HUNGERFORD NICHOLS CPAS + ADVISORS 2910 LUCERNE DR SE GRAND RAPIDS, MI 49546

MICHIGAN CASA, INC. 660 CASCADE WEST PARKWAY, SUITE, 65 GRAND RAPIDS, MI 49546

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### CHANGE OF ACCOUNTING PERIOD 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.

OMB No. 1545-0047

Department of the Treasury

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

2022 A For the 2022 calendar year, or tax year beginning JAN 1, 2022 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change MICHIGAN CASA, INC. Name change \*\*\_\*\*\*\* Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 660 CASCADE WEST PARKWAY, SUITE 616-259-7200 65 1,163,398. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 49546 GRAND RAPIDS, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PATTY SABIN for subordinates? Yes X No SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions WWW.MICHIGANCASA.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1981 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: MICHIGAN CASA, INC. IS DEDICATED Activities & Governance TO CHANGING THE LIVES OF ABUSED AND NEGLECTED CHILDREN BY ADVOCATING if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 636,507. 1,157,438. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 948. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,886. 11 637,455. 1,148,552. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 612,970. 0. 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) 171,844. 192,411. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 396,025. 213,370. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,018,751. 567,869. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 69,586. 129,801. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 77,373. 664,749 Total assets (Part X, line 16) 25,971. 483,546 21 Total liabilities (Part X, line 26) 三年 402. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PATTY SABIN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JENNIFER L. ROGELL, CPA P01291797 Paid self-employed \* \* - \* \* \* \* \* \* Firm's name HUNGERFORD NICHOLS CPAS + ADVISORS Firm's EIN Preparer Firm's address 2910 LUCERNE DR SE Use Only Phone no. 616-949-3200 GRAND RAPIDS, MI 49546

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	MICHIGAN CASA, INC. IS DEDICATED TO CHANGING THE LIVES OF ABUSED AN	1D
	NEGLECTED CHILDREN BY ADVOCATING FOR THEIR BEST INTERESTS THROUGH	
	ESTABLISHING, SUPPORTING, AND EXPANDING QUALITY CASA PROGRAMS	
	THROUGHOUT THE STATE OF MICHIGAN TO ENSURE EVERY CHILD THAT NEEDS A	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	es X No
	If "Yes," describe these new services on Schedule O.	
3	· · · · · · · · · · · · · · · · · · ·	es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	, and
	revenue, if any, for each program service reported.	100
4a		100.
		N
	THE COURT SYSTEM, BY PROMOTING AND SUPPORTING THE DEVELOPMENT OF	
	QUALITY CASA PROGRAMS THROUGHOUT THE STATE OF MICHIGAN.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
75	(Code) (Expenses #	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
<i>1</i> - 1	Other pregram conjuges (Deceribe on Schedule O.)	
4d		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 944,974.	
70		n <b>990</b> (2022)
	T OIL	(2022)

Page 2

# Form 990 (2022) MICHIGAN CASA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del> </del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا		
	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,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2	2022) MICHIGAN CAS	A, INC.	**_****	Page 4
Part IV	<b>Checklist of Required Schedules</b>	(continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30		30		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oncorn denerale of contains a response of note to any line in this part v		Yes	N <sub>2</sub>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b (1b)	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
232004	. 12-13-22		990	(2022)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			age •
Fai	Statements negarding Other ins Fillings and Tax Compliance (continued)			T
0-	Fatantha annahan of annahan an annahad an Fama W.O. Turananittal of Ware and Tay Otahananta		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a			
L				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country	<del>4</del> a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	We the second of a second to a second by the detection of a local to a second or a second or a local to the decree of	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		<del></del>
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	··-		
•	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	, ,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	l	I

If "Yes," complete Form 6069.

