## FOR TAX YEAR 2020

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 18, 2022

Michigan Statewide Independent Living Corporation 901 East Mt Hope Ave Ste 221 Lansing, MI 48910

Michigan Statewide Independent Living Corporation:

Enclosed is the 2020 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-EO, 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,

A.J. Gross C.P.A., E.A. The ALG Group

# **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 18, 2022

Michigan Statewide Independent Living Corporation 901 East Mt Hope Ave Ste 221 Lansing, MI 48910

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,

A.J. Gross C.P.A., E.A. The ALG Group

Form	99	90	Poturn	of Organization Ex	comnt Fra	om Inc	omo	Tav		OMB No.	1545-0	047
Form	Return of Organization Exempt From Income Tax									20	20	
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)											
Department of the Treasury <b>b</b> Do not enter social security numbers on this form as it may be made public.									Open t	o Pub	lic	
•	Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.									Insp	ection	
<u>A</u> F	or the	e 2020 calend	ar year, or tax year begin	ning	10-01	, 2020, a	nd endi	ng	09-	-30,202	21	
<b>B</b> C	neck if a	applicable:	C Name of organization	CHIGAN STATEWIDE IN	DEPENDENT	LIVING	CORP	ORATION	D Employ	yer identification	on numb	ber
	ddress o	change	Doing business as							38-3572	497	
	ame cha	ange	Number and street (or P.	O. box if mail is not delivered to street a	address)		Room/sui	te	E Telepho	one number		
In In	tial retu	Irn	901 EAST MT HO	OPE AVE STE 221						(517) 37	1-48	72
Fi	nal retu	rn/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal	l code				G Gross	receipts		
	nended	l return	LANSING, MI 48	910					\$		274	,886
	oplicatio	on pending	F Name and address of pr	incipal officer: STEVE LOCKE				H(a) Is this a g	group return fo	r subordinates?	Yes	X No
			SAME AS C ABOV					H(b) Are all s	subordinates	included?	Yes	No
I Ta	x-exem	pt status: X	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	) or 527			lf "No,"	attach a list.	See instruction	s	
JW	ebsite:		ILC.ORG	<b>—</b>				H(c) Group e	exemption n	umber 🕨		
		-	<u> </u>	ociation Other	LYe	ear of formatio	on: 200	0 м з	State of lega	I domicile:	11	
Par		Summar	,									
	1	Briefly descri	be the organization's missi	on or most significant activities	WE ARE	E PEOPL	E WITH	H DISAB	LITIES	S ADVOCA	TING	FOR
e		INCLUSIO	N, EQUITY AND ACC	ESSIBILITY IN ALL CO	OMMUNITIES	5. WE E	NVISIO	ON PEOPI	LE WITH	H DISABI	LITI	ES
Activities & Governance		AS VALUE	D, WITH RIGHTS TH	AT ARE UNDENIABLE AN	ND INHEREN	IT IN A	LL ASI	PECTS OI	F LIFE	. SEE SC	HEDU	LE O
ern			• <b>—</b> • • •									
Š	2		<b>_</b> •	discontinued its operations or	·		5% of its	s net assets	1 1			
ي م	3			rning body (Part VI, line 1a)		$\cdots$		• • • • •	. 3			10
ies	4			s of the governing body (Part V		• • • • •	• • • •	• • • • •	• 4			10
ivit	5			calendar year 2020 (Part V, lir			• • • •	• • • • •	5			2
Act	6		of volunteers (estimate if	• •				• • • • •	-			
	7a			Part VIII, column (C), line 12					- 7a			0
	b	Net unrelated	d business taxable income	from Form 990-T, Part I, line 1	1	• • • • •	<u></u>		. 7b			0
		0 1 1 1						Prior Year		Curre	nt Year	
ø	8		s and grants (Part VIII, line					268	3,326		274	,827
ňu	9	-		2g)								0
Revenue	10			A), lines 3, 4, and 7d)					160			59
R	11			nes 5, 6d, 8c, 9c, 10c, and 11e)								0
	12			must equal Part VIII, column (A	A), line $12)$		•	268	3,486		274	,886
	13		imilar amounts paid (Part I				·					0
	14		l to or for members (Part IX	e benefits (Part IX, column (A),	lines E 10)		·	1.0.2			107	0
es	15				, iines 5-10)		·	183	3,768		187	,049
Expenses			fundraising fees (Part IX, o				•					0
ďx			sing expenses (Part IX, col ses (Part IX, column (A), lir			0						
ш	17 18			equal Part IX, column (A), line	25)		·		,226			,946
	19			18 from line 12			·	200	(500)			<u>,995</u>
. v	19	INEVENUE IES	s expenses. Subtract line					nning of Curre	(508)	End o		<u>,109)</u>
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					•	, 606	End o		,367
Bala	21								5,674			,544
und ⊿	22		r fund balances. Subtract l				: <del> </del>		,932			,823
Par			re Block				- 1	51	, 952			,025
				rn, including accompanying schedules a	and statements, and	d to the best o	of my know	ledge and belie	ef, it is			
true, c	orrect,	and complete. Dee	claration of preparer (other than off	icer) is based on all information of which	h preparer has any	knowledge.		-				
		STEV	E LOCKE									
Sigr	1		e of officer						Date			
Here	)	STEV	E LOCKE, EXECUTIV	E DIRECTOR								
			print name and title									
		Print/Type pre	parer's name	Preparer's signature	D	ate		Check	if F	PTIN		
Paid		A.J. CR	OSS C.P.A. F. A	A.J. GROSS C.P.A.,	E.A. 01	L-18-20	22	self-em	_	xxxxxx	xxx	
Prep			The ALG	•				irm's EIN				
Use				t Lansing Dr Ste 22	2			hone no.				
	•			st Hansing Di Ste 22 Ising MI 48823	-				517-7	14-4965		
Mav t	ne IRS	S discuss this		own above? (see instructions)						XY	əs 🛛	No
,`			1 -1 011	(								

