# FOR TAX YEAR 2021

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

The ALG Group 1451 East Lansing Dr Ste 222 East Lansing, MI 48823 (517)714-4965

# **The ALG Group**

1451 East Lansing Dr Ste 222 East Lansing, MI 48823 AJGROSS@ALGTAXSOLUTIONS.COM Phone: (517)714-4965 | Fax: (517)351-2101

January 12, 2023

Michigan Statewide Independent Living Corporation PO Box 71 Middleville, MI 49333

Michigan Statewide Independent Living Corporation:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Michigan Statewide Independent Living Corporation from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (517)714-4965.

Sincerely,

Aj Gross CPA EA The ALG Group

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January 12, 2023

Michigan Statewide Independent Living Corporation PO Box 71 Middleville, MI 49333

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (517)714-4965.

Sincerely,

Aj Gross CPA EA The ALG Group

	99			Return o	of Organizatio	n Exempt	t From li	ncom	e Tax		OMB No. 1545-0047
Form	33				•	•					2021
			Under se		527, or 4947(a)(1) of the					ations)	
Departn	nent of t	he Treasury			ter social security num		-				Open to Public
		e Service			/ww.irs.gov/Form990 fo						Inspection
				ax year begin	-	-	01 , <b>2021</b> ,a		<u> </u>		-30 ,2022
	neck if a	oplicable:	C Name	of organizationMI	CHIGAN STATEWID	E INDEPENDE	NT LIVING	CORP	ORATION	D Emplo	
	ldress cl	hange	Doing	business as							38-3572497
	ime cha	•			<ol><li>box if mail is not delivered to</li></ol>	street address)		Room/sui	te	E Teleph	one number
	tial retur	'n	PO BO	X 71							(833)808-7452
Fir	nal retur	n/terminated	City or	town, state or prov	vince, country, and ZIP or foreig	n postal code				G Gross	
F	nended			EVILLE, M						\$	310,680
Ap	plicatior	n pending			ncipal officer: STEVE LOC	CKE					or subordinates? Yes X No
				AS C ABOV					H(b) Are all s		
			501(c)(3)	501(c) (	) (insert no.) 49	947(a)(1) or	527				. See instructions
	ebsite:		ILC.ORG						H(c) Group e		
K Fo Par		ganization: 🔀 Summar	Corporation	Trust Ass	ociation 🔄 Other 🏲		L Year of formati	on: 200	0 м з	State of lega	al domicile: MI
Fai			,			41					
	1	•	-		on or most significant ac						S ADVOCATING FOR
e					ESSIBILITY IN A						
Activities & Governance		AS VALUE	D, WITH I	RIGHTS TH	AT ARE UNDENIABI	LE AND INHE	RENT IN A	LL ASI	PECTS O	F. TTF.F.	. SEE SCHEDULE O
/eri	2	Chock this h	ov 🕨 🗌 if th		discontinued its operati	one or disposed	of more than 2	5% of its	not accoto		
ĝ				0	ning body (Part VI, line	•				, .   3	10
8			0	0	s of the governing body					-	<u> </u>
ties			•	0	calendar year 2021 (Pa	· · · · · · · · · · · · · · · · · · ·					2
ťivi	6			s (estimate if r	<b>,</b> (						
Ac					Part VIII, column (C), line					. 7a	0
					from Form 990-T, Part I,						0
								<u> </u>	Prior Year	. , , , ,	Current Year
	8	Contributions	s and grants	(Part VIII, line	1h)					1,827	310,648
e			-	•	2g)				2/1	1,027	<u> </u>
ent		-			), lines 3, 4, and 7d)					59	32
Revenue					es 5, 6d, 8c, 9c, 10c, an						0
-					nust equal Part VIII, colu				274	,886	310,680
				<b>0</b> (	X, column (A), lines 1-3)			-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
				• •	, column (A), line 4)			. —			0
					e benefits (Part IX, colun				187	,049	201,439
Expenses					olumn (A), line 11e)		, 			,	0
Den	b	Total fundrais	sing expense	s (Part IX, colu	umn (D), line 25) 🕨		0				
Ä			• •		es 11a-11d, 11f-24e)			. —	89	9,946	109,480
	18	Total expens	es. Add lines	s 13-17 (must	equal Part IX, column (A	.), line 25) •				5,995	310,919
	19	Revenue les	s expenses.	Subtract line	18 from line 12				(2	2,109)	(239)
or								Begir	ning of Curre		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line ′	16)				-	81	,367	88,426
d Bss	21	Total liabilitie	s (Part X, line	e 26) •••					31	,544	38,842
		Net assets o	r fund balanc	es. Subtract li	ne 21 from line 20				49	9,823	49,584
Par	t II	Signatu	re Block								
					n, including accompanying sch cer) is based on all information			of my knowl	edge and belie	ef, it is	
		ind complete. Bet				or which propulsi had	any knowledge.				
Cian			E LOCKE								
Sign		Signatur	e of officer							Date	e
Here	•				E DIRECTOR						
		<u> </u>	print name and ti	itle	l						
<b>.</b>		Print/Type pre	parer's name		Preparer's signature		Date		Check	if	PTIN
Paid			S CPA EA		AJ GROSS CPA EA		01-12-20		self-em	ployed	XXXXXXXXX
Prep			<u> </u>	The ALG				F	irm's EIN 🕨		
Use	Unly	Firm's addres	s 🕨		t Lansing Dr St	e 222		Ρ	hone no.		
					sing MI 48823						/14-4965
May th	ne IRS	discuss this	return with th	e preparer sho	own above? See instruct	tions					🗴 Yes 🗌 No

OMB No. 1545-0047

Form	990 (2021) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<b>x</b>
1	Briefly describe the organization's mission:		
	WE ARE PEOPLE WITH DISABILITIES ADVOCATING FOR INCLUSION, EQUITY AND ACCESSIBI	LITY IN ALI	4
	COMMUNITIES. WE ENVISION PEOPLE WITH DISABILITIES AS VALUED, WITH RIGHTS THAT	ARE UNDENIA	BLE AND
	INHERENT IN ALL ASPECTS OF LIFE. SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.		<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?		x No
	If "Yes," describe these changes on Schedule O.		R HO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l	vo	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$246,315 including grants of \$) (Revenue	\$	)
	ANNUALLY TENS OF THOUSANDS OF INDIVIDUALS WITH DISABILITIES AND COMMUNITIES AT	LARGE RECE	EIVE
	INDEPENDENT LIVING AND COMMUNITY SERVICES FROM THE INDEPENDENT LIVING NETWORK.	THIS INCLU	JDES
	DELIVERY OF FIVE CORE INDEPENDENT LIVING SERVICES TO PEOPLE WITH DISABILITIES .	AND COMPLET	ED
	INDIVIDUAL AND COMMUNITY GOAL OUTCOMES. THE SILC CO-DEVELOPS A THREE-YEAR STAT	E PLAN FOR	
	INDEPENDENT LIVING (SPIL) AND IS RESPONSIBLE FOR MONITORING AND EVALUATING THE	EFFECTIVEN	IESS OF
	THE SPIL.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
	(	•	/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	
40		Φ	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  246,315		
		Ear	m 000 (2021)

Pa	t 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	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b		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

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

38-3572497

Page 3

Form 990 (2021)

Form	990 (2021) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-35724	97	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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 Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	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 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>		-	-
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

-	990 (2021) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-35724	97	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
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		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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		L
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		L
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against 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 12b			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
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			l
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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, any disqualified person, or mine operator engage in any			ĺ
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