MICHIGAN CASA, INC. Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

PATTY SABIN - 616.259.7200

660 CASCADE WEST PARKWAY SUITE 65.

GRAND RAPIDS

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 organiz		orga T	nıza			nper	ısat			(=)
(A)	(B)			)) Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		not c	heck I	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	steec	truste		a)	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) AMY D'APRILE	1.00	-	_		<u> </u>	1 0	ш			
SECRETARY		Х		х				0.	0.	0.
(2) KATHLEEN BRACH	1.00									
DIRECTOR		Х						0.	0.	0.
(3) KELLI GIERZ	1.00									
DIRECTOR		Х						0.	0.	0.
(4) KYLE PURDY	1.00									
DIRECTOR		Х						0.	0.	0.
(5) PHIL STARK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) LYNN GARDNER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) PATTY SABIN	40.00	]							_	_
EXECUTIVE DIRECTOR				Х				0.	0.	0.
(8) PETE SCUDDER	1.00	ļ								
TREASURER		Х		X				0.	0.	0.
(9) PHIL MINSTER	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(10) DIANNA SOLOMON	1.00	٠,,							_	
DIRECTOR	1 00	Х						0.	0.	0.
(11) BRENDA BAKER-MBACKE'	1.00	₹.						0.	0.	0.
DIRECTOR (12) ROBERT JAMULA	1.00	Х						1	0.	· ·
CHAIRMAN	1.00	Х		х				0.	0.	0.
(13) ZENELL BROWN	1.00	^		Λ				0.	0.	· · ·
DIRECTOR	1.00	Х						0.	0.	0.
<u> </u>		25							<u> </u>	<u> </u>
		1								
		1								
		1								

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	/ al a			ition			Reportable	Reportable		Estima	ted
	hours per	box	not ch unles	s per	son is	s both	an	compensation	compensatio	n	amoun	t of
	week		cer and	d a di	recto	r/trust	ee)	from	from related		othe	r
	(list any	ector						the	organization		compens	
	hours for	or dir	gy.			ated		organization	(W-2/1099-MIS	SC/	from t	
	related organizations	ıstee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)		organiza	
	below	ual tri	ional		ploye	t com		1099-NEC)			and rela organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organiza	LIOIIS
	,	=	=	0	¥	ᆂᇴ	ш_					
		-										
										_		
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	) who	o re	ceived more than \$100,	000 of reportable	<del>)</del>		0
compensation from the organization											Yes	
3 Did the organization list any former officer	director truste	ee k	ev e	mpl	ove	e or	hia	hest compensated empl	ovee on	ſ		
line 1a? If "Yes," complete Schedule J for s								nest sompensated emp			3	Х
4 For any individual listed on line 1a, is the si												<del> </del>
and related organizations greater than \$15	· ·		-					•	-		4	Х
5 Did any person listed on line 1a receive or a											•	
rendered to the organization? If "Yes." con											5	Х
Section B. Independent Contractors	•											
1 Complete this table for your five highest co	mpensated ind	lepe	nden	nt cc	ontra	actor	s th	at received more than \$	100,000 of comp	ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith o	or wit	hin T		ear.			
<b>(A)</b> Name and business	address	NT/	\					<b>(B)</b> Description of s	envices	C	<b>(C)</b> ompensati	on
- Ivanic and business	address	MC	ONE				+	Description of s	CIVICCS		оттрензан	
							$\dashv$					
		_					_					
							4					
							$\dashv$		+			
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	thos	e list	ted	above) who received mo	ore than			

Form **990** (2022)