Form	990 (2020) 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		<b>x</b>
1	Briefly describe the organization's mission:		
	WE ARE PEOPLE WITH DISABILITIES ADVOCATING FOR INCLUSION, EQUITY AND ACCESSIBL	LITY IN ALI	
	COMMUNITIES. WE ENVISION PEOPLE WITH DISABILITIES AS VALUED, WITH RIGHTS THAT		
	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?	🗌 Yes	
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ū	services?		□ No
	If "Yes," describe these changes on Schedule O.		
4		214	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to be a service accomplishment of the service accomplishment of th	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs,	
	the total expenses, and revenue, if any, for each program service reported.		
<u> </u>			
4a	(Code:) (Expenses \$217,855 including grants of \$) (Revenue	\$	)
	ANNUALLY TENS OF THOUSANDS OF INDIVIDUALS WITH DISABILITIES AND COMMUNITIES AT		
	INDEPENDENT LIVING AND COMMUNITY SERVICES FROM THE INDEPENDENT LIVING NETWORK.		
	DELIVERY OF FIVE CORE INDEPENDENT LIVING SERVICES TO PEOPLE WITH DISABILITIES .		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	\$	)
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e			
-++++++++++++++++++++++++++++++++++++++	Total program service expenses  217,855		m 000 (2020)

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,"			
		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 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,"			
		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			
		9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		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? <i>If "Yes,"</i>			
		11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
-		11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			<u> </u>
•		11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ		11d		х
6		11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•		11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···	~	
120		12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	~	
N		12b		v
13		13		<u>x</u>
				<u>x</u>
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u>x</u>
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u>x</u>
15		15		v
16		15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		
17		16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
40		17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.0		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•		19		<u>x</u>
20 a		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   Parts   and	21		x

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

38-3572497

Page 3

Form 990 (2020) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-3572497					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		<u> </u>
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				
o	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		04-		
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease 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		
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		<u> </u>
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		<u>x</u>
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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		<u>x</u>
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		<u> </u>
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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
4 -	Enter the number reported in Day 2 of Form 1000. Enter 0, if a transitional in	_ !		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		10		
	reportable gaming (gambling) winnings to prize winners?		1c		<u> </u>

Form	990 (2020) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-35724	97	F	age <b>5</b>
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	
	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		х
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		
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		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>x</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>x</u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u>х</u>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	711		x
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		
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.			

	990 (2020) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-35724		Р	age <b>6</b>
Par	EVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	Vo″		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>Michigan</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if as, how) the exemization mode its governing desymptotic conflict of interact policy			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			

Form 990 (202	20) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employee	s, and					
	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 vear.							