_			Р	Page 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
-				. x
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
b				
2				
		2		x
3				
				X
4				x
5				x
6 7-		6		x
7a		70		
h	If VI       Governance, Management, and Disclosure For each "ser response to line 32 through To below, and to a "Not new processor, and the appears in Schedulo C. See instructions check f Schedulo C centents a response of note to any line in this Part VI         Crick A Governing Body and Management       Image and the appears of the governing body at the end of the tax year			x
b		76		v
8		70		x
0				
а		82	х	
b			x	<u> </u>
9			<u></u>	<u> </u>
•		9		x
Sec		•		- 11
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		12c	х	
13		13	х	<b> </b>
14	Did the organization have a written document retention and destruction policy?	14	х	
15				
a			х	<b> </b>
b		15b		x
16a		10-		
<b>L</b>		16a		x
b				
		16h		
Sec		100		Ľ
<u>000</u> 17				
18				
19				
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEVE LOCKE (517) 371-4872, PO BOX 71, MIDDLEVILLE, MI 49333			

Form 990 (20	21) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employee	s, 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.		
🔍 Listall	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of a	mount of	

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

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

(A) Name and the     (B) Average per mession (B) (C)     Position to curve the percent to the ar- both of the directoritized (C)     (C) Networks (C)     (E) Records (C)     (F) Records (C)     Estimated around (C)       (1)     STEVE LOCKE     40.00     (C)     (C) </th <th></th> <th></th> <th></th> <th></th> <th>(C)</th> <th></th> <th></th> <th></th> <th></th> <th></th>					(C)					
Name and title     Average provedet (1) STEVE LOCKE     Conditional manual provedet (1) STEVE LOCKE     Output conditional comparisation provedet (1) STEVE LOCKE     The conditional comparisation provedet (1) Conditional comparisation provedet (1) STEVE LOCKE     The conditional comparisation provedet (1) Conditional comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation comparisation	(A)	(B)						(D)	(E)	(F)
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EXECUTIVE DIRECTOR       X       82,560       0       0         (2) MARK PIERCE       X       0       0       0         COUNCIL MEMBER       X       0       0       0         (3) THERESA METZMAKER       COUNCIL MEMBER       X       0       0         COUNCIL MEMBER       X       0       0       0							ă			
EXECUTIVE DIRECTOR       X       82,560       0       0         (2) MARK PIERCE       X       0       0       0         COUNCIL MEMBER       X       0       0       0         (3) THERESA METZMAKER       COUNCIL MEMBER       X       0       0         COUNCIL MEMBER       X       0       0       0										
(2) MARK PIERCE       x       0       0       0         COUNCIL MEMBER       x       0       0       0         (3) THERESA METZMARER       x       0       0       0         COUNCIL MEMBER       x       0       0       0         COUNCIL MEMBER <td>(1) STEVE LOCKE</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) STEVE LOCKE	40.00								
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(3) THERESA METZMAKER       x       0       0       0         COUNCIL MEMBER       x       0       0       0       0         (5) AARON ANDRES	(2) MARK_PIERCE									
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(13)	(12)STEPHANIE DIEBLE									
			х		x			0	0	0
<u>(14)</u>	<u>(13)</u>									
	<u>(14)</u>					+	+			

# Form 990 (2021)

# MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

Fall VII Section A. Officers, Directors, Trustees	<u>5, Key E</u> mpic	byees,	and	High	iest		pen	sated Employees	(continuea)				
(A) Name and title	(B) Average hours per week	box	unless	Posi ck mo s pers	ore th son is	nan one s both ar /trustee)		(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related			<b>(F)</b> ated amo of other npensati	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W 1099-MISC/ 1099-NEC)	1-2/	orga	om the nization a l organiz	
( <u>15)</u>													
(22)													
(23)													
(24)													
(25)													
1b Subtotal	ion A	· · · · · ·	· · · · · ·	: :	:	· · ·	· •						
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not limite reportable compensation from the organization</li> </ul>								,		0			<u> </u>
3 Did the organization list any <b>former</b> officer, directo	r trustee ke	v empl	ovee	or h	niah	est co	mpe	ensated				Yes	No
<ul> <li>employee on line 1a? <i>If "Yes," complete Schedule</i></li> <li>For any individual listed on line 1a, is the sum of reorganization and related organizations greater that</li> </ul>	<i>J for such in</i> eportable con n \$150,000?	dividua npensa If "Yes	al ation a s," cor	and on the second secon	othe	er com Schedu	ipen ile J	sation from the for such			3		x
<ul> <li><i>individual</i></li> <li>Did any person listed on line 1a receive or accrue</li> </ul>	compensatio	n from	any u	unre	late	d orga	aniza	ation or individual		•••	4		x
for services rendered to the organization? <i>If "Yes,</i> Section B. Independent Contractors	complete St	cneaule	e J TOI	r suc	n p	erson			<u></u>	• •	5		х
1 Complete this table for your five highest compensation													
compensation from the organization. Report comp (A)		the cal	endai	r yea	ar er	nding	with	(B)			(C)		
Name and business addres	S							Description of servic	es	C	Compens	ation	
2 Total number of independent contractors (including received more than \$100,000 of compensation fro	-		hose ►		d at	oove)	who						

	00 (2021) MICHIGAN STATEWIDE INDEPENDEN	T LIVING CORPOR	ATION	38-35724	97 Page 9
Part V					
	Check if Schedule O contains a response or note to any line ir	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e       310,6         f       All other contributions, gifts, grants, and similar amounts not included above       1f         g       Noncash contributions included in lines 1a-1f       1g \$         h       Total. Add lines 1a-1f       Purinees Contributions Contributions	▶ 310,648			
Program Service Revenue	2a       Business Cool         b       Image: Cool         c       Image: Cool         d       Image: Cool         g       Total. Add lines 2a-2f				
Other Revenue	3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7a       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         and sales expenses       7b         7b       C         and sales expenses       7c         d       Net gain or (loss)         d       Net gain or (loss)		32		
Gt	events (not including \$       8         of contributions reported on line       8a         1c). See Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       8a         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       9b         c Net income or (loss) from gaming activities       10a         b Less: cost of goods sold       10a         b Less: cost of goods sold       10b	<ul> <li></li> &lt;</ul>			
Miscellanous Revenue	11a     Business Co       b	ode			
	e Total. Add lines 11a-11d		32	0	0

