
3. I understand that according to MCL 211.9o, I am required to maintain and provide access to books and records for audit purposes as provided in section 22.
4. All of the information contained within Form 5076 is true and accurate and to the best of my knowledge and belief, and I acknowledge a fraudulent claim for exemption under MCL 211.9o is subject to the penalties as provided for in section 21(2).

Printed Name SHARON WAGNER	Title PRESIDENT
Signature	Date

LOCAL UNIT USE

Date Received

Book Property Detail

FYE: 12/31/2023

Asset	Property Description	Date Acquired	Book Cost	Book Prior Depreciation	Book Current Depreciation	Book End Depr
Location ID#: 10-90023-120-O						
PPT type - MI: Section A - Furniture & fixtures						
Date Acquired for Year End: 12/31/18						
7	New Shopping Cards	2/08/18	1,104	858	98	956
Year End Total: 12/31/18			<u>1,104</u>	<u>858</u>	<u>98</u>	<u>956</u>
Section A - Furniture & fixtures			<u>1,104</u>	<u>858</u>	<u>98</u>	<u>956</u>
PPT type - MI: Section B - Machinery & equipment						
Date Acquired for Year End: 12/31/18						
8	26' Stand-alone Refrigerator	6/18/18	4,375	3,399	390	3,789
Year End Total: 12/31/18			<u>4,375</u>	<u>3,399</u>	<u>390</u>	<u>3,789</u>
Date Acquired for Year End: 12/31/19						
12	20 Ft Johnson Box Freezer	7/29/19	4,300	2,957	384	3,341
Year End Total: 12/31/19			<u>4,300</u>	<u>2,957</u>	<u>384</u>	<u>3,341</u>
Date Acquired for Year End: 12/31/21						
21	Commercial Fridge / Freezer Combo	8/02/21	7,573	7,573	0	7,573
Year End Total: 12/31/21			<u>7,573</u>	<u>7,573</u>	<u>0</u>	<u>7,573</u>
Section B - Machinery & equipment			<u>16,248</u>	<u>13,929</u>	<u>774</u>	<u>14,703</u>
PPT type - MI: Section F - Computer equipment						
Date Acquired for Year End: 12/31/18						
9	Camera Security System	11/19/18	630	489	57	546
Year End Total: 12/31/18			<u>630</u>	<u>489</u>	<u>57</u>	<u>546</u>
Date Acquired for Year End: 12/31/21						
20	Security Cams	1/20/21	225	225	0	225
Year End Total: 12/31/21			<u>225</u>	<u>225</u>	<u>0</u>	<u>225</u>
Section F - Computer equipment			<u>855</u>	<u>714</u>	<u>57</u>	<u>771</u>
10-90023-120-O			<u>18,207</u>	<u>15,501</u>	<u>929</u>	<u>16,430</u>
Grand Total			<u>18,207</u>	<u>15,501</u>	<u>929</u>	<u>16,430</u>