• 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 and/or Box 7 of Form 1099-MISC) 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.

				(C	;)					
(A)	(B)			Posit				(D)	(E)	(F)
Name and title	Average	`				an one both an		Reportable	Reportable	Estimated amount
	hours					trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	In	of	Ke	en Hi	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	stitut	Officer	er er	ghes	Former	(11 2,1000 11100)	· · · · ·	related organizations
	organizations	ctor t	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ŏ	stee			Highest compensated employee				
						ď				
(1) STEVE LOCKE	40.00									
EXECUTIVE DIRECTOR				х				85,771	0	0
(2) MARK_PIERCE										
COUNCIL MEMBER		х						0	0	0
(3) THERESA METZMAKER										
COUNCIL MEMBER		х						0	0	0
(4) STEPHANIE DIEBLE										
TREASURER		х						0	0	0
(5) FRANK ANIMIKWAM										
COUNCIL MEMBER		х						0	0	0
(6) ALLEN BEAUCHAMP										
COUNCIL MEMBER		х						0	0	0
(7) GLEN_ASHLOCK										
COUNCIL MEMBER		х						0	0	0
(8) CHARLES WILLIAM HARRISON JR										
VICE CHAIR		х		х				0	0	0
(9) JAMIA DAVIS										
SECRETARY		х		х				0	0	0
(10)JAN LAMPMAN										
CHAIR		х		х				0	0	0
(11)MINDY_KULASA										
COUNCIL MEMBER		х		х				0	0	0
<u>(12)</u>										
(13)										
(14)										

### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related compensation per week organization organizations from the (list any Individual trustee or director (W-2/1099-MISC) (W-2/1099-MISC) employee Forme organization and Institutional trustee Ufflice Highest compensatec <ey employee hours for related organizations related organizations below dotted line) <u>(15)</u> (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal . . . . . . . . . . . . . . . . . . 🔺 . . . . . . . c Total from continuation sheets to Part VII, Section A . . . . . . . . . Total (add lines 1b and 1c) d 0 0 85,771 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 3 х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . . . . . . . . 5 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

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

38-3572497

Page 8

	00 (2020) MICHIGAN STATEWIDE INDEPENDEN	T LIVING CORPORA	TION	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       274,8         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       Business Contributions	▶ 274,827			
Program Service Revenue	2a				
Other Revenue	3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax-exempt bond proceeds         5       Royalties		59		
Miscellanous Revenue	c Net income or (loss) from sales of inventory       Business Co         11a				
	e Total. Add lines 11a-11d		59	0	0

Page '	10
--------	----

		All - 11		(A)					
Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response or note to a		(B)	(C) (D)					
Do not include amounts reported on lines 6b, 7b,		<b>(A)</b> Total expenses	Program service	Management and	Fundraising				
<u> </u>	bb, and 10b of Part VIII.		expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	85,771	64,328	21,443					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	61,470	46,103	15,367					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	1,526	1,144	382					
9	Other employee benefits	27,315	20,486	6,829					
10	Payroll taxes	10,967	8,225	2,742					
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
c	Accounting	18,225	14,216	4,009					
d	Lobbying	10,223	11,210	4,005					
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees				· · · · ·				
g	Other. (If line 11g amount exceeds 10% of line 25, column								
Э	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion				<u> </u>				
13	Office expenses	10.260	7 001	2 550					
14	Information technology	10,360	7,801	2,559					
	Royalties								
15	· · · · · · · · · · · · · · · · · · ·	10.000	0.100	0 501					
16		10,803	8,102	2,701					
17									
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	11,725	9,380	2,345					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23		3,051	2,288	763					
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	18,245	18,245						
b	STATEWIDE LICENSE	17,000	17,000						
С	MISCELLANEOUS	537	537						
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	276,995	217,855	59,140	0				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here $\blacktriangleright$ if								
	following SOP 98-2 (ASC 958-720)								