#### Form 990 (2021) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to a	ny line in this Part IX	<u> </u>		<u></u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ũ	trustees, and key employees	82,560	61,920	20,640	
6	Compensation not included above, to disqualified	82,500	01,920	20,040	
0					
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	71,432	53,574	17,858	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4,495	3,371	1,124	
9	Other employee benefits	29,699	22,274	7,425	
0	Payroll taxes	13,253	9,940	3,313	
1	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	13,500	10,125	3,375	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	14,653	12,115	2,538	
14	Information technology	11,000		2,000	
15	Royalties				
16		2,016	1,512	504	
17	Travel	16,320	13,056	3,264	
18	Payments of travel or entertainment expenses	10,320	13,050	5,204	
10	for any federal, state, or local public officials				
•					
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization • • • • • •				
23		1,753	1,315	438	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SPIL SUPPORT	55,829	55,829		
b	STATEWIDE LICENSE	70	70		
С	MISCELLANEOUS	5,339	1,214	4,125	
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	310,919	246,315	64,604	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Check if Schedule D contains a response or note to any line in this Part X         (A) (B)           Image: the schedule D contains a response or note to any line in this Part X         (A) (B)           Image: the schedule D contains a response or note to any line in this Part X         (A) (B)           Image: the schedule D contains a response or note to any line in this Part X         (A) (B)           Image: the schedule D contains a response or note to any line in this Part X         (A) (B)           Image: the schedule D contains a response of the resonance or noter or former officer, director, trustatuit control the origonal to the resonance or schedule D schedule D controlled entry of these parsons         5           Image: the schedule D contains a response described in section 4580c(3)(B)         6           Image: the schedule D contains a response described in section 4580c(3)(B)         6           Image: the schedule D contains and other receivables from other disquisified persons (as defined to the receivables and depreted to the schedule D contains and the report D the schedule D contains and the receivables from other disquisified persons (as defined to the contains and the receivables from other disquisified persons (as defined to the schedule D contains and the report D the schedule D contains and the re	Form	990 (20 <b>t X</b>	21) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORA Balance Sheet	ATION 38	8-357	2497 Page 11
General State         (A)         (B)           1         Cash - non-interest-bearing         End of year         End of year           2         Savings and temporary cash investments         2         37, 194           3         Peckges and grafts receivable, net         3         42, 652         1         37, 194           4         Accounts receivables from any current or former officer, director, trustee, key emptoyee, creator or founder, substantial contributor, or 35%         3         4           controlled entity of framily member of any of these persons         5         6         1         6           6         Leans and other receivables from other disqualified persons (as defined under section 4593(f)(1), and persons described in section 4593(5)(3)(5)         6         6           7         Notes and cans receivable, net         7         8         7           10a         Lend, builings, and equipment: cost or other bases: Comptel Far 11         11         11           11         Interstimets - other accurrise. See Part IV, line 11         112         11           11         Interstimets - other accurrise. See Part IV, line 11         113         11           12         Interstimets - other accurrise. See Part IV, line 11         113         11           13         Interstimets - other accurites. See Part IV, line 1						П
Beginning of year         End of year           1         Cash - non-interest-bearing         42, 652         1         37, 194           2         Savings and lomporary cash investments         3         42, 652         1         37, 194           3         Predges and grants receivable. net         3         37, 271         4         48, 459           4         Accounts receivable. net         37, 271         4         48, 459           5         Loans and other receivables from other disqualited persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8)         6         -           6         Loans and other accivables from other disqualited persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8)         6         -           7         Notes and loans receivables from other disqualited persons (as defined the disqualited persons (as d			,, _,, _			
99         1         Cash - non-interest-bearing         42,652         1         37,194           3         Piedges and grants receivable, net         3         3         3           4         Accounts receivable, net         3         3         48,459           5         Leans and other receivables from any current or former officer, director, trustee, key emptoyse, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons         5         6           6         Leans and other receivables from other disqualified persons (as defined under section 4958(f(1))), and persons described in section 4958(f(3)(B)         6         7           7         8         Inventories for sale or use         7         8         9         9,2,773           10a         Land, buildings, and equipment: cost or other basis. Compide Parial & gamess and definered diarges         1,444         9         2,773           10a         Land, buildings, and equipment: cost or other basis. See Part IV, line 11         11         11           11         Investments - publicly traded securities         11         12         13           11         Investments - publicly traded securities         11         14         14           12         Investments - publicly traded securities         13         14         14 <t< td=""><td></td><td></td><td></td><td>.,</td><td></td><td>. ,</td></t<>				.,		. ,
2         Savings and temporary cash investments         2           3         Pledges and grants receivable, net         3           4         Accounts receivable, net         3           5         Leans and other receivables from any current of former officer, director, trustee, key employse, creator of founder, substantial contributor, or 35% controlled entity of ramity member of any of these persons         5           6         Leans and other receivables from other disgualified persons (as dofined under section 4058(r)(1)), and persons described in section 4058(r)(3)(B)         6           7         Notes and leans receivable, net         7           9         Prepaid expenses and deferred charges         1,444         9         2,773           10a         Land, buildings, and equiporent.cost or their basis. Complete Part Vi d'Schedule D         10a         10a           11         Investments - publicly traded securities         11         11           11         Investments - scher securities. See Part IV, line 11         13         13           14         Intargible assets. Add lines 1 through 15 (must equal line 33)         81,367         16         88,426           17         Accounts hayable and accruet expenses         33,544         17         38,442           18         Order assets. Scend liabilities         20         21         22		1	Cash - non-interest-bearing		1	
3         Pledges and grants receivable, net         3         3           4         Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         5         5           6         Leans and other receivables from other disputilied persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8)         6         6           7         Nees and tons receivables. From other disputilied persons (as defined under section 4958(r)(3)(8)         6         6           8         Inventories for sale or use         7         7         7           10a         Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D         10a         10c         10c           11         Investments - propart-related. See Part IV, line 11         11         11         11           11         Investments - propart-related. See Part IV, line 11         12         13         14           13         Investments - propart-related. See Part IV, line 11         13         14         13           14         Intangible assets. Add lines 1 through 15 (must equal line 33)         81, 357         16         88, 426           13         Deferred revenue         19         20         21         22		2	-		2	
4       Accounts receivables (net.       37, 271       4       48,459         5       Loans and other receivables (not many current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 3% controlled entity or family member of any of these persons       5         6       Loans and other receivables (not other disqualified persons (as defined under section 4058(r)(1)), and persons described in section 4058(r)(3)(8)       6       6         7       Notes and loans receivable, net.       7       7       8         9       Prepaid expenses and deferred tharges       1,444       9       2,773         10a       Loans, building, and expenses and deferred tharges       1,444       9       2,773         11       Investments - publicly traded securities       11       12       12         11       Investments - publicly traded securities       11       13       1444       9       2,773         12       Investments - publicly traded securities       11       13       144       14       100         13       Investments - publicly traded securities       11       13       14       14       14         14       Intangible assets       11       15       15       15       16       89,426         14       Intangible assets </td <td></td> <td></td> <td>с , , ,</td> <td></td> <td>3</td> <td></td>			с , , ,		3	
90       5       Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       5         91       Controlled entity or family member of any of these persons       5         92       Notes and other receivables from other disqualified persons (as defined under section 4956(9)(1)), and persons described in section 4956(9)(1)), and persons described in section 4956(9)(1)).       6         92       Prepaid expenses and deferred charges       1,444       9       2,773         10a       Land, buildings, and equipment: cost or other basis. Compilet Part VI of Schedule D       10a       10c         11       Investments - program-related. See Part IV, line 11       12       12       11         11       Investments - program-related. See Part IV, line 11       13       14         15       Other assets. See Part IV, line 11       13       14         16       Total assets. Add lines 1 through 16 (must equal line 33)       31, 544       17       38, 842         19       Deferred ravenue       19       10       20       21       22       22         21       Lass and other payables to any current of freer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       22       23       24       24 <t< td=""><td></td><td>4</td><td></td><td>37.271</td><td>4</td><td>48,459</td></t<>		4		37.271	4	48,459
get under section 4958(f(1)), and persons described in section 4958(c(3)(B)         5           6         Lears and other receivables from Other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c(3)(B)         6           7         Notes and loans receivables, net         8           9         Prepaid expenses and deferred charges         1,444         9         2,773           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         10c         11           11         Investments - publicly traded securities         11         12         13           11         Investments - publicly traded securities         14         13         14           12         Investments - publicly traded securities         14         14         12           13         Investments - publicly traded securities         14         13         14         18         16         88,4226           14         Intrastments - publicly traded securities         14         14         14         15           15         Intrastments - publicly traded securities         14         16         16         88,4226           16         Total assets. Add lines 1 through 15 (must equal line 33)         81,367         16         88,4226		5				
