<b>-</b>	q	Q	Λ
Form	J	J	U

## EXTENDED TO NOVEMBER 15, 2022

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

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 1 **Open to Public** Inspection

Department of the Treasury
Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	ending				
B C	heck if pplicab	C Name of organization D Employer identification number					
	Addre	FRIENDS OF NOBSKA LIGHT, INC.					
	Name		47-2579196				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Final	PO BOX 183		774-763-	6453		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	222,948.		
	Amer returr	ded FALMOUTH, MA 02541		H(a) Is this a group re	eturn		
	Appli tion	F Name and address of principal officer: LARA BALTER		for subordinates	? Yes X No		
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions		
		te: FRIENDSOFNOBSKA.ORG		H(c) Group exemptio			
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2015	State of legal domicile: MA		
Pa	rt I	Summary					
e	1	Briefly describe the organization's mission or most significant activities:	ORIC I	PRESERVATION	OF THE		
Governance		LIGHT STATION, TO ENSURE PUBLIC ACCESS, A	AND SI	ERVE AS AN E	DUCATIONAL		
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as			
Šov	3				11		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			11		
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1		
Activities &	6	Total number of volunteers (estimate if necessary)			60		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
	_			Prior Year	Current Year		
an	8	Contributions and grants (Part VIII, line 1h)	······	948,040.	222,798.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0. 19.	0.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		410.	150.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		948,469.	222,948.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		940,409.	0.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		40,116.	21,843.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	8,875.	0.		
nəc		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) <b>9</b> , 34	46	0,075.	•		
EX		Total fundraising expenses (Part IX, column (D), line 25) <b>9</b> , 37 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,034,426.	165,867.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,083,417.	187,710.		
	19	Revenue less expenses. Subtract line 18 from line 12		-134,948.	35,238.		
es	15		B	eginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		586,935.	597,563.		
Ass Bal	<ul> <li>20 Total assets (Part X, line 16)</li> <li>21 Total liabilities (Part X, line 26)</li> </ul>			25,943.	1,333.		
Net -unc	22	Net assets or fund balances. Subtract line 21 from line 20		560,992.	596,230.		
Pa	rt II	Signature Block			,		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of m	y knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			- /		

Sign Here	Signature of officer LARA BALTER, TREASUREE Type or print name and title	8	Date	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	MICHAEL BULGER	MICHAEL BULGER	self-employed P0218357	2
Preparer	Firm's name 🕨 LAMB, MASON, BUI	GER & CO., PC	Firm's EIN ▶ 04-2714253	}
Use Only	Firm's address P.O. BOX 1233			
	WEST CHATHAM, MA	A 02669-1233	Phone no. (508) 945-357	5
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes	No
132001 12-0	09-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form <b>990</b>	(2021)
2	SEE SCHEDULE O FOR ORGANIZ	LATION MISSION STATEM	IENT CONTINUATION	
1147110	8 729245 NOBSKA 20	21.04030 FRIENDS OF N	NOBSKA LIGHT, IN NOBSKI	A_1

		S OF NOBSKA LIGH		47-	-2579196	Page <b>2</b>
Pa	t III Statement of Program S	Service Accomplishment	S			
	Check if Schedule O contains a	response or note to any line in t	his Part III		<u></u>	🔲
1	Briefly describe the organization's mis				MADIUT	
	THE CHARITABLE MISS HERITAGE WHILE PERS					<u> </u>
	THE ICONIC 1876 LAN					
	LIGHTHOUSE TOWER, K					
2	Did the organization undertake any sig					
-			• •		Yes	XNo
	If "Yes," describe these new services					
3	Did the organization cease conducting	g, or make significant changes ir	n how it conducts, a	any program services?	Yes	XNo
	If "Yes," describe these changes on S	chedule O.				
4	Describe the organization's program s					
	Section 501(c)(3) and 501(c)(4) organized		e amount of grants	and allocations to others, the	e total expenses, a	ind
	revenue, if any, for each program serv	ice reported.				
4a	(Code: ) (Expenses \$ THE PRESERVATION AN	115,615. including grant		) (Revenue \$ ד העד ד.דכטהעסווע		)
	THE FRESERVATION AN	D EXIENSIVE RESI	ORATION 0.	F INE DIGNINOU	SE IOWER.	
4b	(Code:) (Expenses \$	including grant	s of \$	) (Revenue \$		)
4c	(Code:) (Expenses \$	including grant	s of \$	) (Revenue \$		)
4d	Other program services (Describe on S	,				
4.5	(Expenses \$	including grants of \$ 115,615.	) (	Revenue \$	)	
<u>4e</u>	Total program service expenses	,013.			Eorm Q(	<b>90</b> (2021)
132004	2 12-09-21				FOILIN <b>3</b>	2021) <b>20</b>
.5200			18			
171	100 70004E NODOWA	2021 04020	EDTENDO O		TN NODC	1 <b>ג בד</b> ו

11471108 729245 NOBSKA

Form	990	(2021)

Part IV Checklist of Required Schedules

FRIENDS OF NOBSKA LIGHT, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	<b>5</b>	8		x
9	Schedule D, Part III	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
<b>b</b>	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> " <i>Yes</i> ," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		x
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	gan	<b>^</b> (2021)
132003	3 12-09-21	LOUID	330	(∠∪∠ I)

11471108 729245 NOBSKA

19 2021.04030 FRIENDS OF NOBSKA LIGHT, IN NOBSKA\_1

Form **990** (2021)

Form	990	(2021)
⊢orm	990	(2021)

Part IV Checklist of Required Schedules (continued)