The Check if Schedule Coordains a response or note to any line in this Part VIII  (A)  (B)  (C)  (C)  (C)  (D)  (D)  (D)  (D)  (D	Ра	r L V	Ш	_		=			
Total revenue Felated campaigns to Membership dues to Membership due to Membership dues to Membership dues to Membership due to Membership dues to Membership dues to Membership due to Membership dues to Membership due to Membership due to Membership due to Membership due to Membership du				Check if Schedule O contains a response	or note to any lin				
1 a   Federated campaigns   1 a   Federated campaigns   1 b									
1 a   Federated campaignes   1a							function revenue	business revenue	
b		I							Sections 512 - 514
Page	nts	1							
Page	Sra Iou				F0 0F6				
Page	S, (				59,976.				
Page	<u>a</u> ë		d	Related organizations 1d					
Page	S. ini				974,938.				
Page	i ti		f	I					
Page	g £								
Page	o it		_						
2 a   b   c   c   c   c   c   c   c   c   c	<u>റ്റ്</u>		h	Total. Add lines 1a-1f		1,157,438.			
B					Business Code				
Total. Add lines 2a-2f    Total. Add lines 2a-2f   Investment income (including dividends, interest, and other similar amounts)   A   Income from investment of tax-exempt bond proceeds   Foyalties	e	2	а						
Total. Add lines 2a-2f    Total. Add lines 2a-2f   Investment income (including dividends, interest, and other similar amounts)   A   Income from investment of tax-exempt bond proceeds   Foyalties	e <u>Ķ</u>		b						
Total. Add lines 2a-2f    Total. Add lines 2a-2f   Investment income (including dividends, interest, and other similar amounts)   A   Income from investment of tax-exempt bond proceeds   Foyalties	S E		С						
Total. Add lines 2a-2f    Total. Add lines 2a-2f   Investment income (including dividends, interest, and other similar amounts)   A   Income from investment of tax-exempt bond proceeds   Foyalties	ange (		d						
Total. Add lines 2a-2f    Total. Add lines 2a-2f   Investment income (including dividends, interest, and other similar amounts)   A   Income from investment of tax-exempt bond proceeds   Foyalties	Б		е						
3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6   Royalties   7   Royalties   Roya	4		f	All other program service revenue					
other similar amounts)  4 Income from investment of fax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) To Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cast of goods sold c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE  11 a ANNUAL CONFERENCE  8 (ii) Personal 6 (ii) Personal 8 (iii) Other 7 (iii) Other 8 (iii) Other 9 (			g	Total. Add lines 2a-2f					
1		3		Investment income (including dividends, inter-	est, and				
10				,					
1		4		Income from investment of tax-exempt bond p	oroceeds				
Second   S		5							
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18				- '/	(ii) Personal				
The state of the s		6	а	Gross rents 6a					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b				· · · · · · · · · · · · · · · · · · ·					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18 8a 4,860. b Less: direct expenses 8b 14,846. c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b c Net income or (loss) from gaming activities See Part IV, line 19 9a Less: direct expenses 9b 10a Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b c Net income or (loss) from sales of inventory else returns and allowances 10a Less: cost of goods sold 10b les				, ,					
assets other than inventory b Less: cost or other basis and sales expenses				` ` [					
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 a ANNUAL CONFERENCE  4 All other revenue c Total. Add lines 11a-11d  1 a Loo.		7	а	the second secon	(ii) Other				
and sales expenses 7b 7c				, <del>                                     </del>					
C Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18 8a 4,860. 8b 14,846. c Net income or (loss) from fundraising events -9,9869,9869,986. 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory    **State of the first	_		b						
8 a Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE  11 a ANNUAL CONFERENCE  5 Business Code 6 611430 1,100. 1,100.	nue								
8 a Gross income from fundraising events (not including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE  11 a ANNUAL CONFERENCE  5 Business Code 6 611430 1,100. 1,100.	š			. ,					
including \$ 59,976. of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events c Net income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE  Business Code 611430 1,100. 1,100.									
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 6 11430 1,100.  8 4,860. 8 b 14,846.  -9,986.  -9,		8	а	, , ,					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE  Business Code 611430 1,100.  Business Code 611430 1,100.	Ò								
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE b Lass: cost of Goods sold c Net income or (loss) from sales of inventory  Business Code 611430 1,100. 1,100.				• • • • • • • • • • • • • • • • • • • •	4 0 6 0				
c Net income or (loss) from fundraising events —9,986.  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE 611430 1,100.  Business Code 611430 1,100.  4 All other revenue Total. Add lines 11a-11d 1,100.			_						
9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE  11 a ANNUAL CONFERENCE  6 11430  All other revenue e Total. Add lines 11a-11d  1,100.					14,040.	0 006			0 006
Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code 611430 1,100. 1,100.				` '		-9,900.			-3,300.
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 611430 1,100. 1,100.		9	а						
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE b C d All other revenue e Total. Add lines 11a-11d  11 a 1,100.									
10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE b C d All other revenue e Total. Add lines 11a-11d  10a  Business Code 611430 1,100. 1,100.					0				
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE Business Code 611430 1,100. 1,100.  c d All other revenue e Total. Add lines 11a-11d 1,100.				` ' " " _					
b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a ANNUAL CONFERENCE 611430 1,100. 1,100.  b c d All other revenue e Total. Add lines 11a-11d 1,100.		10	а	•					
C   Net income or (loss) from sales of inventory   Business Code									
11 a   ANNUAL CONFERENCE   611430   1,100.   1,100.					D				
11 a ANNUAL CONFERENCE 611430 1,100. 1,100.  c d All other revenue 7 Total. Add lines 11a-11d 1,100.			С	inet income or (ioss) from sales of inventory	Business Code				
e Total. Add lines 11a-11d	ns	44	•	ANNIIAI, CONFERENCE		1 100	1 100		
e Total. Add lines 11a-11d	eo Tue	l ''			011430				
e Total. Add lines 11a-11d	alla.								
e Total. Add lines 11a-11d	Sce			All other revenue					
1 140 550 1 100 0 0 006	Σ				<u> </u>	1,100.			
		12				1,148,552.	1,100.	0.	-9,986.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 612,970. 612,970. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 129,987. 122,349. 7,638. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 48,081. 45,256. 2,825. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14,343. 13,457. 886. 10 Payroll taxes Fees for services (nonemployees): Management Legal 14,899. 14,899. Accounting 36,000. 36,000. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 4,225. 4,225. column (A), amount, list line 11g expenses on Sch O.) 11,362. 100,450. 89,088. Advertising and promotion 12 4,498. 4,498. Office expenses 13 1,136. 1,136. Information technology 14 15 Royalties 15,048. 15,048. 16 Occupancy 14,523. 14,523. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,375. 7,375. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,260. 3,260. 22 Depreciation, depletion, and amortization 3,576. 3,576. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,549. 3,549. DUES AND SUBSCRIPTIONS **MISCELLANEOUS** 3,293. 826. 2,467. 1,538. 1,538. BANK FEES С d All other expenses 1,018,751. 944,974. 62,415. 11,362. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2022)