Form	990 (20 t <b>X</b>	20) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPOR Balance Sheet	ATION 38	8-357	72497 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			П
			(A)		<u>_</u> (B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	88,368	1	42,652
	2	Savings and temporary cash investments	,	2	,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	16,661	4	37,271
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	3,577	9	1,444
	10a	Land, buildings, and equipment: cost or other	0,011		_,
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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. Add lines 1 through 15 (must equal line 33)	108,606	16	81,367
	17	Accounts payable and accrued expenses	23,450	17	31,544
	18	Grants payable		18	
	19	Deferred revenue	33,224	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	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	56,674	26	31,544
		Organizations that follow FASB ASC 958, check here			,
Se		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	51,932	27	49,823
ala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	51,932	32	49,823
ž	33	Total liabilities and net assets/fund balances	108,606		81,367
			,		- ,

EEA

Form	1 990 (2020) MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-357249	7	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)		274,	886
2	Total expenses (must equal Part IX, column (A), line 25)	:	276,	995
3	Revenue less expenses. Subtract line 2 from line 1    3		(2,	109)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		51,	932
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,	823
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 in			
	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	990 (2	2020)

SCHEDULE A
(Form 990 or 990-EZ)

## **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.

2020

OMB No. 1545-0047

Department of the Treasury				Attac	h to Form 990 or Form	990-EZ.				to Public
Internal Revenue Service			🕨 Go t	o www.irs.gov/Fo	ww.irs.gov/Form990 for instructions and the latest information.				Ins	pection
Name	Name of the organization				Employer identification number					r
MIC	HIG	AN STATEWI	DE INDEPENDENT	LIVING CORPO	RATION			38-35724	97	
Pa	rt I	Reason	for Public Charit	<b>y Status.</b> (All o	rganizations must c	omplete	this part	) See instruction	IS.	
The	orga	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)				
1		A church, conv	ention of churches, or	association of churc	ches described in <b>section</b>	170(b)(1)	(A)(i).			
2		A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)				
3		A hospital or a	cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(ii	i).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name	e, city, and state:							
5		An organizatio	n operated for the bene	fit of a college or u	niversity owned or operate	ed by a go	vernmental	unit described in		
	_	section 170(b)	(1)(A)(iv). (Complete F	Part II.)						
6	Π	A federal, state	, or local government of	or governmental uni	t described in section 17	0(b)(1)(A)	v).			
7	х	An organizatio	n that normally receives	s a substantial part	of its support from a gove	ernmental u	init or from	the general public		
	_	•	ction 170(b)(1)(A)(vi).					<b>o</b> .		
8	Π		ust described in section	,						
9	$\overline{\Box}$	An agricultural	research organization	described in sectio	n 170(b)(1)(A)(ix) operate	ed in conju	nction with	a land-grant college		
	_	•	-		e instructions). Enter the					
		university:		<b>. . . .</b>	,			0		
10		An organization	n that normally receive	s: (1) more than 33	1/3% of its support from a	contribution	ns, member	rship fees, and gross		
	_	receipts from a	ctivities related to its ex	kempt functions - su	bject to certain exceptior	ns; and (2)	no more th	an 33 1/3% of its		
		support from g	oss investment income	e and unrelated bus	iness taxable income (les	ss section	511 tax) fro	m businesses		
		acquired by the	organization after Jun	e 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	te Part III.)				
11		An organization	n organized and operat	ed exclusively to te	st for public safety. See s	ection 509	)(a)(4).			
12		An organization	n organized and operat	ed exclusively for the	ne benefit of, to perform t	he function	s of, or to c	arry out the purposes	6	
		of one or more	publicly supported org	anizations describe	d in <b>section 509(a)(1)</b> or	section 50	<b>)9(a)(2)</b> . Se	ee section 509(a)(3).		
		Check the box	in lines 12a through 12	d that describes the	e type of supporting organ	nization an	d complete	lines 12e, 12f, and 1	2g.	
	а	Type I. A s	upporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization(	s), typically by giving		
		the suppor	ted organization(s) the	power to regularly	appoint or elect a majority	/ of the dire	ectors or tru	ustees of the		
		supporting	organization. You mu	st complete Part IV	/, Sections A and B.					
	b	Type II. A	supporting organizatior	n supervised or con	trolled in connection with	its support	ed organiza	ation(s), by having		
		control or r	nanagement of the sup	porting organizatio	n vested in the same pers	sons that c	ontrol or m	anage the supported		
		organizatio	n(s). You must comp	lete Part IV, Sectio	ns A and C.					
	с	Type III fu	nctionally integrated.	A supporting organ	ization operated in conne	ection with,	and function	onally integrated with,		
		its support	ed organization(s) (see	instructions). You	must complete Part IV,	Sections A	, D, and E			
	d	Type III no	n-functionally integra	ated. A supporting of	organization operated in c	onnection	with its sup	ported organization(s	.)	
		that is not	unctionally integrated.	The organization g	enerally must satisfy a dis	stribution re	equirement	and an attentiveness		
		requireme	nt (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	rt V.			
	е	Check this	box if the organization	received a written	determination from the IR	S that it is	a Type I, Ty	ype II, Type III		
		functionally	/ integrated, or Type III	non-functionally int	egrated supporting organ	ization.				
	f		per of supported organi							
	g	Provide the foll	owing information about	ut the supported org	anization(s).					
	(i	) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary		Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	0 0	support (see instructions)		r support (see nstructions)
								inou douorio)		iou dodono)
						Yes	No		_	
(A)										
(,,)										
(B)										
、 <i>1</i>										
(C)										
. /										
(D)										
(E)										