geogram       6       Loans and other receivables from other disqualified persons (as defined under section 49560(1/3)), and persons described in section 49560(2)(3)(5)       6         7       Notes and loans receivables, net       7         9       Prepaid expenses and deferred charges       1,444       9       2,773         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c         11       Investments - buildy traded securities       11a       11c       122         11       Investments - buildy traded securities       11d       12       13         11       Investments - buildy traded securities       14       13       14         12       Investments - buildy traded securities       14       15       16         13       Investments - buildy traded securities       14       15       16       6       88,426         13       Courts payable and accrued depreses       31,544       17       38,842       19       20         20       Carax sempt bord liabilities			•			
6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B)       6         7       Notes and loans receivable, net       8         9       Prepaid expenses and deferred charges       1,444       2,773         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c         11       Investments - publicly traded securities       11       12         11       Investments - publicly traded securities       11       12         13       Investments - other securities. See Part IV, line 11       13       14         14       Intangible assets       11       13         15       Other assets. See Part IV, line 11       13       14         16       Total assets. Add lines 1 through 15 (must equal line 23)       81, 367       16       88, 42.6         19       Deferred revenue       19       20       20       21       20       22       2					5	
geg         under section 4958(r)(1), and persons described in section 4958(c)(3)(B)         6           7         Notes and loans receivable, net         7           9         Prepaid expenses and deferred charges         1, 444         9         2, 773           10a         Land, buildinga, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         10b         10c           11         Investments - publicly traded securities.         111         112         112           11         Investments - publicly traded securities.         114         112           11         Investments - publicly traded securities.         114         113           11         Investments - publicly traded securities.         114         115           12         Investments - publicly traded securities.         114         113           13         Investments - publicly traded securities.         114         113		6				
989       7       Notes and loans receivable, net       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       1, 444       9       2, 773         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10c       10c         11       Investments - publicly traded securities       11       11       12       11         12       Investments - publicly traded securities       11       12       13         14       Intargited depreciation       12       13       14         15       Other assets. See Part IV, line 11       13       14         16       Total assets. Add lines 1 through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         18       Grants payable       19       10       20       10         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22       22         22       Loans and other payable to any current or former officer, director.       13       14       14         22       Loans and other payable to unrelated third parties					6	
8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       1,444       9       2,773         10       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10       10c       10c         11       Investments_oublicly traded securities       11       10c       10c       10c         11       Investments_oublicly traded securities       11       11       11       11         12       Investments_oublicly traded securities       11       13       11         13       Investments_oublicly traded securities       14       13       14         14       Inangplie assets       5       14       15       16       88, 926         14       5       Other assets. See Part IV, line 11       15       15       16       16       88, 926       17       Accounts payable and accrued expenses       31, 544       17       38, 842         19       Deferred revenue       19       10       16       17       Accounts payable an or output on offoer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlide antigges and notes payable to unrelated third parties       23       24       25       26         26       Total liabilities. (Includ		7			7	
10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10a       10b       10c         b       Less: accumulated depreciation       10b       10c       10c       10c         11       Investments - publicly traded securities       11       11       11         12       Investments - other securities. See Part IV, line 11       11       11         13       Intangible assets       14       15         16       Total assets. See Part IV, line 11       15       16         16       Total assets. See Part IV, line 11       15       16         16       Total assets. Add lines 1 through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         18       Grants payable and accrued expenses       20       21       20         20       Tax-exempt bond liabilities       20       21       20       21         21       Lanes and other payables to any current or former officer, director, trustee, key employee, creator of founder, substanial contributor or 35% controlled entity or family member of any of these persons       22       23         23       Secured mortgages and notes payable to unrelated third parties	ets				8	
10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10a       10c         b       Less: accumulated depreciation       10b       10c       10c         11       Investments - publicly traded securities       11       11       12         12       Investments - other securities. See Part IV, line 11       13       11         13       Investments - other securities. See Part IV, line 11       13       14         14       15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         19       Deferred revenue       19       20       20       21         21       Lanes and other payables to any current or former officer, director, trustee, key employee, creator of founder, substantial conthultor, or 35% controlled entity or family member of any of these persons       22       23         23       Secured mortgages and notes payable to unrelated third partices       24       25       25         24       Unsecured notes and hoars payable to unrelated third partices       24       25       25         25       Other liabilit	Ass	9	Prepaid expenses and deferred charges	1.444	9	2,773
basis. Complete Part VI of Schedule D       10a       10c         b Less: accumulated depreciation       10b       10c         11       Investments - publicly traded securities       111         12       Investments - program-related. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intragiple assets       144         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 11 through 15 (must equal line 33)       81, 367       16       88, 842         18       Grants payable and accrued expenses       31, 544       17       38, 842         19       Deferred revenue       19       20       20       21         21       Eacrow or custodial account liability. Complete Part IV of Schedule D       21       21       22         22       Lans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these parenos       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       25         23       Secured mortgages and notes payable to unrelated third parties       24       25         24 <t< td=""><td></td><td></td><td></td><td>_,</td><td>-</td><td></td></t<>				_,	-	
b       Less: accumulated depreciation       10b       10c         11       Investments - publicly traded securities       11         12       Investments - program-related. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intrastents - program-related. See Part IV, line 11       13         15       Other assets. See Part IV, line 11       15         16       Total assets I: through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         19       Deferred revenue       19       20       21         20       21       20       21       20         21       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24       25         24       Unsecure notes and loans payable to unrelated third parties       24       26       38, 842         24       Defered revenue       25       31, 544       26       38, 842						
11       Investments - publicly traded securities       11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. See Part IV, line 11       16         16       Total assets. See Part IV, line 11       16         16       Total assets. See Part IV, line 11       16         17       Accounts payable and accrued expenses       31, 544       17         20       Tax-exempt bouli labilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Loans and other payable to unrelated third parties       23       24         23       Secured mortgages and notes payable to unrelated third parties       24       24         25       Other liabilities (including federal income tax, payables to related third parties       24       25         24       Total liabilities. 77 J& 32, and 33.       49, 823       27       49, 584         26       Total liabilities. 77 J& 32, and 33.       28       28       30       31		b			10c	
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intragible assets. Acid lines 1 through 15 (must equal line 33)       81, 367       16         16       Total assets. Acid lines 1 through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         19       Deferred revenue       19       20         20       Tax-exempt bond liability.       20       21         21       Leans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       21         22       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties       24         26       Total liabilities. Add lines 17 through 25       31, 544       26       38, 842         0rganizations that follow FASB ASC 958, check here       Image: Complete lines 27, 82, 2, and 31       26         27       Net assets with donor restrictions       28       27       49, 823						
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         19       Deferred revenue       19       19         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor of 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities not included on lines 17-24). Complete Part X       25       25         26       Total liabilities. Add lines 17 though 25       31, 544       26       38, 842         Organizations that dolor restrictions       29       28       28       27<						
14       Intangible assets       14         15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       81, 367       16       88, 42.6         16       Total assets. Add lines 1 through 15 (must equal line 33)       31, 544       17       38, 842.6         18       Grants payable and accrued expenses       31, 544       17       38, 842.6         19       Deferred revenue       19       14         20       Tax-exempt bond liabilities       200       21         21       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or tamily member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17.24). Complete Part X       25         26       Total liabilities not included on lines 17.24). Complete Part X       25         27       Net assets with donor restrictions       49, 823       27         28       Organizations that follow FASB ASC 958, check here       28       28         29       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
15       Other assets. See Part IV, line 11       15         16       Total assets. Add lines 1 through 15 (must equal line 33)       81, 367       16       88, 426         17       Accounts payable and accrued expenses       31, 544       17       38, 842         18       Grants payable       18       18       18         19       Deferred revenue       19       20       21         20       Tax-exempt bond liabilities       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21       22         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24       24         24       Unsecured notes and loans payable to unrelated third parties       24       25       31, 544       26       38, 842         25       Other liabilities in tholugh 25       Secured mortgages and notes payables to related third parties       24       25       31, 544       26       38, 842         26       Total liabilities. Add lines 17 though 25       Secured mort as and						
