

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

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

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change PREVENTION MICHIGAN Name change 38-3074753 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 517-393-6890 3815 W. ST. JOSEPH ST. A500 2,000,969. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LANSING, MI 48917 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LOUISE MONTAG for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.PREVENTIONNETWORK.ORG **H(c)** Group exemption number ▶ **K** Form of organization:  $\overline{X}$  Corporation Association Other > L Year of formation: 1992 M State of legal domicile: MI ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: CULTIVATE HEALTHY COMMUNITIES Activities & Governance ACROSS MICHIGAN THROUGH RESOURSES, TECHNICAL ASSISTANCE, AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 424,651. 1,967,138. Contributions and grants (Part VIII, line 1h) 8 25,604. 30,905. Program service revenue (Part VIII, line 2g) 1,034. 1,464. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,559. 1,462. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 455,848. 2,000,969. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 274,827. 387,714. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 123,045. 1,506,778. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,894,492. 397,872. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57,976. 106,477. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 295,148. 1,047,142. 20 Total assets (Part X, line 16) 63,594. 709,111. 21 Total liabilities (Part X, line 26) 三年 231,554. 338,031 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LOUISE MONTAG, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 05/24/23 self-employed P01225377 NATOSHA CARR Paid NATOSHA CARR Firm's EIN ▶ 31-0800053 Firm's name 

CLARK, SCHAEFER, HACKETT & CO. Preparer Firm's address ▶ 3505 COOLIDGE RD. Use Only Phone no. (517) - 351 - 5508EAST LANSING, MI 48823 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Га	Check if Cabadula O contains a response or note to any line in this Dort III	
1	Check if Schedule O contains a response or note to any line in this Part III	
'	Briefly describe the organization's mission:  CULTIVATE HEALTHY COMMUNITIES ACROSS MICHIGAN THROUGH RESOURSES,	
	TECHNICAL ASSISTANCE, AND SUPPORT.	
	Indimiteral rigoround, rand borrows.	
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 X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	enses, and
	revenue, if any, for each program service reported.	
4a		30,905.
	SUBSTANCE MISUSE PREVENTION PROGRAM SERVICE EXPENSES ARE RELATED	TO THE
	MAIN FUNCTION OF PREVENTION MICHIGAN, WHICH IS TO ENHANCE	
	EVIDENCE-BASED SUBSTANCE USE DISORDER PREVENTION. ACTIVITIES INC	
	PROVIDING NEWSLETTERS, CONFERENCES, TECHNICAL ASSISTANCE, WORKSH	
	AND PROGRAMS TO PEOPLE LEADING SUBSTANCE USE DISORDER PREVENTION	
	ACTIVITIES IN THEIR COMMUNITIES.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
	-	
4c	(Code:) (Expenses \$	
70	Code / (Expenses a including grants of a / (nevertible a)	,
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 1,709,325.	
		Form <b>990</b> (2021)

# Form 990 (2021) PREVENTION MICHIGAN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		<b>₩</b>
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u		114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE		122
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2021)

Form 990 (2021) PREVENTION MICHIGAN

Part IV Checklist of Required Schedules (continued)

ı aı	Officerist of Required Scriedules (continued)			
00	Did the constitution was the off 000 of constant the continue to the first individuals		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated 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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		x
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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		<del></del>
-	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 T	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 5	-		
	Enter the Harrister of Forms W Za moladed of line fat. Enter of in flot applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
400	(gambling) winnings to prize winners?	l 1c	990	<u> </u> (2021)
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	990 (2021) PREVENTION MICHIGAN		38-3074	753	P	age <b>5</b>		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			1		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	13					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	•				х		
3а	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other actions are signature or other actions.	uthorit	y over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count	)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organ	ization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).	_		7a		Х		
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					7.7		
	to file Form 8282?			7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	`	_		77		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit col		?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	-		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•						
•				8				
9	Sponsoring organizations maintaining donor advised funds.			0-				
a				9a				
b				9b				
10	Section 501(c)(7) organizations. Enter:	100						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b						
b		IUD						
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a						
a h	Gross income from members or snareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	ı ıa						
b		11b						
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a				
		12b		120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	le the organization licensed to issue qualified health plans in more than one state?			120				

financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	X					
If "Yes," enter the name of the foreign country								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).							
		5a	х					
		5b	X					
a 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?								
•								
		6b						
Organizations that may receive deductible contributions under section 170(c).								
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х					
		7b						
		7c	x					
If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	ontract?	7e	Х					
		7f	Х					
		7g						
		7h						
sponsoring organization have excess business holdings at any time during the year?	•	8						
		9a						
		9b						
· · · · · ·	10a							
	10b							
	•							
Crease income from mambars or shareholders	11a							
and a surface of the	11b							
	1041?	12a						
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
Section 501(c)(29) qualified nonprofit health insurance issuers.	•							
Is the organization licensed to issue qualified health plans in more than one state?		13a						
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
Enter the amount of reserves the organization is required to maintain by the states in which the								
	13b							
	13c							
		14a	X					
	e O	14b						
		15	X					
	income?	16	Х					
If "Yes," complete Form 4720, Schedule O.								
	any							
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization file Form 8886-T7  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser if "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and ser if "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser if "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser if "Yes," did the organization or forms 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribution to granization in the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Di	See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line Sa or 5b, did the organization file Form 8886-17  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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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? If "Yes," did not organization only the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  If "Yes," indicate the number of Forms 8282 filed during the year  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Seponsoring organization have a contribution of axis, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C?  Seponsoring organization have avcess business holdings at any time during the year?  If the organization have excess business holdings at any time during the year?  Section 501(c/Q1) organization make any taxable distributions under section	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).  Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5b Tyes 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction?  5c 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?  6c any contributions that were not tax deductible as charitable contributions?  6d any contribution that were not tax deductible as charitable contributions?  6d any contributions that may receive deductible contributions under section 170(c).  8d by Carpanization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d and the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  7d but the organization vertice and promises a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7th if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7th of the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7th of the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C?  7th organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C?  7th organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C?  7th organization received a contribution					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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, 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
		10b		
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
		12a	х	
12a	· · ·	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	21	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LOUISE MONTAG - 517-393-6890			
	3915 W CM TOCEDU CM CIITME C100 TANCING MT 19917			

Form **990** (2021)

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	ısat			
(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average		Position (do not check more than box, unless person is bott officer and a director/trus			Reportable	Reportable	Estimated		
	hours per	box			box, unless person is both an officer and a director/trustee)			is botl or/trus	n an tee)	compensation
	week (list any	_				Π	Ĺ	from the	from related organizations	other compensation
	hours for	direct				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	ividua	itutio	Officer	emp	hest c	Former			organizations
	line)	lud	Inst	#0	Ke	e Hig	For			
(1) LOUISE MONTAG	40.00			l				64 000		44 045
EXECUTIVE DIRECTOR	1 00		_	Х		├		64,000.	0.	11,015.
(2) JOE THAYER	1.00								•	•
CHAIR	1 00	Х		Х		┝		0.	0.	0.
(3) LISA CATTANEO-BOSKA	1.00	.,		,,						0
SECRETARY (4) MARTHA BURKETT	0.00	Х	_	Х		┝		0.	0.	0.
	0.00	Х						0.	0.	0
TRUSTEE (5) MELEA BELTON	1.00	Λ				┢		1	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(6) TERRANCE NEWTON	0.00	Λ						0.	0.	0.
TRUSTEE	0.00	Х						0.	0.	0.
(7) TIM GILL	1.00					$\vdash$			•	•
TREASURER	1,00	х		x				0.	0.	0.
(8) TODD BRADLEY	1.00					$\vdash$			•	
TRUSTEE		х						0.	0.	0.
(9) TRACY JOHNSON	0.00									
TRUSTEE		Х						0.	0.	0.
						_				
			_		_					
			_		_	_	-			
		l								
						$\vdash$				
132007 12-09-21							<u> </u>			Form <b>990</b> (2021

Form **990** (2021)

38-3074753

ı aı	Section A. Officers, Directors, Trus	tees, Key Emr	<u> Ploy</u>	ees,	anc	High R	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)	l l		(F)	
	Name and title	Average hours per	(do not check more than one						Reportable compensation	Reportable		Estimated amount of		
		week					or/trus		from	compensation from related	'		other	OI
		(list any	ector						the	organizations	-MISC/ from t		pensa	tion
		hours for related	or dir	e e			ated		organization	(W-2/1099-MIS				
		organizations	rustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)				
		below	Individual trustee or director	Institutional trustee	h	Key employee	Highest compensated employee	er	10001120)				nizati	
		line)	Indiv	Instit	Officer	Key e	High	Former						
			_											
			₩								-			
			1											
			<del>                                     </del>				$\vdash$				$\dashv$			
			L				_							
			_											
			₩								-			
			-											
			$\vdash$				$\vdash$				$\dashv$			
			1											
			L											
			<u> </u>					L	64.000		$\overline{}$	- 1	1 0	1 -
	Subtotal								64,000.		0.		1,0	0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								64,000.		0.	1	1,0	
2	Total number of individuals (including but n							o re	•	000 of reportable				
	compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·					0
													Yes	No
3	Did the organization list any former officer	, director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•		•					•	J				Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		,								4		
J	rendered to the organization? If "Yes," com										ı	5		Х
Sec	tion B. Independent Contractors	ipicte ochedate	<i>, 0 1</i> 0	01 30	<i>i</i> CII ,	<i>JC13</i>	OII .						'	
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	<b>(A)</b> Name and business	addross	37/	\ <b>\</b> TT	7				<b>(B)</b> Description of s	onvicos	C	(C	;) nsatio	^
	Name and business	address	МС	ONE	<u> </u>				Description of s	ervices		ompe	isatioi	
								$\dashv$		-				
2	Total number of independent contractors (i	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi					(								
												Form	990 (2	2021)