Total

 Schedule A (Form 990 or 990-EZ) 2020
 MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION
 38-3572497
 Page 2

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

Se	ction A. Public Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and				. ,		
	membership fees received. (Do not						
	include any "unusual grants.")	423,655	477,076	351,894	268,326	274,827	1,795,778
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	423,655	477,076	351,894	268,326	274,827	1,795,778
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						1,795,778
	ction B. Total Support endar year (or fiscal year beginning in) ►	(a) 2010	(1) 2017	(a) 2010		(a) 2020	
	Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Gross income from interest, dividends,	423,655	477,076	351,894	268,326	274,827	1,795,778
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		014	1.01	1.00	50	1 070
9	Net income from unrelated business	446	214	191	160	59	1,070
5	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	Total support. Add lines 7 through 10						1,796,848
12	Gross receipts from related activities, etc. (se	e instructions)				12	, ,
13		ganization's firs	t, second, third	l, fourth, or fifth	າ tax year as a່	section 501(c)	(3)
	organization, check this box and stop here						トロ
Se	ction C. Computation of Public Suppor	rt Percentage	;				
14	Public support percentage for 2020 (line 6, ce	olumn (f), divide	ed by line 11, c	olumn (f)) .		14	99.94 %
	Public support percentage from 2019 Schedu					15	99.92 %
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualifie						
k	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qua		• • • •	-			_
17a	10%-facts-and-circumstances test - 2020.	•					
	10% or more, and if the organization meets the						
	Part VI how the organization meets the facts					• • • •	
	organization						_
Ľ	0 10%-facts-and-circumstances test - 2019.	•					
	15 is 10% or more, and if the organization me					•	
	in Part VI how the organization meets the factor organization						
40	Private foundation. If the organization did no						▶ ∐
10	instructions						

Schee			INDEPENDENT			38-357249	7 Page 3
Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked t	he box on lir	ne 10 of Part I	or if the orga	nization failed	I to qualify und	ler Part II.
	If the organization fails to qualify	/ under the t	ests listed bel	ow, please co	omplete Part I	l.)	
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons						
h	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						
	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) <b>&gt;</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 in 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 organ	nization's first	, second, third, f	fourth, or fifth t	ax year as a se	ction 501(c)(3)	
	organization, check this box and stop here						<b>&gt;</b> 🗌
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c		•	column (f))		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment Inc				(2)	1 1	
	Investment income percentage for 2020 (line					17	%
	Investment income percentage from 2019 So						%
19a	33 1/3% support tests - 2020. If the organiz						_
	17 is not more than 33 1/3%, check this box	•	-	-			
b	<b>33 1/3% support tests - 2019.</b> If the organiz						
20	line 18 is not more than 33 1/3%, check this	-					
<u>∠U</u>	Private foundation. If the organization did n	or check a bo	x on line 14, 198	a, ur tab, chec	K this box and s	see instructions	<b>&gt;</b> 📋

### Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No." describe in Part VI how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "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 Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 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 Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С 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 Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2020

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

38-3572497

Page 4

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-3572497 Part IV Supporting Organizations (continued) 38-3572497