16       Total assets. Add lines 1 through 15 (must equal line 33)       81,367       16       88,426         17       Accounts payable and accrued expenses       31,544       17       38,842         18       Grants payable       18       19       19         19       Deferred revenue       19       19         20       13.544       17       38,842         21       Escrow or custodial account liabilities       20       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35%       22         23       Secured mortgages and notes payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       25         24       Unsecured notes and loans payable to unrelated third parties       25       26         25       Total liabilities (including federal income tax, payables to related third parties       31,544       26       38,842         26       Total liabilities (add lines 17 through 25       31,544       26       38,842         27       Total liabilities (add lines 17 through 25       31,544       26       38,842         27       Total liabilities (add lines 17 through 25 <td></td> <td></td> <td>ů – Li – L</td> <td></td> <td></td> <td></td>			ů – Li – L			
17       Accounts payable and accrued expenses       31,544       17       38,842         18       Grants payable       19       19       19         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       20         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties       24         25       Other liabilities Add lines 17 through 25       31,544       26       38,842         0       Organizations that follow FASB ASC 958, check here       Image: Secure domorestrictions       27       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here       Image: Secure domorestrictions       28       28       29       29       29       29       29       29       29       29       29       29       29       29       20 </td <td></td> <td></td> <td></td> <td>81,367</td> <td></td> <td>88.426</td>				81,367		88.426
18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       21         26       Total liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities, 32, and 33.       24         27       And complete lines 27, 28, 32, and 33.       49, 823         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28         29       Capital stock or trust principal, or current funds       29         29       Paid-In or capital surplus, or land, building, or equipment fund       30         31       Total het assets or fund balances       31         32       Total het assets o						
19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31, 544       26       38, 842         Organizations that follow FASB ASC 958, check here land complete lines 27, 28, 32, and 33.         27       Net assets with donor restrictions       49, 823       27       49, 584         28       Organizations that do not follow FASB ASC 958, check here land complete lines 29 through 33.       29       29       29         29       Set assets with do nor restrictions       29       29       29       29         29       Set assets or fund balances       31       31       31				01/011	<b>├</b> ──┼	
20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31, 544       26       38, 842         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       49, 823       27       49, 584         28       Organizations that do not restrictions       28       28       28         Organizations that do not rollow FASB ASC 958, check here and complete lines 29 through 33.       29       29       30         29       Capital stock or trust principal, or current funds       30       31         29       31       34       32       49, 823       32       49, 584         29       31       30					19	
21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here       ▶       28         Organizations that follow FASB ASC 958, check here       ▶       28         Organizations that do not follow FASB ASC 958, check here       ▶       29         30       Paid-in or capital stoply or current funds       29         30         Sector of fund balances       31         32         31         24         25         26         27       49,823      <						
99       22       Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       49,823       27       49,584         27       Net assets with donor restrictions       28       28       28         Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.       29       29       29         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       29       29       30       31       31         31       32       Total net assets or fund balances       31       31         32       Total net assets or fund balances       31       32       49,823						
Big Product       trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here       ☑       49,823       27       49,584         28       Organizations that do nor restrictions       28       28       29       29         29       Capital stock or trust principal, or current funds       29       30       31       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31       31         32       Total net assets or fund balances	Ś					
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28       28         29       Capital stock or trust principal, or current funds       29         30       31       30         31       Retained earnings, endowment, accumulated income, or other funds       31         31       Total net assets or fund balances       31	litie					
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28       28         29       Capital stock or trust principal, or current funds       29         30       31       30         31       Retained earnings, endowment, accumulated income, or other funds       31         31       Total net assets or fund balances       31	abil				22	
24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       49,823       27       49,584         27       Net assets with donor restrictions       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28       28         0       Capital stock or trust principal, or current funds       29       29         30       31       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total het assets or fund balances       49,823       32       49,584	Ë	23				
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here ▶ ☑       31,544       26       38,842         Organizations that follow FASB ASC 958, check here ▶ ☑       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here ▶ ☑       28       28         Organizations that do not follow FASB ASC 958, check here ▶ ☑       28       28         Organizations that do not follow FASB ASC 958, check here ▶ ☑       28       29         Organizations that do not follow FASB ASC 958, check here ▶ ☑       29       29         Organizations that do not follow FASB ASC 958, check here ▶ ☑       30       30         29       Capital stock or trust principal, or current funds       30         30       71       Retained earnings, endowment, accumulated income, or other funds       31         31       Total net assets or fund balances       49,823       32       49,584						
parties, and other liabilities not included on lines 17-24). Complete Part X       25         of Schedule D       25         26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here       X       31,544       26       38,842         Organizations that follow FASB ASC 958, check here       X       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here       X       28       28         Organizations that do not follow FASB ASC 958, check here       X       28       28         Organizations that do not follow FASB ASC 958, check here       X       29       29         and complete lines 29 through 33.       29       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31         31       Retained earnings, endowment, accumulated income, or other funds       31       31         32       Total net assets or fund balances       49,823       32       49,584		25				
of Schedule D         26         Total liabilities. Add lines 17 through 25         31,544       26         31,544       26         Organizations that follow FASB ASC 958, check here       31,544       26         and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here       28       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       29         and complete lines 29 through 33.         29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         31       70tal net assets or fund balances       31         32       49,823         32       49,823						
26       Total liabilities. Add lines 17 through 25       31,544       26       38,842         Organizations that follow FASB ASC 958, check here       x       31,544       26       38,842         organizations that follow FASB ASC 958, check here       x       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here       x       28       28         Organizations that do not follow FASB ASC 958, check here       x       28       28         Organizations that do not follow FASB ASC 958, check here       x       29         and complete lines 29 through 33.       29       29       29         30       30       30       30         31       30       31       31         32       Total net assets or fund balances       49,823       32       49,584					25	
Source       Organizations that follow FASB ASC 958, check here       ▶ ★         and complete lines 27, 28, 32, and 33.       49, 823       27         27       Net assets without donor restrictions       49, 823       27         28       Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       29         and complete lines 29 through 33.       29         29       Capital stock or trust principal, or current funds         30       Paid-in or capital surplus, or land, building, or equipment fund         31       Retained earnings, endowment, accumulated income, or other funds         32       Total net assets or fund balances		26		31,544	26	38,842
and complete lines 27, 28, 32, and 33.       49,823       27       49,584         27       Net assets without donor restrictions       28         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28         29       Capital stock or trust principal, or current funds       29         30       30       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       49,823       32       49,584				/		,
27       Net assets without donor restrictions       49,823       27       49,584         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28       29         29       Setained earnings, endowment, accumulated income, or other funds       30       30         31       Setained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       49,823       32       49,584         33       Total liabilities and net assets/fund balances       81,367       33       88,426	Se					
28       Net assets with donor restrictions       28         Organizations that do not follow FASB ASC 958, check here       □       28         and complete lines 29 through 33.       □       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       49,823       32       49,584         33       Total liabilities and net assets/fund balances       81,367       33       88,426	nce	27	Net assets without donor restrictions	49,823	27	49,584
Organizations that do not follow FASB ASC 958, check here       Image: Complete lines 29 through 33.         29       Capital stock or trust principal, or current funds       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       49,823       32       49,584         33       Total liabilities and net assets/fund balances       81,367       33       88,426	ala	28		- /	28	
And complete lines 29 through 33.2929Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances49,82333Total liabilities and net assets/fund balances81,367	Б					
29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances49,82333Total liabilities and net assets/fund balances81,367	Fun					
Sign Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances49,82333Total liabilities and net assets/fund balances81,367	or	29			29	
Solution313132Total net assets or fund balances3133Total liabilities and net assets/fund balances49,823333388,426	ets					
32         Total net assets or fund balances         49,823         32         49,584           33         Total liabilities and net assets/fund balances         81,367         33         88,426	SS					
Z         33         Total liabilities and net assets/fund balances         81,367         33         88,426	et A			49,823		49,584
	ž	33		81,367	33	88,426