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art VIII   Statement of Reve	nue
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			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Officer if Schedule O Contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
			ТТ					Sections 512 - 514
nts nts	1		Federated campaigns 1a		_			
ira our			Membership dues 1b		4			
s, C		С	Fundraising events 1c					
iift ar		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e 1	<u>,966,430.</u>				
ion		f	All other contributions, gifts, grants, and					
but			similar amounts not included above   1f	708.				
ÖĘ		q	Noncash contributions included in lines 1a-1f					
Sor		h	Total. Add lines 1a-1f	<b>•</b>	1,967,138.			
<u> </u>				Business Code				
•	2	•	PROGRAM REGISTRATION		17,905.	17,905.		
je	2		PROGRAM SPONSORSHIPS		13,000.	13,000.		
er, ue					13,000.	13,000		
m S		C						
gra Re		d						
Program Service Revenue		e	<del></del>					
ъ.			All other program service revenue		20 005			
			Total. Add lines 2a-2f		30,905.			
	3		Investment income (including dividends, inter		1 464			1 464
			other similar amounts)		1,464.			1,464.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<b>)</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ē			and sales expenses <b>7b</b>					
enr		С	Gain or (loss) 7c					
ev.			Net gain or (loss)	<b>•</b>				
her Revenue	٥		Gross income from fundraising events (not					
Oth	Ü	u	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8		-			
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	3	u	Part IV, line 19					
		h	Less: direct expenses 91		-			
			Net income or (loss) from gaming activities	<u>'</u>				
			Gross sales of inventory, less returns					
	10	а	**					
		<b>L</b>	and allowances 10 Less: cost of goods sold 10		-			
				<u> </u>				
		C	Net income or (loss) from sales of inventory	Business Code				
sn	44	_	OTHER INCOME	Dualileas Code	1,462.			1,462.
ieo ne	17				1,402.			1,404.
llar (en		b			+			
Miscellaneous Revenue		C	All other revenue					
Ξ			All other revenue		1,462.			
	10		Total Add lines 11a-11d		2,000,969.	30,905.	0.	2,926.
	12		Total revenue. See instructions	<u></u>	<u>r</u> ,000,303.	30,303.	1 0.	2,240.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 75,015. 71,752. 3,263. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 233,893. 181,552. 52,341. Other salaries and wages 7 Pension plan accruals and contributions (include 10,969. 8,995. 1,974 section 401(k) and 403(b) employer contributions) 38,495. 6,929. 31,566. Other employee benefits 9 29,342. 24,060. 5,282. 10 Payroll taxes Fees for services (nonemployees): 100,656. 90,590. 10,066. Management Legal 60,750. 43,740. 17,010. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 1,140. 1,140. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 61,921. 43,345. 18,576. Office expenses 13 7,661. 6,895. 766. Information technology 14 15 Royalties 2,454. 30,677. 28,223. 16 Occupancy 15,159. 14,101. 1,058. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 878. 878. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 11,090. 9,981. 1,109. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,170,964. 1,112,416. 58,548. REGRANTING TRAINING 33,890. 28,468. 5,422. MEMBERSHIP FEES 7,387. 7,018. 369. OTHER OPERATING EXPENSE 4,605. 4,605. All other expenses 1,894,492. 1,709,325. 185,167. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments		242,112.	2	583,165.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,625.	4	457,467.
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		10 111	8	
⋖	9	Prepaid expenses and deferred charges		10,411.	9	6,510.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		005 140	15	1 0 4 5 1 4 0
	16	Total assets. Add lines 1 through 15 (must e		295,148.	16	1,047,142. 233,049.
	17	Accounts payable and accrued expenses		26,277.	17	233,049.
	18	Grants payable	27 217	18	476 060	
	19	Deferred revenue		37,317.	19	476,062.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sul				
-ia		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin			٥- ا	
	06			63,594.	25 26	709,111.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook hore	03,374.	20	705,111.
S		and complete lines 27, 28, 32, and 33.	neck nere  21			
ũ	27			231,554.	27	338,031.
ala	28			231,331.	28	330,031.
D B	20	Organizations that do not follow FASB ASC	1958 check here		20	
필		and complete lines 29 through 33.	7 330, Check here			
<u>6</u>	29	Capital stock or trust principal, or current fund	de		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32			231,554.	32	338,031.
Ž	33	Total liabilities and net assets/fund balances		295,148.	33	1,047,142.
	1 00	Total liabilities and het assets/fully palafices		22011100	JU	Form <b>990</b> (2021