			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Γ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
h	Schedule K. If "No," go to line 25a	24a 24b		ŀ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		┢
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		ŀ
IJ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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%			.
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		t
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Γ
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		:
	Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		┢
	If "Yes," complete Schedule R, Part V, line 2	36		
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</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			F
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				Г
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	F
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	5		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
b		1c	990	

Form 990	
Part V	Sta

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			
	filed for the calendar year ending with or within the year covered by this return	2a			x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the second sec			2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					x
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country					
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			<b>F</b> -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	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			0-		x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		-	Ch		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	aviono r	vrovidad to the pover?	7-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			70		x
<b>ا</b> م	to file Form 8282?	7d		7c		- 23
	If "Yes," indicate the number of Forms 8282 filed during the year			70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of gualified intellectual property, did the organization file.					
g	If the organization received a contribution of qualified intellectual property, did the organization file Foundation of the organization and the organization and the organization file for the organization of the organization file for the organization of the organization file for the organization file fo			7g 7b		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			7h		
8				8		
0				0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		1		
11	Section 501(c)(12) organizations. Enter:			1		
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a		1		
D		116				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ſ	IZa		
		120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D		13b	l			
<u> </u>	Enter the amount of reserves on hand			1		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				<u> </u>	
15	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16		t inco	mo?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.			10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
132004	1 1 1 2 3, complete form 6009. 5 12-09-21 21			Forn	1 <b>990</b>	(2021)
	108 729245 NOBSKA 2021.04030 FRIENDS OF NOBS	SKA	LIGHT. IN			
			,			

Form 990	(2021)
----------	--------

FRIENDS OF NOBSKA LIGHT, INC.

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

X

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.

		1.1	1 1		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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.		11			
	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 relationsh			2		x
3	officer, director, trustee, or key employee?			2		- 23
3	Did the organization delegate control over management duties customarily performed by or under t of officers, directors, trustees, or key employees to a management company or other person?			3		x
4				4		X
	Did the organization make any significant changes to its governing documents since the prior Form Did the organization become aware during the year of a significant diversion of the organization's a			5		X
	Did the organization become aware during the year of a significant diversion of the organization is a Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or			0		
10	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			14		
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			10		
	The governing body?	-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
2	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal i					
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done			12c	Х	
	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?			14	Х	
	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright M\!A$					
8	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	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explanation of the contract of the contrac	in on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	of interest policy, an	d fina	ncial	
	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 b	ooks ar	d records 🕨			
	LARA BALTER - 774 763-6453					
	PO BOX 183, FALMOUTH, MA 02541				990	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