Check here

16060405 400738 573290.00

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

# Form 990 (2022) Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note	to any li	ne in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			45,249.	1	64,881
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			20,166.	3	454,766
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or f					
	trustee, key employee, creator or founder, substa	ntial con	tributor, or 35%			
	controlled entity or family member of any of these	persons	s		5	
6	Loans and other receivables from other disqualified	ed perso				
	under section 4958(f)(1)), and persons described in	in sectio	n 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net				7	
Assets 8 8 9 9	Inventories for sale or use				8	
ž   9				1,672.	9	138,076
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		28,853.			
k	Less: accumulated depreciation	10b	23,066.	9,047.	10c	5,787
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 11				12	
13	Investments - program-related. See Part IV, line 1	1			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1,239.	15	1,239
16	Total assets. Add lines 1 through 15 (must equal	line 33)		77,373.	16	664,749
17	Accounts payable and accrued expenses	5,971.	17	17,208		
18	Grants payable				18	463,603
19	Deferred revenue				19	2,735
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa				21	
<sub>တို</sub> 22	Loans and other payables to any current or former					
Liabilities	trustee, key employee, creator or founder, substa					
<u>a</u>	controlled entity or family member of any of these				22	
23	Secured mortgages and notes payable to unrelate	•		20.000	23	
24	Unsecured notes and loans payable to unrelated			20,000.	24	
25	Other liabilities (including federal income tax, pays					
	parties, and other liabilities not included on lines	,	·		0.5	
00	of Schedule D			25,971.	25 26	483,546
26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chec		X	45,311.	26	403,340
ဖွ	and complete lines 27, 28, 32, and 33.	Kilere	21			
8   27	Net assets without donor restrictions			51,402.	27	181,203
<u>e</u>   27	Net assets with donor restrictions			31,402.	28	101,203
0 20	Organizations that do not follow FASB ASC 95				20	
토	and complete lines 29 through 33.	o, check				
b 29	Capital stock or trust principal, or current funds				29	
S 30	Paid-in or capital surplus, or land, building, or equ				30	
88   30   31	Retained earnings, endowment, accumulated income				31	
Net Assets or Fund Balances 27 28 29 30 31 32	Total net assets or fund balances			51,402.	32	181,203
ž   32   33	Total liabilities and net assets/fund balances			77,373.	33	664,749
	Total habilities and not assets/fully balances			, 5 . 5 .	55	Form <b>990</b> (20)

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1			8,7! 9,8	51. 01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	1,4	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18	1,2	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a	2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•	2c	х	
32	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2c	Λ	
Ju			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(0000)
			⊦orm	330 (	(2022)

# SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	MICHIGA	N CASA, INC.			**_****
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			S
Pá	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
_	Enter the amount of any excise tax				<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a section				
48	a Was a correction made?				Yes No
<u>k</u>	f "Yes," describe in Part IV.				
_	·	anization is exempt und		<u> </u>	
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	S
2	Enter the amount of the filing organ		•		
_	exempt function activities				<u> </u>
3	Total exempt function expenditures		<i>'</i>		
	line 17b				Yes No
4 5	3 3				
3	made payments. For each organiza		·	-	
	contributions received that were pro				·
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Calendar year (or fiscal year beginning in)

(a) 2019
(b) 2020
(c) 2021
(d) 2022
(e) Total

2a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

# Schedule C (Form 990) 2022 MICHIGAN CASA, INC. \*\*-\*\*\*\* Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(k	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X	2.0	- 000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		77	36	5,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X	2.0	
j Total. Add lines 1c through 1i		77	36	5,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5) or so	ction	
501(c)(6).	311 30 1(C)(·	oj, di se	Clion	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the	he prior year	? 3		
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A lines 1 and 2 are answered		5), or se		3 ic
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  a Current year	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total	"No" OR	5), or sec (b) Part		3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	"No" OR	5), or sec (b) Part		3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pages.	"No" OR	5), or sec (b) Part		3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year?	"No" OR	5), or sec (b) Part  2a 2b 2c 3		3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	"No" OR	5), or sec (b) Part  2a 2b 2c 3	III-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	"No" OR	5), or sec (b) Part  2a 2b 2c 3	III-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	"No" OR	5), or sec (b) Part  2a 2b 2c 3	III-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	"No" OR	5), or sec (b) Part  2a 2b 2c 3	III-A, line	3, is
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	"No" OR	5), or sec (b) Part  2a 2b 2c 3	III-A, line	3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded sthe organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	"No" OR	5), or sec (b) Part  2a 2b 2c 3	III-A, line	3, is

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** \*\*\_\*\*\*\*

	MICHIGAN CASA, INC.		**_****
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	, , , ,	
Par			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
a	Total number of conservation easements		_
b	-	onto one to all addition (a)	
C	Number of conservation easements on a certified historic stru		2c
a	Number of conservation easements included in (c) acquired a		
•	historic structure listed in the National Register		
3		eased, extinguished, or terminated by th	e organization during the tax
4	year Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		•
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
•		ianamig or molanono, and omoronig oo.	servanen edeemente dannig une year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, or research in fur	herance of public service,
	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 trea	sures, or other similar assets for financi	
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	Sucie (iii ee iii)	busic (cursi)	a opi odianen	
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		8,908.	3,517.	5,391.
e Other		19,945.	19,549.	396.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. colun	nn (B). line 10c.)		5,787.

Schedule D (Form 990) 2022

chedule D (Form 990) 2022 MICHIGAN CAPART VIII Investments - Other Securities.	-		*_***** Pa
Complete if the organization answered "Yes'  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or er	nd-of-vear market value
	(b) Book value	(c) Method of Valdation. Cost of of	id of year market value
		+	
Other			
(A)			
(B)		+	
(C)			
(D)		+	
(E)		+	
(F)		+	
(G)		+	
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c See Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	ad of year market value
	(b) book value	(c) Wethod of Valuation. Cost of el	id-or-year market value
(1)		+	
(2)		+	
(3)		+	
(4)		+	
(5)		+	
(6)		+	
(7)			
(8)		+	
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. ede Form ede, Farex, interior	(b) Book value
•	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
(a) Description of liability	Offi Offi 930, Fait IV, line	The of Thi. See Form 930, Fart X, line 2.	(b) Book value
			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			i

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(8) (9)

*	*	_	*	*	*	*	*	*	*	Pa
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	edule D (Form 990) 2022 MICHIGAN CASA, INC.	La contra Marilla Dancon	* * - * * * * * * * * * * * * * * * * *	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,148,552.
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 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,148,552.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.	)	5	1,148,552.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return	<b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	1,018,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	<b>-</b>	l l		
С	Other losses	l l		
d	- · · · · · · · · · · · · · · · · · · ·	l l		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,018,751.
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				
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			1,018,751.
	rt XIII Supplemental Information.	<del>~ ,</del>	•	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		, ,	, ,
	, , , , , , , , , , , , , , , , , , , ,	,		
PAI	RT X, LINE 2:			