EEA

Form 990 (2021)

Form	990 (2021) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-3572497	1	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	3	310,	680
2	Total expenses (must equal Part IX, column (A), line 25)	3	310,	919
3	Revenue less expenses. Subtract line 2 from line 1		(	239)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		49,	823
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		49,	584
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.                                    </u>
		`	Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, 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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form 9	990 (2	2021)

$\mathbf{C}$	

SCHEDULE	Α
(Form 990)	

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047				
	2021				
	Open to Public				
	Inspection				
tification number					

Name	Name of the organization Employer identification number									
MICH	IG	AN STATEWIDE INDEPENDEN	LIVING CORE	ORATION			38-357249	7		
Par		Reason for Public Cha			t comple	te this p				
The o	rgar	nization is not a private foundation be	-							
1		A church, convention of churches, o	r association of chu	irches described in section	on 170(b)(	1)(A)(i).				
2	$\overline{\Box}$	A school described in section 170(I	<b>b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990).)						
3	$\overline{\Box}$	A hospital or a cooperative hospital	service organizatio	n described in section 17	70(b)(1)(A)	(iii).				
4										
	hospital's name, city, and state:									
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	x	An organization that normally receiv	-				m the general public			
		described in section 170(b)(1)(A)(v					5 1			
8	Π	A community trust described in sect		,						
9	П	An agricultural research organization		,	ated in cor	iunction wi	th a land-grant college			
-		or university or a non-land-grant col				[ ]				
		university:								
10	П	An organization that normally receiv	es: (1) more than 3	3 1/3% of its support from	n contribut	ons memb	pership fees and gross			
		receipts from activities related to its	exempt functions, s	subject to certain exception	ons; and (2	) no more t	than 33 1/3% of its			
		support from gross investment incor acquired by the organization after Ju					from businesses			
11		An organization organized and oper								
12	Н	An organization organized and oper					o carry out the purposes	sof		
		one or more publicly supported orga	•				• • •			
		the box in lines 12a through 12d tha								
а		<b>Type I.</b> A supporting organization				•	-			
u		the supported organization(s) th				-				
		supporting organization. You m								
b		<b>Type II.</b> A supporting organizati			th its suppo	orted organ	ization(s) by having			
D D		control or management of the si				-				
		organization(s). You must com					manage the supported			
с		Type III functionally integrated			nection wit	h and fund	tionally integrated with			
U		its supported organization(s) (se		•						
d		Type III non-functionally integ		•	•	• •		.)		
u		that is not functionally integrated						,		
		requirement (see instructions).		<b>o</b> , , ,		•				
е		Check this box if the organization					Type II. Type III			
U		functionally integrated, or Type				із а турс і,	турс II, турс III			
f	F	inter the number of supported organiz								
g		rovide the following information about		anization(s)				· · · L		
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of		
	(1) 14	ame of supported organization		(described on lines 1-10	listed in you	•	support (see	other support (see		
				above (see instructions))	docum	ent?	instructions)	instructions)		
					Yes	No				
					163					
(A)										
(B)										
(C)										
(D)										
								<u> </u>		
(E)										
Total										
Total										

	ule A (Form 990) 2021 MICHIGAN ST					38-357249	
Par							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	quality unde	er the tests lis	sted below, ple	ease complet	e Part III.)	
	ion A. Public Support			•		1	
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	( <b>d)</b> 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	477,076	351,894	268,326	274,827	310,648	1,682,771
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	477,076	351,894	268,326	274,827	310,648	1,682,771
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .						1,682,771
Sect	ion B. Total Support					•	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	477,076	351,894	268,326	274,827	310,648	1,682,771
8	Gross income from interest, dividends,	,			,	, , , , , , , , , , , , , , , , , , ,	, ,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	214	191	160	59	32	656
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1,683,427
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	1,005,427
13	First 5 years. If the Form 990 is for the or		,				(3)
10	organization, check this box and stop here						
Sect	ion C. Computation of Public Suppor						····
14	Public support percentage for 2021 (line 6)			1 column (f))		14	99.96 %
15	Public support percentage from 2020 Sche		•			15	<u>99.96</u> / 99.94 <sup>9</sup>
16a	33 1/3% support test - 2021. If the organiz						
Tua	box and <b>stop here</b> . The organization quali						
b	33 1/3% support test - 2020. If the organization						
b b	this box and stop here. The organization of						
170	10%-facts-and-circumstances test - 202		• • •	-			
17a		•					
	10% or more, and if the organization meets					•	
	Part VI how the organization meets the fac			-	-		_
	organization						_
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the						
	organization						_
40	<b>Drivete foundation</b> If the organization did			40- 40- 47-	471 1 1	41	
18	Private foundation. If the organization did	I not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	e _

-	e A (Form 990) 2021 MICHIGAN ST					38-3572497	7 Page <b>3</b>
Part							
	(Complete only if you checked th	e box on line	10 of Part I o	or if the organ	ization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please cor	mplete Part II.	)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						· · ·
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						,
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						· · ·
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	•	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop her						🕨 🗌
	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (line 8		•	())		15	%
16	Public support percentage from 2020 Sch					16	%
-	on D. Computation of Investment In					1 - 1	
17	Investment income percentage for 2021 (I		• • •		( ) )	17	%
18	Investment income percentage from 2020					18	%
19a	33 1/3% support tests - 2021. If the organ						
	17 is not more than 33 1/3%, check this be	-	-			• •	nization 🕨 📋
b	33 1/3% support tests - 2020. If the organizatio						. —
	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	· · · · · ▶ Ц
20	Private foundation. If the organization die	a not check a b	box on line 14,	19a, or 19b, ch	eck this box an	a see instructi	ons 🕨 📋

	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete			
Secti	on A. All Supporting Organizations	i ait	•.)	
0000	on A. An oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	-		
ou	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Uu		
, N	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
-	-	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$	20		
4.	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
~	determine whether the organization had excess business holdings.)	10b		
		100		

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A

38-3572497

Page 4

Schedule A (Form 990) 2021

**Supporting Organizations** 

Part IV

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			1
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			1
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		1
Section	on C. Type II Supporting Organizations	<u> </u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	_ <b>.</b>		L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			1
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instri	iction	15)
a	The organization satisfied the Activities Test. Complete line 2 below.			<b>U</b> ).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction)	s)		
2	Activities Test. Answer lines 2a and 2b below.	•):	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	20		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
•	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
Ŀ	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		ł

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

Schedule A (Form 990) 2021

Page 5

38-3572497

Schedule A (Form 990) 2021

art	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 [	Check here if the organization satisfied the Integral Part Test as a qualifying			ain in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organiz	zatio	ns must complete Section	ons A through E.
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
•	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
			··· · · · ·	(B) Current Yea
ecti	on B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	llv int	agrated Type III suppor	ting organization