Name and title     Average hows per veck- instruction motion and bolow of personal distribution of the structure motion and bolow of personal distribution of the structure motion and the structure motion the structur			l				npe	1341			(Г)
Name and use     Portuge of the stand use     Product of the stand use and the stand of	(A)	Desition					<b>,</b>		(D)	(E)	(F)
weak (list ary hours for bolow bolow line)         officer and a directorhusee) and give bolow bolow line         from organizations (W2/1099-MISC) 1099-MEC)         from related organizations (W2/1099-MISC) 1099-MEC)         othe organizations (W2/1099-MISC)         othe organizations (W2/1099-MISC)           1)         PATRICK BURKE         1.00         X         X         X         0.         0.         0.           1)         PATRICK BURKE         1.00         X         X         X         0.         0.         0.         0.           1)         PATRICK BURKE         1.00         X         X         0.	Name and title	-	(do	(do not check more than one				one			
Image: constraint of the provided of th										·	
1) PATRICK BURKE       1.00       X       X       0.<			۰								
1) PATRICK BURKE       1.00       X       X       0.<			lirect								
1) PATRICK BURKE       1.00       X       X       0.<			e or c	tee			satec				
1) PATRICK BURKE       1.00       X       X       0.<			ruste	l trus		ee	npen			1000 NEO)	, and a second s
1) PATRICK BURKE       1.00       X       X       0.<			lual ti	tiona		loy	st cor		1000 NEO		
1) PATRICK BURKE       1.00       X       X       0.<			divic	Istitu	fficer	ey en	ighes	orme			organizationo
ICE PRESIDENT       X       X       X       0.       0.       0.       0.         2) DAVID FORSBERG       1.00       X       0.       0.       0.       0.       0.         3) CHARLOTTE HARRIS       1.00       X       0.       0.       0.       0.       0.         3) CHARLOTTE HARRIS       1.00       X       0.       0.       0.       0.       0.         1RECTOR       X       0.       0.       0.       0.       0.       0.       0.         1RECTOR       1.00       X       0.	(1) PATRICK BURKE	,	-	-	0	×	프 =	Ē			
2) DAVID FORSBERG       1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	v		v				0	0	0
IRECTOR       X       0.       0.       0.       0.         3) CIRALOTE HARRIS       1.00       X       0.       0.       0.         IRECTOR       X       0.       0.       0.       0.       0.         IRECTOR       X       X       0.       0.       0.       0.       0.         IRECTOR       1.00       X       X       0. </td <td></td> <td>1 00</td> <td>^</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1 00	^						0.	0.	0.
3) CHARLOTTE HARRIS       1.00       x       0.       0.       0.       0.         4) STEPHEN LEVY       1.00       x       0.       0.       0.       0.       0.         4) STEPHEN LEVY       1.00       x       0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td><u>م</u></td>		1.00								•	<u>م</u>
IRECTOR       X       0.       0.       0.       0.         4) STEPHEN LEVY       1.00       X       0.       0.       0.         IRECTOR       X       0.       0.       0.       0.         IRECTOR       1.00       X       0.       0.       0.         IRECTOR       1.00       X       0.       0.       0.         IRECTOR       1.00       X       0.       0.       0.         1RECTOR       1.00       X       0.       0.       0.         7) LARA BALTER       1.00       X       X       0.       0.       0.         8) JEPFERY THOMAS       1.00       X       X       0.       0.       0.         9) KATHY WALRATH       1.00       X       X       0.       0.       0.         10) CARISSA APRIL       1.00       X       X       0.       0.       0.         IRECTOR       1.00       X       X       0.       0.       0.         IRECTOR       1.00       X       X       0.       0.       0.         IRECTOR       1.00       X       X       0.       0.       0.		1 00	Ă						0.	0.	0.
4) STEPHEN LEVY       1.00       X       0.       0.       0.       0.         5) BARBARA MEISSNER       1.00       X       0.       0.       0.       0.         5) BARBARA MEISSNER       1.00       X       0.       0.       0.       0.         6) PHIL RICHARDSON       1.00       X       0.       0.       0.       0.         1RECTOR       1.00       X       0.       0.       0.       0.       0.         7) LARA BALTER       1.00       X       X       0.       0.       0.       0.         8) JEFFERY THOMAS       1.00       X       0.	(3) CHARLOTTE HARRIS	1.00									
IRECTOR     X     0.     0.     0.       5)     BARBARA MEISSNER     1.00     X     0.     0.     0.       IRECTOR     1.00     X     0.     0.     0.       7)     LARA BALTER     1.00     X     0.     0.     0.       READER     X     X     0.     0.     0.       0)     JEFFERY THOMAS     1.00     X     0.     0.     0.       9)     KATHY WALRATH     1.00     X     X     0.     0.     0.       10)     CARISSA APRIL     1.00     X     0.     0.     0.       11)     SARAH COLACICCO     1.00     X     X     0.     0.       LERK     X     X     0.     0.     0.     0.       11)     SARAH COLACICCO     1.00     1.00     1.00     1.00     1.00       LERK     1     1     1     1     1.00     1.00	DIRECTOR		Х						0.	0.	0.
5)       BARBARA MEISSNER       1.00       X       0.       0.       0.       0.         6)       PHL RICHARDSON       1.00       X       0.       0.       0.       0.         7)       LARA BALTER       1.00       X       0.       0.       0.       0.         7)       LARA BALTER       1.00       X       X       0.       0.       0.         8)       JEFFERY THOMAS       1.00       X       0.       0.       0.       0.         10       CARISSA APRIL       1.00       X       0.       0.       0.       0.         11)       SARAH COLACICCO       1.00       X       0.       0.       0.       0.         LERK       X       X       0.       0.       0.       0.       0.       0.         LERK       X       X       0.	(4) STEPHEN LEVY	1.00									
IRECTOR       X       0.       0.       0.       0.         IRECTOR       X       0.       0.       0.       0.         IRECTOR       X       0.       0.       0.       0.         7) LARA BALTER       1.00       X       0.       0.       0.       0.         7) LARA BALTER       X       X       0.       0.       0.       0.         REASURER       X       X       0.       0.       0.       0.         IRECTOR       X       X       0.       0.       0.       0.         IRECTOR       X       X       0.       0	DIRECTOR		X						0.	0.	0.