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,89			
3	Revenue less expenses. Subtract line 2 from line 1	3		6,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	1,5	<u>54.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	33	8,0	31.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>	
	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	X	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		. 3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X		
			Form	990	(2021)	

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization PREVENTION MICHIGAN 38-3074753 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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	s listed below, pleas	se complete Part I	II.)			
	ction A. Public Support	Ι	T	T	T		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1444004	1500730	1012022	404 651	1067130	C250445
	include any "unusual grants.")	1444004.	1500730.	1013922.	424,651.	1967138.	6350445.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	1444004.	1500730.	1013922.	424,651.	1967138.	6350445.
5	The portion of total contributions	1111001.	1300730.	1013322.	121,031.	1307130.	0330443.
3	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)						906,804.
6	Public support. Subtract line 5 from line 4.						5443641.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1444004.	1500730.	1013922.	424,651.	1967138.	6350445.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	389.	5,049.	10,551.	1,034.	1,464.	18,487.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					1,462.	1,462. 6370394.
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	•	,				<u>,431,462.</u>
13	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
800	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publi		<u>-</u>	. (5)			85.45 %
14	, ,					14	=4 00
15	Public support percentage from 2020					15	
10a	33 1/3% support test - 2021. If the content have The agreement of gualifies						▶ ▼
h	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
D	and <b>stop here.</b> The organization qual			45			
175							
114	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
h	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the	-					. 5, 6 6.
	organization meets the facts-and-circu				-		ightharpoons
18	<b>Private foundation.</b> If the organization						

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	T	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

2021.05080 PREVENTION MICHIGAN

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
Tu		
4b		
15		
4c		
5a		
Ju		
<b>-</b> 1.		
5b		
5c		
6		
7		
8		
9a		
9b		
35		
0-		
9с		
10a		
10b		

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,,</del>	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	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,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	tion 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			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
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. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3_	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7_	Other expenses (see instructions)	7				
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
_8_	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion 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-functional	ally integrat	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	 S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

PREVENTION MICHIGAN

38-3074753

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	lly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	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), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

PREVENTION	MICHIGAN	

38-3074753

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

# PREVENTION MICHIGAN

38-3074753

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/153 11-11	01		Schedule B (Form 990) (2021)

Page 4

Name of or	ganization		Employer identification number			
PREVEN	TION MICHIGAN		38-3074753			
Part III		rough <b>(e) and</b> the following line entritions of <b>\$1,000 or I</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gift	Tt  Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization PREVENTION MICHIGAN **Employer identification number** 38-3074753

Pai			ar Funds or Ad	counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor advised fund	ds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in o	donor advised fund	ds			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant fur	nds can be used o	only			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	er purpose conferr	ring			
_							
Pai	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreat	ion or education) Pres	servation of a histo	orically important land area			
	Protection of natural habitat	Pres	servation of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution i	n the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements						
b				2b			
С	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included in (c) acquired a	·					
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termina	ated by the organi	ization during the tax			
	year ▶						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri		andling of				
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enfo	orcing conservation	on easements during the year			
	<b>—</b>						
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing	g conservation ea	sements during the year			
	<b>\$</b>						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation		=				
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financ	cial statements th	at describes the			
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasur	as or Other S	Similar Assats			
ı aı	Complete if the organization answered "Yes" on Form	·	es, or other o	miniai Assets.			
	<u> </u>		atatamant and hal	anaa ahaat waxka			
Id	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for pub	•					
	,	,		ice of public			
L	service, provide in Part XIII the text of the footnote to its finan			a about works of			
D	If the organization elected, as permitted under FASB ASC 958						
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	e of public service,			
	provide the following amounts relating to these items:			•			
	(i) Revenue included on Form 990, Part VIII, line 1						
0		nourse or other similar assets					
2	If the organization received or held works of art, historical trea	•	•	provide			
_	the following amounts required to be reported under FASB AS			<b>L</b> \$			
a	Revenue included on Form 990, Part VIII, line 1						
<u> </u>	Assets included in Form 990, Part X			\$			