Page 5

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

Yes

No

Sched	TV Type III Non-Functionally Integrated 509(a)(3) Supporting Organization of the second state of the secon			2497 Page 6				
	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See							
•	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
	Depreciation and depletion	5						
	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						
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see			()				
-	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other factors	Tu						
C	(explain in detail in <b>Part VI</b> ):							
- 2	Acquisition indebtedness applicable to non-exempt-use assets	2						
	Subtract line 2 from line 1d.	2						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3						
4	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						
<u> </u>								
Sec	tion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally in	itegi	rated Type III supporting	organization				
	(see instructions).	-		-				
EEA			Sched	ule A (Form 990 or 990-EZ) 2020				

	Ide A (Form 990 or 990-EZ) 2020         MICHIGAN STATEWIDE INDEPE           t V         Type III Non-Functionally Integrated 509(a)(3)				2497 Page 7
Sec	tion D - Distributions	/		,	Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt			-	
	organizations, in excess of income from activity	h h		2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
Ŭ	(provide details in <b>Part VI</b> ). See instructions.	organization is respons	NC I	8	
9	Distributable amount for 2020 from Section C, line 6			9	
_	Line 8 amount divided by line 9 amount			10	
10		1	(ii)	10	(iii)
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	າຣ	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI</i> ). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
-	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	<b>F</b> (				
	<b>F</b>				
	Excess from 2020				
EEA				Sched	dule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	1 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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, 990-EZ, or 990-PF)

## Department of the Treasury

Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number Name of the organization MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION 38-3572497 Organization type (check one): Filers of: Section: **X** 501(c)( 3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

_1_	MI DEPT OF LABOR AND ECON OPP MRS 235 S GRAND AVE 414 LANSING MI 48933	\$ <u>178,715</u>	PersonxPayrollINoncashI(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	\$ <u>96,112</u>	PersonxPayrollNoncash(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
		\$ Schedule B (For	Person Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (2020)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

(b) Name, address, and ZIP + 4

Name of organization

Part I

(a)

Νó.

Employer identification number

(d) Type of contribution

38-3572497

(c) Total contributions

SCHEDULE D	
(Form 990)	

SCHEDULE D (Form 990)		Supplemen	OMB No. 1545-0047			
		Complete if the or	2020			
		Part IV, line 6, 7, 8, 9,				
Department of the Treasury			Attach to Form 990.		Open to Public	
	al Revenue Service	► Go to www.irs.gov/Form9	90 for instructions and the latest informatio		Inspection	
	of the organization			Employer identification		
	Part I Organizations Maintaining Donor Advised			38-357249	/	
ιu		-				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds				nd other accounts	
1	Total number at en	d of year		(b) Tunus a		
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value at end of year					
5	Did the organizatio	n inform all donors and donor advisors in wr	iting that the assets held in donor advised			
	funds are the orga	nization's property, subject to the organizatio	n's exclusive legal control?		. 🗌 Yes 🗌 No	
6	Did the organizatio	n inform all grantees, donors, and donor adv	visors in writing that grant funds can be used			
	only for charitable	purposes and not for the benefit of the donor	or donor advisor, or for any other purpose			
	<u> </u>	1	<u></u>		. 🗌 Yes 🗌 No	
Pa		vation Easements.				
	•	e if the organization answered "Yes" or				
1		servation easements held by the organization				
		f land for public use (e.g., recreation or educ		a historically importa		
	Protection of n		Preservation of	a certified historic st	ructure	
•	Preservation o					
2			conservation contribution in the form of a con			
-		ast day of the tax year.		- 2a Held at 1	the End of the Tax Year	
a b				. 2a . 2b		
c	-	vation easements on a certified historic struc		. 20 . 2c		
d		vation easements included in (c) acquired aft		20		
		sted in the National Register		. 2d		
3			ased, extinguished, or terminated by the organ	-		
	tax year 🕨			5		
4	Number of states v	where property subject to conservation easer	ment is located			
5	Does the organizat	tion have a written policy regarding the perio	dic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements it h	olds?		. 🗌 Yes 🗌 No	
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservatio	n easements during	the year	
	<u>+</u>	_				
7		es incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation ea	sements during the	year	
	► \$					
8			satisfy the requirements of section 170(h)(4)(			
~	and section 170(h)				. 🗌 Yes 🗌 No	
9			e asements in its revenue and expense stater			
			e to the organization's financial statements that	it describes the		
Pa		ounting for conservation easements.	of Art, Historical Treasures, or O	ther Similar As	sets.	
ľŭ		te if the organization answered "Yes" o				
1a			not to report in its revenue statement and bala	ance sheet works		
	Ŭ		c exhibition, education, or research in furtheral			
		Part XIII the text of the footnote to its financ				
b						
	-	-	xhibition, education, or research in furtherance			
		ng amounts relating to these items:		-		
	•			▶\$		
	(ii) Assets include	d in Form 990, Part X • • • • • • • • • • • • • • • • • •		· · · · · ▶ \$		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items: **a** Revenue included on Form 990, Part VIII, line 1 ....**>**\$ **b** Assets included in Form 990, Part X ▶ \$