6) PHIL RICHARDSON       1.00       X       0.0.0.0.0.         IRECTOR       X       X       0.0.0.0.         7) LARA BALTER       1.00       X       X       0.0.0.0.         REASURER       1.00       X       X       0.0.0.0.       0.0.         8) JEFFERY THOMAS       1.00       X       X       0.0.0.0.       0.0.         8) JEFFERY THOMAS       1.00       X       X       0.0.0.0.       0.0.         9) KATHY WALRATH       1.00       X       X       0.0.0.0.       0.         RESIDENT       X       X       0.0.0.0.       0.       0.         10) CARISSA APRIL       1.00       X       X       0.0.0.       0.         IRECTOR       X       X       0.0.0.0.       0.       0.         11) SARAH COLACICCO       1.00       X       X       0.0.0.       0.	(5) BARBARA MEISSNER	1.00									
6) PHIL RICHARDSON       1.00       X       0.0.0.0.0.         IRECTOR       1.00       X       X       0.0.0.0.         REASURER       1.00       X       X       0.0.0.0.         SI JEFFERY THOMAS       1.00       X       X       0.0.0.0.         IRECTOR       X       X       0.0.0.0.       0.0.0.         IRECTOR       X       X       0.0.0.0.       0.0.0.         IRECTOR       X       X       0.0.0.0.       0.0.0.         NATHY WALRATH       1.00       X       X       0.0.0.0.       0.0.0.         NESIDENT       1.00       X       X       0.0.0.0.       0.0.0.         IRECTOR       X       X       0.0.0.0.       0.0.0.       0.0.0.         IRECTOR       X       X       0.0.0.0.       0.0.0.       0.0.0.         LERK       X       X       0.0.0.0.       0.0.0. <td< td=""><td>DIRECTOR</td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	DIRECTOR		x						0.	0.	0.
IRECTOR     X     0.     0.     0.       7) LARA BALTER     1.00     X     X     0.     0.       REASURER     X     X     0.     0.     0.       8) JEFFERY THOMAS     1.00     X     X     0.     0.       1RECTOR     X     X     0.     0.     0.       9) KATHY WALRATH     1.00     X     X     0.     0.       10) CARISSA APRIL     1.00     X     X     0.     0.       11) SARAH COLACICCO     1.00     X     X     0.     0.       LERK     X     X     0.     0.     0.	(6) PHIL RICHARDSON	1.00									
7) LARA BALTER       1.00       X       X       X       0.       0.       0.         REASURER       X       X       0.       0.       0.       0.       0.         8) JEFFERY THOMAS       1.00       X       0.       0.       0.       0.       0.         9) KATHY WALRATH       1.00       X       X       0.       0.       0.       0.         RESIDENT       X       X       0.       0.       0.       0.       0.       0.         IRECTOR       X       X       0.			x						0.	0.	0.
REASURER       X       X       X       X       0.       0.       0.         8) JEFFERY THOMAS       1.00       X       0. <t< td=""><td></td><td>1 00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>••</td><td><b>```</b></td></t<>		1 00								••	<b>```</b>
8) JEFFERY THOMAS       1.00       X       0.       0.       0.       0.         9) KATHY WALRATH       1.00       X       X       0.       0.       0.       0.         0. CARISSA APRIL       1.00       X       X       0.       0.       0.       0.         11) SARAH COLACICCO       1.00       X       X       0.       0.       0.       0.         LERK       X       X       0.       0.       0.       0.       0.       0.         LERK       X       X       X       0. <td></td> <td>1.00</td> <td>v</td> <td></td> <td>v</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		1.00	v		v				0	0	0
IRECTOR     X     0.     0.     0.       9) KATHY WALRATH     1.00     X     X     0.     0.       RESIDENT     X     X     0.     0.     0.       10) CARISSA APRIL     1.00     X     0.     0.     0.       IRECTOR     X     X     0.     0.     0.       11) SARAH COLACICCO     1.00     X     X     0.     0.       LERK     X     X     0.     0.     0.		1 00	^		<u>^</u>		<u> </u>		0.	0.	0.
9) KATHY WALRATH       1.00       X       X       0.<		1.00								•	•
RESIDENT       X       X       X       X       0.       0.       0.       0.         10) CARISSA APRIL       1.00       X       X       0. <td< td=""><td>DIRECTOR</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	DIRECTOR		X						0.	0.	0.
10) CARISSA APRIL       1.00       X       0.0.0.       0.0.0.         IRECTOR       1.00       X       X       0.0.0.       0.0.         11) SARAH COLACICCO       1.00       X       X       0.0.0.       0.0.         LERK       X       X       X       0.0.0.       0.0.       0.0.         LERK       X       X       X       0.0.0.       0.0.       0.0.         LERK       X       X       X       0.0.0.       0.0.       0.0.         LERK       X       X       X       X       X       0.0.0.       0.0.       0.0.         LERK       X       X       X       X       X       0.0.0.       0.0.       0.0.         LERK       X       X       X       X       X       X       X       X       0.0.       X         LERK       X       X	(9) KATHY WALRATH	1.00								_	_
IRECTOR     X     0.     0.     0.       11) SARAH COLACICCO     1.00     X     X     X     0.     0.     0.       LERK     X     X     X     0.     0.     0.     0.       IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     0.     0.       IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     0.       IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR       IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR       IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR       IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IRECTOR     IR	PRESIDENT		Х		X				0.	0.	0.
11) SARAH COLACICCO     1.00     X     X     X     0.0.0.0.       LERK     X     X     X     0.0.0.0.	(10) CARISSA APRIL	1.00									
LERK X X 0. 0. 0. 0.	DIRECTOR		X						0.	0.	0.
	(11) SARAH COLACICCO	1.00									
	CLERK		x		x				0.	0.	0.
A2007 12-09-21											
A CONTRACTOR OF A CONTRACTOR											
A2007 12-09-21											
32007 12-09-21											
32007 12-09-21 Form <b>990</b> (2021)											
32007 12-09-21 Form <b>990</b> (2021)											
32007 12-09-21 Form <b>990</b> (2021)											
32007 12-09-21 Form <b>990</b> (2021)											
32007 12-09-21 Form <b>990</b> (2021)			1								
	132007 12-09-21	•									Form <b>990</b> (2021)