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

Schedule D (Form 990) 2021

Sche		TON MICHIG						<u> 38-30</u>		
Pai	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, or Otl	ner S	imila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition		d 💹	Loan or exc	hange program					
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organization's e	xempt	purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or other sim	ilar ass	sets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran		lete if the	organizatio	on answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	•								
1a	Is the organization an agent, trustee, custodi								7	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance						1c			
d		itions during the year								
е	Distributions during the year						1e			
f	Ending balance						1f		-	
	Did the organization include an amount on Fe					-		L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete						Thron	rooro book	(a) Four	roore book
_		(a) Current year	(D) F	rior year	(c) Two years bac	K (a)	Tillee	ears back	(e) Four y	ears back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs					_				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	•	g, column (a	)) held as:					
a	Board designated or quasi-endowment		%							
	Permanent endowment									
С	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c should equal 100%.									
за	Are there endowment funds not in the posse .	ssion of the organiz	ation tha	t are held ar	nd administered to	r the o	rganıza	ation	Г	res No
	by:									res No
	(i) Unrelated organizations								3a(i)	-
	(ii) Related organizations								3a(ii)	_
_	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	urias.						
ı uı	Complete if the organization answere		O Part IV	/ line 11a S	See Form 990 Part	Y line	10			
								- T	(al) Da ali	volus
	Description of property	(a) Cost or obasis (invest		. ,	t or other (c (other)	•	ımulate ciation	ea	(d) Book	value
4 -	Land	<u> </u>	inent)	Dasis	(Other)	uepre	ciation			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment Other									
е	CHIEL	1		ı	1					

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

0.

	(Form 990) 2021 PREVENTION	MICHIGAN		38-3074753 <sub>Page</sub> <b>3</b>
Part VII				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financ	ial derivatives			
	held equity interests			
(3) Other	, neta equity interests			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
	(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)	(I) I I OOO D IV I (D) II IO \ \			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
Faitix			444 Oct Francis COO Book V Proc 45	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1) 2
	(a	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lir	ne 15 )		<b>•</b>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
	deral income taxes			.,
	derai ilicome taxes			
(2)				
(3)				+
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Cal	umn (b) must equal Form 990, Part X, col. (B) lir	25.)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,000,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,000,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	.)	5	2,000,969.
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Returr	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	1,894,492.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,894,492.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	1,894,492.
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X	, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
PAR	RT X, LINE 2:			
THE	E ORGANIZATION IS A NONPROFIT ORGANIZAT	ION EXEMPT FRO	M FEDERAL	INCOME
TAX	KES UNDER SECTION 501(C)(3) OF THE INTE	RNAL REVENUE C	ODE (THE C	CODE) AND
COM	IPARABLE STATE AND LOCAL TAXES. THE ORG	ANIZATION HAS	BEEN CLASS	SIFIED AS
<u>A P</u>	PUBLICLY SUPPORTED ORGANIZATION THAT IS	NOT A PRIVATE	FOUNDATIO	N UNDER
SEC	CTION 509(A) OF THE CODE. THE ORGANIZAT	ION FILES INFO	RMATION RE	TURNS IN
THE	U.S. FEDERAL JURISDICTION.			

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PREVENTION MICHIGAN

Employer identification number 38-3074753

TREVENTION MICHIGAN 50 3074733
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWS THE 990, THEN IT IS GIVEN TO THE BOARD FOR
APPROVAL, AND THEN IT IS SENT TO THE GOVERNMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
POTENTIAL CONFLICTS WOULD BE BROUGHT BEFORE THE BOARD AND HANDLED
APPROPRIATELY.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD DETERMINES THE SALARY FOR THE EXECUTIVE DIRECTOR BASED ON
QUALIFICATION AND EXPERIENCE. THE EXECUTIVE DIRECTOR THEN DETERMINES THE
OTHER SALARY AND HOURLY POSITIONS BASED ON AVAILABLE FUNDS.
FORM 990, PART VI, SECTION C, LINE 19:
MADE AVAILABLE UPON REQUEST AT PREVENTION MICHIGAN, INC'S OFFICE.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.