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATIONS THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION EVALUATES TAX POSITIONS TAKEN ON ITS FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES WHICH REQUIRE THAT TAX POSITIONS TAKEN BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS UNDER THESE CRITERIA. PENALTIES AND INTEREST, IF ANY, ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	MICHIGAN CASA,	INC.	**_****	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	rmation (continued)			<u> </u>
	(continued)			

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  MICHIGA	N CASA, INC.					Employer ide * * - * * * *	ntification number * * *
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gre	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 APPEAL EVENTS	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. <b>(C)</b>
Revenue	1	Gross receipts	64,836.			64,836.
	2	Less: Contributions	59,976.			59,976.
	3	Gross income (line 1 minus line 2)	4,860.			4,860.
	4	Cash prizes				
ø	5	Noncash prizes				
pense	6	Rent/facility costs	350.			350.
Direct Expenses	7	Food and beverages	6,950.			6,950.
	8	Entertainment	500.			500.
	9	Other direct expenses	7,046.			7,046.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			14,846.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			-9,986.
Pa	rt I	<b>—</b>	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
æ	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming action," explain:	ctivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 MICHIGAN CASA, INC.	**-***** Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
	Les Live
13 Indicate the percentage of gaming activity conducted in:	11
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	rds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the ar	mount
	nount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
<b>16</b> Gaming manager information:	
Name	
Coming manager componenties \$	
Gaming manager compensation \$	
Description of services provided	
·	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year \$	11 410
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	): and Part III lines 0. 0h. 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	), and Fait III, lines 9, 90, 100,
150, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990)	MICHIGAN CASA, II	NC.	**_***	Page 4
Schedule G (Form 990) Part IV Supplemental Infor	mation (continued)			
	(continued)			

### **SCHEDULE I** (Form 990)

## **Grants and Other Assistance to Organizations.** Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization **Employer identification number** \*\*\_\*\*\* MICHIGAN CASA, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) CARE HOUSE OF OAKLAND COUNTY 4476 WOODWARD AVE PASS THROUGH FUNDING TO ••\*:\*—\*\*-\***5f1**\***\*c**\***c**) 3 46,347. 0 LOCAL PROGRAMS PONTIAC, MI 48341 CASA FOR KIDS BARRY & EATON COUNTY 231 BROADWAY, HASTINGS PASS THROUGH FUNDING TO HASTINGS, MI 49508 LOCAL PROGRAMS 56,790 0. CASA GREAT LAKES BAY REGION 715 N. EUCLID AVE PASS THROUGH FUNDING TO BAY CITY, MI 48706 52,977. 0 LOCAL PROGRAMS CASA OF GENESEE COUNTY 515 EAST ST PASS THROUGH FUNDING TO FLINT MI 48503 45 553 0. LOCAL PROGRAMS CASA OF GRATIOT COUNTY 515 N STATE ST PASS THROUGH FUNDING TO ALMA, MI 48801 16 733 0. LOCAL PROGRAMS CASA OF KENT COUNTY 180 OTTAWA AVE NW SUITE 5200 PASS THROUGH FUNDING TO GRAND RAPIDS, MI 49503 45 674 0 LOCAL PROGRAMS 20. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