11471108 729245 NOBSKA

23

Form 990 (2021) FRIENDS	OF NOBS	KA	LI	IGH	IT .	, ]	ENG	с.	47-2	<u>579</u> :	196	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	Average Po (do not cheat box, unless officer and a						<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga anc	pensat om the anization I relate nization	e on ed
1b       Subtotal         c       Total from continuation sheets to Part V         d       Total (add lines 1b and 1c)	/II, Section A							0.00.00.00.00.00.00.00.00.00.00.00.00.0		0.0.			0.0.
2 Total number of individuals (including but compensation from the organization ►								eceived more than \$100	),000 of reportab	ie		Yes	0 No
<ul> <li>3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i></li> <li>4 For any individual listed on line 1a, is the s</li> </ul>	such individual								•		3		X
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>col</i></li> </ul>	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indiv			4 5		X X
Section B. Independent Contractors 1 Complete this table for your five highest of the erganization Depend compensation for	-									ipensa	ation fi	rom	
the organization. Report compensation fo (A) Name and busines			ONE		VILLI	orw		(B) Description of s		C	(C omper		 ו
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se lis )	sted	d above) who received n	nore than		Form <b>\$</b>	<b>790</b> (2	021)
												200 (2	UC I)

132008 12-09-21

		/111							_
			Check if Schedule O	contains a respo	nse or note to an	iy line in this Part VIII (A)	/D)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ce Contributions, Gifts, Grants and Other Similar Amounts		b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	1b       1c       1d       ibutions)       1e       grants, and       above       1f       lines 1a-1f       1g \$	Business Co	222,798.			
Program Service Revenue		b c d e							
"			All other program service <b>Total.</b> Add lines 2a-2f						
	3 4 5		Investment income (includ other similar amounts) Income from investment of Royalties	ding dividends, in of tax-exempt bo	nterest, and I nd proceeds				
		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 6a 6b 6c	(ii) Person	al			
anc	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securit 7a 7b					
Revenue		с	Gain or (loss)	7c					
Other Re	8	a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on Part IV, line 18	ng events (not of line 1c). See	8a 15	0.			
			Less: direct expenses		00	0.			150
	9	a	Net income or (loss) from Gross income from gamin Part IV, line 19	g activities. See	9a	▶ <u>150</u> .			150.
			Less: direct expenses		9b				
	10	а	Net income or (loss) from Gross sales of inventory, I and allowances	ess returns	10a	►			
			Less: cost of goods sold Net income or (loss) from		10b				
		0		Saits UI IIIVEI ILUI	Business Co	ode			
Miscellaneous Revenue	11	а							
ane		b							
cell Teve		с			_				
Mis			All other revenue						
_			Total. Add lines 11a-11d						4 - 4
	12		Total revenue. See instruction	ons		▶ 222,948.	0.	0.	150 . Form <b>990</b> (2021

FRIENDS OF NOBSKA LIGHT, INC.

11471108 729245 NOBSKA

Form 990 (2021)

25

2021.04030 FRIENDS OF NOBSKA LIGHT, IN NOBSKA\_1

47-2579196 Page 9

Form	990	(2021)	
	330	(2021)	

FRIENDS OF NOBSKA LIGHT, INC. 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	F	19,500.	19,500.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	2,343.	2,343.		
1	Fees for services (nonemployees):	2,0101	2,0101		
' a	Management				
b	Legal				
č	Accounting	5,000.		5,000.	
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,				
Ū	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	1,177.			1,177
3	Office expenses				
4	Information technology	1,053.	1,053.		
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	183.	183.		
3	Insurance	14,109.	12,914.	1,195.	
4	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 0.)	<u>(0,070</u>	<u> </u>		
а	RESTORATION COSTS	62,273.	62,273.		
b	BAD DEBTS	54,551.	0.000	54,551.	
С	UTILITIES	9,226.	9,226.		
d	REPAIRS AND MAINTENANCE	7,063.	7,063.		0 1 6 6
е	All other expenses	11,232.	1,060.	2,003.	8,169
5	Total functional expenses. Add lines 1 through 24e	187,710.	115,615.	62,749.	9,346
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20)

11471108 729245 NOBSKA

11471108 729245 NOBSKA

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
		· · · · · ·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			374,355.	1	582,845.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		203,601.	3	7,500.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disguali					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ស	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9	Prepaid expenses and deferred charges			8,523.	9	6,945.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,279.			
	b	Less: accumulated depreciation		1,006.	456.	10c	273.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			586,935.	16	597,563.
	17	Accounts payable and accrued expenses		25,943.	17	1,333.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
iab		controlled entity or family member of any of thes		22			
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	-				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D		·····		25	
	26				25,943.	26	1,333.
ŝ		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions			357,391.	27	588,730.
d B	28	Net assets with donor restrictions			203,601.	28	7,500.
E		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
г Т		and complete lines 29 through 33.					
its e	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			560,992.	32	596,230.
	33	Total liabilities and net assets/fund balances			586,935.	33	597,563.

Form 990 (2021)

Form 990 (2021)

132012	12-09-21	

11471108 729245 NOBSKA

Check if Schedule O contains a response or note to any line in this Part XI ..... 222,948. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 187,710. Total expenses (must equal Part IX, column (A), line 25) 2 2 35,238. 3 Revenue less expenses. Subtract line 2 from line 1 3 560,992. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain on Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 596,230. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: X Separate basis Consolidated basis Both consolidated and separate basis х b Were the organization's financial statements audited by an independent accountant? 2b 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: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit Х Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b

INC.

Form **990** (2021)

Form 990 (2021)	FRIENDS	OF	NOBSKA	LIGHT,

Part XI Reconciliation of Net Assets

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.

2021
Open to Public Inspection

OMB No. 1545-0047

\_ -

Name of the organization

Nan	ame of the organization Employer identification number								
				SKA LIGHT, I					7-2579196
Pa	irt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ns.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck 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 org	anization described in <b>se</b>	ection 170	)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	<b>)9(a)(4)</b> .		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> C	Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	-	-	•			••••••	
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	upporting
		organization. <b>You must c</b>	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). <b>You mus</b>	-						
С		J Type III functionally inte						Illy integrate	ed with,
		its supported organization							
d		J Type III non-functionally						-	
		that is not functionally int	•	<b>v</b>	•		•	d an attent	iveness
		requirement (see instruct	-	-					
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
	E.t.	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				
		er the number of supported or vide the following informatior	•	d organization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetarv	(vi) Amount of other
	``	organization	()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))					
Tota									
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	132021 01-	-04-22	Sche	dule A (Form 990) 2021

11471108 729245 NOBSKA

#### Schedule A (Form 990) 2021

FRIENDS OF NOBSKA LIGHT, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	371,274.	487,226.	1,549,239.	948,040.	222,799.	3,578,578.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		405 006		0.4.0 0.4.0		
	Total. Add lines 1 through 3	371,274.	487,226.	1,549,239.	948,040.	222,799.	3,578,578.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						3,578,578.
-	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 371,274.	(b) 2018 487,226.	(c) 2019	(d) 2020 948,040.	(e) 2021 222,799.	(f) Total
	Amounts from line 4	5/1,2/4.	407,220.	1,549,239.	940,040.	444,199.	3,578,578.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	14.	29.	35.	19.	ο.	97.
~	and income from similar sources	14.	29.	55.	19.	0.	97.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						3,578,675.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga ipatruati				12	3,370,073.
12	First 5 years. If the Form 990 is for th		,	fourth or fifth toy	voor op o postion l		
13	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (			column (f))		14	100.00 %
	Public support percentage from 2020						100.00 %
	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2020.</b> If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•		3	
b	10% -facts-and-circumstances tes	•		• • • •	•		
	more, and if the organization meets tl						
	organization meets the facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization						s <b>&gt;</b>
							Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 202
---------------------------

FRIENDS	OF	NOBSKA	LIGHT,	INC.