Schedule A (Form 990) 2021

	e A (Form 990) 2021 MICHIGAN STATEWIDE INDEPE				2497 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	∋d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
EEA					Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B		
(Form 990) Attach to Form 990 or Form 990-PF.		2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2021
Name of the organization		Employer identification number
MICHIGAN STATEWI	DE INDEPENDENT LIVING CORPORATION	38-3572497
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Charle if	a is severed by the Conserved Dulla or a Oraca int Dulla	
	h is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	See
instructions.	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	See
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 ey or property) from any one contributor. Complete Parts I and II. See instructions for determin al contributions.	
Special Rules		
	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test	
	er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13 ceived from any one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000	
	nount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, 01
(_)		
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	iy one
	ng the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientif	
	ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enter	ing
"N/A" in column	(b) instead of the contributor name and address), II, and III.	
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	IV one
	ng the year, contributions exclusively for religious, charitable, etc., purposes, but no such	
contributions to	aled more than \$1,000. If this box is checked, enter here the total contributions that were recei	ved
during the year	for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	e
	pplies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contribu	
totaling \$5,000 d	or more during the year • • • • • • • • • • • • • • • • • • •	. ► \$
Caution: An organizatio	n that just covered by the Ceneral Rule and/or the Special Rules descrit file Schedule P /Form	n 990) but it
•	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-	
	t meet the filing requirements of Schedule B (Form 990).	
	,	

MICHIGA	N STATEWIDE INDEPENDENT LIVING CORPORATION		38-3572497
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	MI DEPT OF LABOR AND ECON OPP MRS	\$202,0	Person x Payroll 99 Noncash
	LANSING MI 48933		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	MI DEPT OF LABOR AND ECON OPP BSBP 235 S GRAND AVE 414 LANSING MI 48933	\$108,5	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       □         Payroll       □         Noncash       □         (Complete Part II for noncash contributions.)

Page **2** 

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

SCHEDULE I	)
(Form 990)	

# **Supplemental Financial Statements**

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

Attach to Form 990.

2021 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest informati	on.	Inspection	1
Name o	f the organization			Employer identifi	cation number	
MICHI	GAN STATEWI	DE INDEPENDENT LIVING CORPOR	ATION	38-3572	497	
Pa	rt I Organiz	ations Maintaining Donor Advised F	unds or Other Similar Funds or Acc	ounts.		
	Complet	e if the organization answered "Yes" o	n Form 990, Part IV, line 6.			
			(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts	;
1	Total number at e	end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor advisors in v	writing that the assets held in donor advised			
	-	anization's property, subject to the organizat	-		🗌 Yes	∏ No
6	-		dvisors in writing that grant funds can be use			
	-	-	or or donor advisor, or for any other purpose			
	conferring imperr	nissible private benefit?			🗌 Yes	🗌 No
Par		vation Easements.				
	Complet	e if the organization answered "Yes" o	n Form 990, Part IV, line 7.			
1		nservation easements held by the organizati				
		of land for public use (for example, recreation		nistorically impor	tant land area	
	Protection of r		Preservation of a	• •		
2	_		ied conservation contribution in the form of a	conservation		
_		last day of the tax year.			d at the End of the	Tax Year
а						
- b						
c			Included in (a)			
d		ervation easements included in (c) acquired a				
u				2d		
3			eased, extinguished, or terminated by the or		the	
•	tax year			Jamzadon danng		
4	·	where property subject to conservation eas	ement is located			
5		ation have a written policy regarding the per				
•	-	nforcement of the conservation easements it			🗌 Yes	🗌 No
6			nandling of violations, and enforcing conservations			
•	•				uunig nie yeu	
7	Amount of expen	ses incurred in monitoring inspecting hand	ling of violations, and enforcing conservation	easements durir	ng the vear	
-	► \$				ig the year	
8			ve satisfy the requirements of section 170(h)(	4)(B)(i)		
•	and section 170(				🗌 Yes	
9	,		on easements in its revenue and expense sta			
Ū			ote to the organization's financial statements		ie.	
		counting for conservation easements.			0	
Par			of Art, Historical Treasures, or C	Other Similar	<sup>·</sup> Assets.	
		e if the organization answered "Yes" o				
1a			8, not to report in its revenue statement and I	alance sheet wo	 orks	
i u	-		lic exhibition, education, or research in furthe		into into	
		n Part XIII the text of the footnote to its finan				
b			8, to report in its revenue statement and bala	nce sheet works	of	
U	•		exhibition, education, or research in furthera			
		ving amounts relating to these items:			vice,	
	•			►	¢	
					\$	
•			an an ather aimilar apparts for financial ar		\$	
2	-		asures, or other similar assets for financial ga	iiii, provide the		
-		s required to be reported under FASB ASC §		⊾	¢	
a L					\$	
b	Assets Included I	11 FUITH 990, Part X • • • • • • • • • • • •		🏲 🕓	\$	

	D (Form 990) 2021 MICHIGAN STATEWIDE				38-35724		Page 2
Par						ets (cor	tinuea)
3	Using the organization's acquisition, accession, an	d other records, check	any of the followin	g that make sig	nificant use of its		
	collection items (check all that apply):		_				
а	Public exhibition	d	Loan or exch	nange programs			
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ons and explain how the	y further the organ	nization's exemp	ot purpose in Part		
	XIII.						
5	During the year, did the organization solicit or rece	ive donations of art, his	torical treasures, o	or other similar			
	assets to be sold to raise funds rather than to be m	naintained as part of the	organization's co	llection? • • •		Yes	🗌 No
Par	0						
	Complete if the organization answ	vered "Yes" on Fo	rm 990, Part I	V, line 9, or r	eported an amo	unt on Fo	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or	other intermediary for c	ontributions or oth	er assets not			
	included on Form 990, Part X?					Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII and c	omplete the following ta	ıble:				
					Amo	unt	
с	Beginning balance			10	:		
d	Additions during the year			10	1		
е	Distributions during the year			16	)		
f	Ending balance			1f			
2a	Did the organization include an amount on Form 9	90, Part X, line 21, for e	scrow or custodia	I account liability	/?	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanation	n has been provid	ed on Part XIII			
Par	t V Endowment Funds.						
	Complete if the organization answ	vered "Yes" on For	rm 990, Part IV	V, line 10.			
	(a)	Current year (b)	Prior year (c)	Two years back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance						
b	Contributions						
с	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current ye	ar end balance (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment						
С	Term endowment 🕨 🔗						
	The percentages on lines 2a, 2b, and 2c should ec	jual 100%.					
3a	Are there endowment funds not in the possession	of the organization that	are held and adm	inistered for the			
	organization by:					۱	'es No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Se	chedule R?			3b	
4	Describe in Part XIII the intended uses of the organ	nization's endowment fu	unds.				
Par	t VI Land, Buildings, and Equipmer	nt.					
	Complete if the organization answ	vered "Yes" on For	rm 990, Part I	V, line 11a. S	See Form 990, P	art X, lin	e 10.
	Description of property	(a) Cost or other basis	(b) Cost or other	basis (c)	Accumulated	(d) Book v	alue
		(investment)	(other)	d	epreciation		
1a	Land						
b	Buildings						
с	Leasehold improvements						
d	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)				
			,				

Schedule D (Form 990) 2021
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Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Forr	n 990 Part IV	line 11b. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(0	Method of valuation: r end-of-year market value
(1) Financial d					
. ,	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on Forr	n 990, Part IV,	line 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	,	c) Method of valuation: r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (0)	(h)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u></u> .►			
	Complete if the organization answered	"Yes" on Form	n 990 Part IV	line 11d See Form	990 Part X line 15
			11 000, 1 art 10,		
(1)	(a) De	scription			(b) Book value
(2)					
(3)					
(4)					
(5)		1			
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.				
	Complete if the organization answered line 25.	"Yes" on Forr	n 990, Part IV,	line 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue		
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
( )	a) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨				