\*\*\_\*\*\*\*

Schedule I (Form 990) MICHIGAN	CASA, INC	•				*	<sup>™</sup> - <sup>™</sup> <sup>™</sup> <sup>™</sup> Page
Part II Continuation of Grants and Other	er Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF LIVINGSTON COUNTY 2895 W GRAND RIVER AVE HOWELL, MI 48843	••*:***_*	<b>ጛ</b> ዕ <b>1</b> * <b>ሶ</b> ሮ) 3	28,168.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASA OF MENOMINEE PO BOX 456 MENOMINEE, MI 49858	••*:***_*	<b>501*</b> (°C) 3	16,662.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASA OF MONROE COUNTY 9 WASHINGTON ST SUITE C MONROE, MI 48161	••*:***-	<b>ጛ</b> ፅፗ፞ <i>* የ</i> ሮ) 3	13,504.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASA OF MONTCALM COUNTY 5827 ORLEANS ROAD ORLEANS, MI 48865		501 (C) 3	19,594.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASA OF OCEANA COUNTY PO BOX 1 HART, MI 49420	••*:***-	<b>ጛ</b> ዕቷ* <i>ዮ</i> ሮ) 3	9,070.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASA OF OTTAWA COUNTY 412 CENTURY LN HOLLAND, MI 49423	••*:***_*	<b>ጛ</b> ዕ <b>፲</b> *ዮ୯) 3	21,177.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASA OF SOUTHWEST MICHIGAN PO BOX 1146 BENTON HARBOR, MI 49023	••*:***-	<b>ጛ</b> ፅ <b>፲</b> * <b>ኖ</b> ሮ) 3	48,962.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
CASS COUNTY CASA - CASSOPOLIS 120 N. BROADWAY ST SUITE 215 CASSOPOLIS, MI 49031	••*:***-	<b>ጛ</b> ፅ <b>፲</b> * <b>ኖ</b> ሮ) 3	9,070.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS
HILLSDALE COUNTY CASA 61 MCCOLLUM ST SUITE 201 HILLSDALE, MI 49242	••*:***_*	<b>ጛ</b> ዕ <b>፲</b> *ዮ୯) 3	16,004.	0.			PASS THROUGH FUNDING TO LOCAL PROGRAMS

\*\*\_\*\*\*\*

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URON COUNTY 19 E HURON AVE AD AXE, MI 48413	••*:***-*	<b>ጛ</b> ዕቷ* <b>*</b> ୯୯) 3	11,094.	0.			PASS THROUGH FUNDING TO
ALAMAZOO COUNTY CASA 536 GULL RD ALAMAZOO, MI 49048		GOVERNMENTAL AGE	10,776.	0.			PASS THROUGH FUNDING TO
USKEGON COUNTY CASA 781 PECK ST USKEGON, MI 49441	••*:* <del></del> **_*	<b>5</b> ₫ <b>1</b> * <b>†</b> ୯) 3	23,455.	0.			PASS THROUGH FUNDING TO
AFE HARBOR CHILDREN'S ADVOCACY ENTER - 402 TROWBRIDGE ST - LLEGAN, MI 49010	••*:***-*	<b>501</b> *ኖሮ) 3	11,290.	0.			PASS THROUGH FUNDING TO
AYNE COUNTY FRIENDS OF CASA 025 E FOREST ABE BLDG B ETROIT, MI 48207	••*:***-*	<b>ኇ፞፞፞፞</b> ኇ፞ <b>፞</b> ፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞	103,891.	0.			PASS THROUGH FUNDING TO

43

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

MICHIGAN CASA, INC.

Employer identification number \*\*\_\*\*\*\*

Par	t I Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions or	Noncash contr amounts repor			hod of determin	•	_
		applicable	items contributed			noncasr	n contribution a	mounts	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts								
25	Other ( ADVERTISING )	X	1	100	,000.	FMV			
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to	be used t	for			
	exempt purposes for the entire holding period?						30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31	$\sqcup$	<u>X</u>
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							<u>-</u> -	
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is chec	cked,			
	describe in Part II.								
HA	For Paperwork Reduction Act Notice, see t	the Instruct	ions for Form 990	)_		Sc	hedule M (Fori	m 990)	2022

232142 09-09-22

# **SCHEDULE O** (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MICHIGAN CASA, INC.

**Employer identification number** \*\*\_\*\*\*

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR THEIR BEST INTERESTS THROUGH ESTABLISHING, SUPPORTING, AND
EXPANDING QUALITY CASA PROGRAMS THROUGHOUT THE STATE OF MICHIGAN TO
ENSURE EVERY CHILD THAT NEEDS A VOLUNTEER, HAS ONE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VOLUNTEER, HAS ONE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATION USED RESEARCH OF OTHER LIKE ORGANIZATIONS AND CONSULTED
WITH NATIONAL CASA IN DETERMINING EXECUTIVE DIRECTOR WAGES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AVAILABLE VIA THEIR
WEBSITE AND UPON REQUEST.

 $\hbox{LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule O (Form 990) 2022