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				1	1	
10	3 received from disgualified 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.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_							<b>&gt;</b>
-	tion C. Computation of Publ		<b>`</b>			<b>.</b> .	
15	Public support percentage for 2021 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 01-04-22			,, 5/100/(1			A (Form 990) 2021
.5202				31		2 Should I	
471	108 729245 NOBSKA	202	21.04030		F NOBSKA	LIGHT, IN	NOBSKA 1

11471108 729245 NOBSKA

Schedule A (Form 990) 2021

1

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

11471108 729245 NOBSKA

32 2021.04030 FRIENDS OF NOBSKA LIGHT, IN NOBSKA\_1

Schedule A (Form 990) 2021

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 990)	2021	FRIENDS	OF	NOBSKA	LIGHT,	INC.
Part IV	Support	ting Organ	izations (contin	ued)			

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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,	1 1		i 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? 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.

Sec	ction C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	

or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 yea(see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

33

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
   132025 01-04-22

3b | Schedule A (Form 990) 2021

2a

2b

За

11471108 729245 NOBSKA

Schedule A	(Form 990)	2021	FRIENDS	OF	NOBSKA	LIGHT,	INC.	
Part V	Type III	Non-	-Functionally Integra	ated	509(a)(3) S	upporting	Organizat	ions

FRIENDS OF NOBSKA LIGHT, INC.

ection 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			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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).

Schedule A (Form 990) 2021

132026 01-04-22

11471108 729245 NOBSKA

11471108 729245 NOBSKA

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions) (i) (ii) Underdistribution Pre-2021				(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
				Sc	hedule A (Form 990) 2021

FRIENDS OF NOBSKA LIGHT, INC.

1

**Current Year** 

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

	(Form 990) 2021 Supplemental Int			SKA LIGHT		0. Part II, line 17		79196 Pa
	Part IV, Section A, line line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b,	4c. 5a. 6. 9a. 9b	o. 9c. 11a. 11b. a	nd 11c: Part I	V. Section B. line	es 1 and 2: Part	IV. Section C.
	Section D, lines 5, 6, a (See instructions.)	ind 8; and Part V,	Section E, lines	2, 5, and 6. Also	complete this	part for any add	litional informatio	on.
32028 01-04-2	22						Schedule	A (Form 990)
				36			2010000	

**SCHEDULE D** 

(Form	990)
-------	------

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 **Open to Public** Inspection

Name of the organizat	
Department of the Treasury	►
Internal Revenue Service	Go to www.irs.gov/Form9

Employer identification number

	FRIENDS OF NOBSKA LI		47-2579196
Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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 writi	ng that the assets held in donor advised fun	nds
	are the organization's property, subject to the organization's exc	-	
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		ľ m
Pa			
1	Purpose(s) of conservation easements held by the organization (		,
•	Preservation of land for public use (for example, recreation		orically important land area
	Protection of natural habitat	Preservation of a certi	• •
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu		2c
d	Number of conservation easements included in (c) acquired after	-	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the orgar	nization during the tax
	year 🕨		
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing conservati	ion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation ea	asements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation e		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990	), Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, n	ot to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its financia	I statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public ext		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. ► \$
			• • •
2	If the organization received or held works of art, historical treasur		
_	the following amounts required to be reported under FASB ASC		
а	Revenue included on Form 990, Part VIII, line 1	-	. ▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2021
	1 10-28-21		