	t III Organizations Maintaining Colle					or Ot	38-3572			age 2
3	Using the organization's acquisition, accession, and o									10u)
3	collection items (check all that apply):		any or		wing that that	e signin				
а	Public exhibition		чП	Loan	or exchange p	rograme				
b	Scholarly research		e 🗆							
	Preservation for future generations		e 🗆	Other						
C A		and avalain how the	ov furth	or the e	rachization's a	womntr	urness in Dort			
4	Provide a description of the organization's collections XIII.	and explain now in	ey iurin	er the o	rganization's e	exempt p	ourpose in Part			
5	During the year, did the organization solicit or receive	donations of art. his	storical	reasure	es. or other sin	nilar				
	assets to be sold to raise funds rather than to be main				-			. 🗌 Yes	. П	No
Par	art IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or othe	er intermediary for o	contribu	tions or	other assets r	not				
								🗌 Yes	sП	No
b	If "Yes," explain the arrangement in Part XIII and com									
	, I 3 I	5					Am	ount		
с	Beginning balance					1c				
d	Additions during the year									
e	Distributions during the year						-			
f						1f				
2a	Did the organization include an amount on Form 990,			-				. 🗌 Yes	. [	No
	If "Yes," explain the arrangement in Part XIII. Check h									
	rt V Endowment Funds.		JII Hao k			7411				
-	Complete if the organization answe	red "Yes" on F	orm 9	90. Pa	art IV. line 1	0.				
			(b) Prior y		(c) Two years		(d) Three years back	(e) Fou	veare b	ack
1a	Beginning of year balance		(b) Phory		(c) Two years	Dack	(u) Thee years back		years b	ack
b	Contributions									
c	Net investment earnings, gains, and				-					
C										
А	Grants or scholarships									
u	Other expenditures for facilities and									
е	programs									
£	Administrative expenses									
f								-		
g	,		~ ~~	vn (a)) h						
2	Provide the estimated percentage of the current year of Board designated or quasi-endowment		g, coluii	iii (a)) i	ieiu as.					
a h	Permanent endowment	%								
b										
С		1000/								
2-	The percentages on lines 2a, 2b, and 2c should equal Are there endowment funds not in the possession of the possession o		t ara ha	م ممط م	dministers d fr	ar tha				
3a		le organization that	t are ne	u anu a	administered id	brune			Vee	No
	organization by:							20(1)	Yes	No
	(i) Unrelated organizations							- 3a(i)		
L.								. <u>3a(ii)</u>		
b	If "Yes" on line 3a(ii), are the related organizations liste	•		• K?				. 3b		
4 Dar	Describe in Part XIII the intended uses of the organizant VI Land, Buildings, and Equipment.		iunas.							
ιαι	Complete if the organization answe		orm Q		art IV/ line 1	1a Se	e Form 990 F	Part X lir	<u>ום 10</u>	
					1					•
	Description of property	<ul> <li>(a) Cost or other basis (investment)</li> </ul>	5		or other basis (other)	• •	Accumulated epreciation	( <b>d</b> ) Boo	k value	
4.0	Land	(sounony)		(	(	di				
1a ⊾										
b										
с с	Leasehold improvements									
d	Equipment									
e Tatal		m 000 D= 4 1/!	(5)	line de						
Iotal	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, colu	mn (B),	iine 100	C.) • • • • • •		•			