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

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

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Page 3

38-3572497

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	310,680
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	310,680
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		310,000
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	210 690
Part		-	310,680
I art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
		1	210.010
1		1	310,919
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a	-	
b	Prior year adjustments	- 1	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	310,919
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	310,919
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	art X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01. E	Cootnote for uncertain tax position under FIN 48 (Part X)		
THE C	RGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS UNDER A MORE-LIKELY-TH	AN-NOT THRE	SHOLD AS
REQUI	RED BY US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. AS OF SEPTEMBER 30, 20	22, THE ORG	ANIZATION
DOES	NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE REC	ORDING OF A	YN
ADDI	IONAL TAX LIABILITY, NOT DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX	BENEFITS T	HAT WOULD
EITHE	R INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION'S T	AX RETURNS	ARE
SUB.TE	CT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AT SEPTEMBER 30	2022 THE	
00001		, 2022, 1111	
OPCAN	TTANTON'S FEDERAL WAY DEVIIONS CENERALLY DEMAIN OPEN FOR THE LAST THREE VER	PC	
ONGAN	IIZATION'S FEDERAL TAX RETURNS GENERALLY REMAIN OPEN FOR THE LAST THREE YEA	<u>.</u>	
			<u> </u>
			<u>.</u>

# 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.

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

## MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

Employer identification number 38-3572497

## 01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. UPON APPROVAL, THE SIGNED

FORM IS SUBMITTED TO THE IRS ELECTRONICALLY.

## 02. Conflict of interest policy compliance (Part VI, line 12c)

EMPLOYEES AND TRUSTEES ARE REQUIRED TO DISCLOSE IN WRITING ANY CONFLICTS OF INTEREST THAT

MAY ARISE AT LEAST ANNUALLY. CONFLICTS THAT MAY ARISE ARE REVIEWED BY THE BOARD AND ACTION

IS TAKEN TO MITIGATE THE CONFLICT. ANY TRUSTEE CASTING AN ABSTENTION VOTE IS REQUIRED TO

DISCLOSE THE REASON FOR THE ABSTENTION VOTE.

## 03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD PERFORMS AN ANNUAL PERFORMANCE REVIEW AND DETERMINES PAY RATES FOR THE EXECUTIVE

DIRECTOR

## 04. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS, POLICIES AND PROCEDURES AND

FINANCIAL INFORMATION IS AVAILABLE UPON REQUEST.

FINANCIAL REPORTS ARE AVAILABLE ON THE WEBSITE.

## 05. Part III, response or note to any other line in Part III

PART I - LINE 1 AND PART III - LINE 1 - ORGANIZATIONS FULL EXEMPT MISSION:

THE MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION'S MAIN PURPOSE IS TO PROVIDE

ADMINISTRATIVE AND FIDUCIARY SERVICES TO THE MICHIGAN STATEWIDE INDEPENDENT LIVING

COUNCIL.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497

THE COUNCIL IS AND INDEPENDENT STATE COUNCIL ESTABLISHED BY EXECUTIVE ORDER OF THE

GOVERNOR OF THE STATE OF MICHIGAN TO EMPOWER INDIVIDUALS WIT HDISABILITIES TO MAXIMIZE

INDEPENDENCE, INCLUSION, AND FULL INTEGRATION INTO MAINSTREAM SOCIETY. THE CORPORATION MAY

ALSO PROVIDE ADMINISTRATIVE AND FIDUCIARY SERVICES TO OTHER NON-PROFIT CHARITABLE

ORGANIZATIONS AND ENGAGE IN OTHER CHARITABLE ACITIVITIES RELATED TO THE INDEPENDENT LIVING

#### NEEDS OF PEOPLE WITH DISABILITIES.

Form 8879-TE	IRS e-file Signature Authoriza	tion	OMB No. 1545-0047
	for a Tax Exempt Entity		
	For calendar year 2021, or fiscal year beginning 10-01 , 2021, a	-	<sup>2</sup> 2021
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your reco		
Name of filer	Go to www.irs.gov/Form8879TE for the latest info	EIN or SSN	
MICHIGAN STATEWI	DE INDEPENDENT LIVING CORPORATION	38-3572497	
Name and title of officer or p			
STEVE LOCKE, EXE			
	Return and Return Information		
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10a 5b, 6b, 7b, 8b, 9b, or 10b	urn for which you are using this Form 8879-TE and enter the applicable amou may enter dollars and cents. For all other forms, enter whole dollars only. If y below, and the amount on that line for the return being filed with this form wa b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on t not complete more than one line in Part I.	ou check the box on line <b>1a, 2</b> as blank, then leave line <b>1b, 2</b>	2a, 3a, 4a, b, 3b, 4b,
1a Form 990 check	here <b>b</b> Total revenue, if any (Form 990, Part VIII, colum	ın (A), line 12)	1b 310,680
2a Form 990-EZ ch	eck here • • ▶ 🔲 b Total revenue, if any (Form 990-EZ, line 9) • •		2b
3a Form 1120-POL			3b
4a Form 990-PF ch			4b
5a Form 8868 chec			5b
6a Form 990-T che			6b
7a Form 4720 chec 8a Form 5227 chec			7b 8b
9a Form 5330 check			
10a Form 8038-CP c			
	tion and Signature Authorization of Officer or Person S		
Under penalties of perjury	y, I declare that □ I am an officer of the above entity or □ I am a	a person subject to tax with re	spect to (name
of entity)	, (EIN)	and that I have exar	nined a copy of the
acknowledgement of rece the date of any refund. If a (direct debit) entry to the t return, and the financial in 1-888-353-4537 no later t processing of the electror	ider, transmitter, or electronic return originator (ERO) to send the return to the eipt or reason for rejection of the transmission, (b) the reason for any delay in applicable, I authorize the U.S. Treasury and its designated Financial Agent to financial institution account indicated in the tax preparation software for paym stitution to debit the entry to this account. To revoke a payment, I must conta than 2 business days prior to the payment (settlement) date. I also authorize hic payment of taxes to receive confidential information necessary to answer sted a personal identification number (PIN) as my signature for the electronic al.	processing the return or refu- to initiate an electronic funds on hent of the federal taxes ower act the U.S. Treasury Financia the financial institutions invol- inquiries and resolve issues r	nd, and <b>(c)</b> withdrawal I on this al Agent at ved in the related to
PIN: check one box only			
x I authorize The	ALG Group to enter m	ny PIN <u>48910</u>	as my signature
	ERO firm name	Enter five numbers, do not enter all zero	
	21 electronically filed return. If I have indicated within this return that a copy of ating charities as part of the IRS Fed/State program, I also authorize the afore e consent screen.	of the return is being filed with	n a state
filed return. If I have	rson subject to tax with respect to the entity, I will enter my PIN as my signat ve indicated within this return that a copy of the return is being filed with a sta ate program, I will enter my PIN on the return's disclosure consent screen.		
Signature of officer or persor		Date► 01-12-	2023
	ation and Authentication		
	our six-digit electronic filing identification		
number (EFIN) followed b	·· · · · · · · · · · · · · · · · · · ·	00008 on't enter all zeros	_
	meric entry is my PIN, which is my signature on the 2021 electronically filed in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF)	return indicated above. I conf	
ERO's signature 🕨 AJ G	ROSS CPA EA	Date 01-12-2023	
	FDO Must Datain This Farmer Oak 1		
	ERO Must Retain This Form - See Instruc Don't Submit This Form to the IRS Unless Reques		