11471108 729245 NOBSKA

Jusing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): <ul> <li>□ Constraint is acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):</li> <li>□ Preservation for future generations</li> <li>□ Preservation for future generations is collections and explain how they futther the organization's exempt purpose in Part XIII.</li> <li>□ During the war, did the organization is collections and explain how they futther the organization's exempt purpose in Part XIII.</li> <li>□ During the war, did the organization is collection?</li> <li>□ Ves</li> <li>■ public explain the annount on Form 900, Part X, line 21.</li> <li>□ Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.</li> <li>□ Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.</li> <li>□ Is the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. (or secree or custodial account liability?</li> <li>□ Yes</li> <li>□ Preserve and Customet in Part XIII.</li> <li>□ If 'Yes, 'explain the arangement in Part XIII. Check here if the organization ana been provided on Part XIII.</li> <li>□ If 'Yes, 'explain the arangement in Part XIII.</li> <li>□ If 'Yes, 'explain the arangement in Part XIII. (or secree or custodial account liability?</li></ul>		dule D (Form 990) 2021 FRIENDS	OF NOBSKA			r Other			7919 <b>ts</b> (contin		je <b>2</b>
collection terms (check all that apply):       a       b <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>lucuj</th> <th></th>										lucuj	
a       Public schibition       d       Clean or exchange program         b       Scholarly research       e       Other	•			io, encon any or	and renorming that	i marte elg	, mount a				
b       Scholary research       e       Other	а		d	Loan or	exchange progra	m					
c       Prevendation for Mutric generations         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's collections and explain how they further the organization's exempt purpose in Part XIII.         6       Dering the Scrow 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, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII         c       Beginning balance       (a) Current year         d       (b) for year balance       (a) Current year         b       (b) Firves, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII         b       Contributions       (a) Edument year         c       (a) Current year       (b) Piror year         c       No       Monitorial parts and explain has been provided on Part XII         c       Not investment eminps, gains, and besses       (a) Current year         c			e		site in a second second						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization is collection?     Part W escrow and a agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Beginning balance     Caliform and the organization and the organization answered "Ves" on Form 900, Part X is a 21.     Amount     Caliform and the provide an amount on Form 900, Part X, line 21.     Amount     Caliform and the provided an amount on Form 900, Part X, line 21.     Distributions during the year     Eading balance     Caliform and the organization answered "Ves" on Form 900, Part X, line 21.     Part W Endowment Funds. Complete the following table:     Amount     (a) Current year     (b) Form 900, Part X is a 21.     Part V Endowment Funds. Complete if the organization has been provided on Part XIII     Amount     (a) Current year     (b) Part Y is a contrasting and and and additions and explain how the asset is a dot on the provided on Part XIII     Part V Endowment Funds. Complete if the organization included on Part XIII     Amount     (a) Current year     (b) Provide the estimated provides table.     (c) No years baak     (d) Three years baak     (e) Four years baak     (e) Four years baak     (e) Four years baak     (e) Four years baak     (d) Three years baak     (e) Four years baak     (d) Three years baak     (e) Four years baak     (d) Provide the estimated explanation     four years baak     (d) Three years baak     (e) Four years baak     (d) Provide the estimated explanation     for the respenditures for facilities     and program     for and the estimated explanation     for the respenditures for facilities     and program     for the estimated explanate     for the respenditures for facilities     and program     for the setimated explanate     for the respe			-								
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be ook to raise funds rather than to be maintained as part of the organization's collection?     Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agement in Part XII and complete the following table:	4	-	ollections and explai	n how thev furth	er the organizatio	n's exem	ot purpos	e in Parl	t XIII.		
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 V, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c       Beginning balance       16       Amount       16       14       16       16       11       16       14       16       14       16       16       17       16       14       14       14       14       14       14       14       14       14       14       14       14       14       16       16       16 <t< th=""><th>5</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	5										
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.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete III and Complete IIII and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII								🗆	Yes		No
reported an anount 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?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         2d Additions during the year       1d       1d         2d 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       Pert V       Enclowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       Contributions       1d       1d       1d       1d         Part X       Enclowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       Contributions       1d       1d       1d       1d         Part X       Enclowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes	Pa								line 9, or		
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       1d         d Additions during the year       1e         12       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization include an amount on Form 990, Part W, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part W, line 10.       (e) Four years back (e) Four years back (e) Four years back if or answered 'Yes' on Form 990, Part W, line 10.         1a Beginning of year balance       (a) Current year (b) Prior year (c) Two years back if (c) Three years back if (c) Four years back if or answered 'Yes' on Scholarships.       (a) Current year (b) Prior year (c) Two years back if (c) Four years back if or answered 'Yes' on Scholarships.         a Order expenditures for facilities and programs       (b) Prior year balance       (c) Two years back if (c) Three years back if (c) Four years back if or answered 'Yes' on Complete the designated or quasi-endowment \bower if the organization set of the organization set of the organization if the organization set of the organization set of the organization is endownent if the organizations.       (c) Three years back if (c) Three years b				-							
b       If "Yes," explain the arrangement in Part XII and complete the following table:	1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribu	tions or other ass	sets not ir	ncluded				
b       If "Yes," explain the arrangement in Part XII and complete the following table:		on Form 990, Part X?		-					Yes		No
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 'ves' veplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (b)       (c) Two years back       (e) Four years back         e       Other expenditures for facilities       (b)       (c) Two years back       (e) Four years back         f       Administrative expenses       (c)       (c) Two years back       (e) Four years         g       End of	b										
d Additions during the year       1d         e Distributions during the year       1e         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Grants or scholarships       (a) Antinistrative expenses       (a) Antinistrative expenses       (a) Antinistrative expenses       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (b) Prior year       %       (c) Three expenditures for facilities       (c) Three yeans back       (c) Three yeans back       (c) Three yeans back       (e) Four years back         9 End of year balance       (c) Two years back       (c) Three yeans back       (c) Three yeans back       (c) Three yeans back       (c) Three yeans back									Amoun	t	
d Additions during the year       1d         e Distributions during the year       1e         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Grants or scholarships       (a) Antinistrative expenses       (a) Antinistrative expenses       (a) Antinistrative expenses       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (b) Prior year       %       (c) Three expenditures for facilities       (c) Three yeans back       (c) Three yeans back       (c) Three yeans back       (e) Four years back         9 End of year balance       (c) Two years back       (c) Three yeans back       (c) Three yeans back       (c) Three yeans back       (c) Three yeans back	с	Beginning balance					1c				
f       Ending balance											
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 X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Control expenditures for facilities       (a) Current year and back       (b) Current year years back       (c) The yearyeals ande years back       (c) The years back	е	Distributions during the year					1e				
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (a) Current year       (c) Two years back       (d) Three years back         c       Other expenditures for facilities       (a)									-		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year end balance       (a) Courrent year end balance (line 1g, column (a) held as:       (a) Courrent year end balance (line 1g, column (a) held as:       (a) Board designated or quasi-endowment        (b) Prior year       %         7       Term endowment        %       %       (f) Three yeans back       (f) Three yeans	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow of	r custodial accou	unt liability	y?	L	Yes		No
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Grants or scholarships       (c) Two years back       (c) Two years back       (e) Four years back         Ia       Grants or scholarships       (c) Two years back       (c) Two years back       (e) Four years back         Ia       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Two years back         Ia       Comport       (c) Year balance       (c) Two years back       (c) Two years back       (c) Two years back         Ia       For year back       Forwide the setimated percentage of the current year end balance (								<u></u>	<u></u>		
1a       Beginning of year balance	Pai	<b>t V</b> Endowment Funds. Complete i							( ) 5		
b       Contributions			(a) Current year	(b) Prior year	(c) Two years	s dack (d	<b>i)</b> Three yea	ars dack	(e) Four	years ba	ICK
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 ▶  %   b   Permanent endowment ▶  %   in 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)   (ii)   Inelated organizations  %   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)   b   b   b   Buildings   c   Leasehold improvements	1a										
d Grants or scholarships											
e       Other expenditures for facilities and programs	С										
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 ▶  %   (i)   Unrelated organizations   (ii)   Related organizations   (iii)   Related organizations   3a(ii)   3a(iii)   3b   b   If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?   A   Describe in Part XIII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c   Leasehold improvements   c											
f       Administrative expenses	е										
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 ▶%         (i)       Unrelated organizations         (ii)       Unrelated organizations         (iii)       Related organizations         (ii)       Related organizations         3a(ii)       3a(ii)         3b											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         (i) Unrelated organizations         (ii) Related organizations         (iii) Related organizations         b If "Yes" on line 3a(ii), are the related 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 (other)       (c) Accumulated depreciation         b Buildings		-		- (line <b>-</b>							
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:			rent year end baland		n (a)) neid as:						
c       Term endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		•	0/	_%							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Other</li> <li>(f) Rook value</li> <li>(h) Rook value</li></ul>											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (d) Book value         6 Equipment       1,279.1,006.273.       273.	C										
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other	30			ation that are he	d and administer	ed for the	organiza	tion			
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 (other)       (c) Accumulated depreciation         1a Land	0u						5 organiza		Γ	Yes	No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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)       (d) Book value         1a Land		-							3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)       (c) Accumulated depreciation         1a       Land       Land       (d) Book value         b       Buildings           c       Leasehold improvements           d       Equipment           e       Other       1,279.       1,006.       273.											
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         1a       Land	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule	R?						
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         1a       Land										I	
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         1a       Land	Pa										
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11	a. See Form 990,	, Part X, lii	ne 10.				
b Buildings		Description of property	.,			• •			( <b>d</b> ) Boo	k value	
b Buildings	1a	Land									
c Leasehold improvements					1						
d Equipment         1,279.         1,006.         273.           e Other         1,279.         1,006.         273.											
e Other 1,279. 1,006. 273.											
					1,279.		1,00	6.		27	3.
				X, column (B), lii	ne 10c.)					27	3.