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990 Part IV lin	e 11b. See Form 990. Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial 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 Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (0)	(h)		
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	······ •	
	Complete if the organization answered	"Yes" on Form 990 Part IV lin	e 11d. See Form 990. Part X. line 15
(1)	(a) Des	enption	(b) Book value
(2)			
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · ·
(5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		· · · · · · · · ·
(5) (6) (7) (8) (9) Total. (Column			e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered		e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1.	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,

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

х

Page 3

38-3572497

Schedule D (Form 990) 2020

Sched	ule D (Form 990) 2020 MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497	Page <b>4</b>		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	274,886		
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				
с	Recoveries of prior year grants				
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	274,886		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		,		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				
с	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	274,886		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-			
1	Total expenses and losses per audited financial statements	1	276,995		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	-			
c	Other losses				
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	276,995		
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				
b	Other (Describe in Part XIII.)				
c	Add lines <b>4a</b> and <b>4b</b>	4c			
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )		276,995		
_	rt XIII Supplemental Information.		2/0/000		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X. line			
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	,			
	Footnote for uncertain tax position under FIN 48 (Part X)				
<u>•</u>					
THE	ORGANZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS UNDER A MORE-LIKELY-TH	AN NOT THRES	HOLD AS		
REO	UIRED BY US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. AS OF SEPTEMBER 30, 2	021. THE ORG	ANTZATION		
<u> </u>		<u></u> , <u></u>			
DOE	S NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RE	CORDING OF A	NY		
	ITIONAL TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX	BENEFITS TH			
ЕТТ	HER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION'S	TAX RETURNS	ARE		
SUB	JECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AT SEPTEMBER 3	0. 2021. THE			
<u></u>		<u>,                                     </u>			
ORGANIZATION'S FEDERAL TAX RETURNS GENERALLY REMAIN OPEN FOR THE LAST THREE YEARS.					

Department of the Treasury

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number

38-3572497

### MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

### 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.

### MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION

38-3572497

Employer identification number

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.

Name of exempt organization or person subject to tax	Taxpayer identification number
MICHIGAN STATEWIDE INDEPENDENT LIVING CORPORATION	38-3572497
Name and title of officer or person subject to tax	
STEVE LOCKE, EXECUTIVE DIRECTOR	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if ar	
check the box on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , <b>5a</b> , <b>6a</b> , or <b>7a</b> , below, and the amount on that line for the return being filed	
blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , or <b>7b</b> , whichever is applicable, blank (do not enter -0-). But, if you return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.	a entered -U- on the
<b>1a Form 990</b> check here <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	· · · · · · · · · · · · · · · · · · ·
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ► □ b Balance due (Form 8868, line 3c)	
6a Form 990-T check here ► □ b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here ▶ _ b Total tax (Form 4720, Part III, line 1)	
Under penalties of perjury, I declare that 🛛 I am an officer of the above organization or 🛄 I am a personal formula to a second secon	
(name of organization), (EIN) and that	15
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge	
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy	
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the tracerise from the IRS (a) an advantagement of tracerist at reasons for relation of the traceristic of the	
to receive from the IRS <b>(a)</b> an acknowledgement of receipt or reason for rejection of the transmission, <b>(b)</b> the r processing the return or refund, and <b>(c)</b> the date of any refund. If applicable, I authorize the U.S. Treasury and	
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated	-
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to t	
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days	
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic paymen	
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selec	
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electroni	-
PIN: check one box only	
x I authorize The ALG Group to enter my PIN 48910	as my signature
ERO firm name Enter five number	
do not enter all ze	
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the re state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore	0
PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signat	
electronically filed return. If I have indicated within this return that a copy of the return is being filed will regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	8 , , ,
regulating chanties as part of the into reductate program, r will enter my r in on the return's disclosure	
	te ► 01-17-2022
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	405309 00008 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return in	dicated above. I confirm
that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) In	formation for Authorized
IRS e-file Providers for Business Returns.	
	te ▶ 01-18-2022
ERO's signature A.J. GROSS C.P.A., E.A. Da	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested	

IRS e-file Signature Authorization

for an Exempt Organization

Do not send to the IRS. Keep for your records.

For calendar year 2020, or fiscal year beginning 10-01-2020 , and ending 09-30-2021

▶ Go to www.irs.gov/Form8879EO for the latest information.

8879-EO

Department of the Treasury

Internal Revenue Service

Form

Form 8879-EO (2020)

OMB No. 1545-0047

2020