Schedule D (Form 990) 2021

132052 10-28-21

Part VII Investments - Other Securit	OF NOBSKA LIGHT,	INC.	47-2579196 Page <b>3</b>
Complete if the organization answere			
(a) Description of security or category (including name of		(c) Method of Valuation: Co	st or end-of-year market value
(1) Financial derivatives			
<ul> <li>(2) Closely held equity interests</li> <li>(3) Other</li> </ul>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line			
Part VIII Investments - Program Rela			10
Complete if the organization answere (a) Description of investment	(b) Book value		ist or end-of-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line	13.) ►		
Part IX Other Assets.			
Complete if the organization answere		11d. See Form 990, Part X, line	
(4)	(a) Description		(b) Book value
(1)	(a) Description		
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co Part X Other Liabilities.	ol. (B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co Part X Other Liabilities. Complete if the organization answere	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, complete if the organization answere 1. (a) Description of liabilities. (1) Federal income taxes	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, ccc Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, ccc Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) (3)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, ccc Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) (3) (4)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, ccc Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) (3)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part 2	X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, column (c)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, coll         Part X         Other Liabilities.         Complete if the organization answere         1.       (a) Description of liabilit         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part :	X, line 25.
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, ccc         Part X       Other Liabilities.         Complete if the organization answere         1.       (a) Description of liabilit         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)	ol. (B) line 15.) d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.

Schedule D (Form 990) 2021

132053 10-28-21

47-2579196	Page 4
------------	--------

0001	FRIENDS		NODCVA	ттсит	TNC
2021	LUTUNDO	Оr	NODSKA	птент,	TINC •

Sche	edule D (Form 990) 2021 FRIENDS OF NOBSKA LIGHT, INC.	<u>47-2579196 Page 4</u>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r 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:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities 2b	
с	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.) 2d	
е	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er 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:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
с	Other losses 2c	
d		
е	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (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.

11471108 729245 NOBSKA

SCHEDULE O

Name of the organization

(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.

INC.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

47-2579196

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

FRIENDS OF NOBSKA LIGHT,

RESOURCE TO ALL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD MEMBERS RECEIVE A COPY OF THE FORM 990. EACH MEMBER REVIEWS IT

FOR COMMENTS PRIOR TO MAILNG IT TO THE IRS

FORM 990, PART VI, SECTION B, LINE 12C:

IF A PROBLEM ARISES CONCERNING COMPLIANCE THE BOARD ADDRESSES IT AT THE

NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT, VICE PRESIDENT, AND TREASURER ANNUALLY REVIEW PERFORMANCE

AND EXPECTATIONS WITH THE FULL TIME EMPLOYEE. ANNUAL RAISES, IF

APPROPRIATE ARE BASED ON THE AVAILABLE COMPARABLE DATA. THIS IS DISCUSSED WITH OTHER LOCAL AND REGIONAL BUSINESS PEOPLE.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

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

Schedule O (Form 990) 2021

11471108 729245 NOBSKA