



Prevention Michigan 3815 W. St. Joseph St. A500 Lansing, MI 48917

Dear Louise:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Form CTS-02 Michigan Renewal Solicitation Form

The Internal Revenue Service requires that you make your annual exempt organization returns and related documents available for public inspection for 3 years from the filing date. The exemption application, letter of determination and related documents must be made available for public inspection indefinitely. The organization must furnish a copy of its exemption application and/or information returns for the last 3 years to anyone who so requests. Information returns made available for public inspection must be properly signed.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

**Esther Daniel** 

## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

September 30, 2023

Pre	рa	rec	١F	or	:
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Prevention Michigan 3815 W. St. Joseph St. A500 Lansing, MI 48917

## Prepared By:

Clark, Schaefer, Hackett & Co. 3505 Coolidge Rd. East Lansing, MI 48823 517-351-5508

## **Amount Due or Refund:**

Not applicable

## Make Check Payable To:

Not applicable

## Mail Tax Return and Check (if applicable) To:

Not applicable

### **Return Must be Mailed On or Before:**

Not applicable

## **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning OCT 2022 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 3,773,690. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 48917 LANSING, MI 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? Yes Tax-exempt status: **X** 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PREVENTIONNETWORK.ORG H(c) Group exemption number K Form of organization: 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) 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,967,138. 3,740,649. Contributions and grants (Part VIII, line 1h) 8 30,905. 22,772. Program service revenue (Part VIII, line 2g) 2,517. 1,464. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,462. 7,752. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11  $\overline{2.000,969}$ 3,773,690. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,612,752. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 387,714. 523,675. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,506,778. 406,477.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,894,492. 3,542,904. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 106,477. 230,786. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,047,142. 1,201,689. Total assets (Part X, line 16) 709,111.632,872 21 Total liabilities (Part X, line 26) 三年 338,031. 568,817 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 Preparer's signature Print/Type preparer's name 03/31/24 P01285343 ESTHER DANIEL self-employed Paid ESTHER DANIEL SCHAEFER, CLARK, HACKETT & CO. Firm's EIN 31-0800053 Preparer Firm's name 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

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CULTIVATE HEALTHY COMMUNITIES ACROSS MICHIGAN THROUGH RESOURSES,
	TECHNICAL ASSISTANCE, AND SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,016,482. including grants of \$ 2,008,913. ) (Revenue \$)
та	COVID-19 SUBSTANCE USE AND GAMBLING SERVICES-2022- TO SUPPORT COMMUNITY
	COALITIONS THROUGH MINI-GRANTS IN EFFORTS TO ADDRESS BEHAVIORAL HEALTH
	CHALLENGES ASSOCIATED WITH THE COVID-19 PANDEMIC BY CONCENTRATING ON
	MINIMIZING RISK FACTORS AND INCREASING PROTECTIVE FACTORS.
	MINIMIZING RISK FACTORS AND INCREASING PROTECTIVE FACTORS.
4b	(Code:) (Expenses \$
	SUBSTANCE MISUSE PREVENTION SERVICES PROGRAMS- PREVENTION MICHIGAN AIMS
	TO CULTIVATE HEALTHY COMMUNITIES THROUGH TRAINING, TECHNICAL
	ASSISTANCE, AND SUPPORT. ACTIVITIES INCLUDE PROVIDING NEWSLETTERS,
	TRAINING EVENTS, WEBINARS, CONFERENCES, INDIVIDUAL TECHNICAL
	ASSISTANCE, NETWORKING, AND PROGRAMS SPECIFIC TO PREVENTING SUBSTANCE
	MISUSE IN THEIR COMMUNITIES. ADDITIONAL DETAILS CAN BE FOUND IN THE
	STRATEGIC PLAN AND ANNUAL REPORT.
_	
4c	(Code:) (Expenses \$ 663,440 • including grants of \$ 603,838 • ) (Revenue \$)
	MICHIGAN-PREVENT PRESCRIPTION DRUG/OPIOID OVERDOSE-RELATED DEATHS
	(MI-PDO) - THE PURPOSE OF THIS PROGRAM IS TO REDUCE THE NUMBER OF
	PRESCRIPTION DRUG/OPIOID OVERDOSE-RELATED DEATHS AND ADVERSE EVENTS
	AMONG INDIVIDUALS 18 YEARS OF AGE AND OLDER BY TRAINING FIRST
	RESPONDERS AND OTHER KEY COMMUNITY SECTORS ON THE PREVENTION OF
	PRESCRIPTION DRUG/OPIOID OVERDOSE-RELATED DEATHS AND IMPLEMENTING
	SECONDARY PREVENTION STRATEGIES, INCLUDING THE PURCHASE AND
	DISTRIBUTION OF NALOXONE TO FIRST RESPONDERS.
	TISTITIOTION OF MUTOVONE TO LIVE VESTONDEVS.
4d	
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,386,253.
	Form <b>990</b> (2022)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	X	I

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Form 990 (2022) PREVENTION MICHIGAN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
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			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	04-		
	any tax-exempt bonds?  Did the exemptation act as an long behalf of lineary fay bands outstanding at any time during the year?	24c 24d		<b>-</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(2) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in an excess benefit	<b>24</b> 0		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	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			
	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ <del></del>
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	X	
232004	(gambling) winnings to prize winners?			(2022)

19430331 758050 4000036-514

Form 990 (2022) PREVENTION MICHIGAN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	15						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ		2b	Х				
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	<b>b</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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccour	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					Х			
	to file Form 8282?	7d	1	7c		Λ			
d	If "Yes," indicate the number of Forms 8282 filed during the year			7e		Х			
e •	, , , , , , , , , , , , , , , , , , , ,								
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
9 h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h					
_		-		8					
9	Sponsoring organizations maintaining donor advised funds.			_					
а									
b									
10	Section 501(c)(7) organizations. Enter:	_							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:		1						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1						
С	Enter the amount of reserves on hand	13c							
14a				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
•	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.				000				
				_	$\Omega\Omega\Omega$				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LOUISE MONTAG - 517-393-6890

Form **990** (2022)

3815 W. ST. JOSEPH ST. SUITE A500, LANSING,

48917

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	sate			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		ox, unless person is both an fficer and a director/trustee)					compensation	compensation	amount of
	week (list any	_						from the	from related organizations	other
	hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	in per		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	Highest compensated employee	ler.			organizations
	line)	lhdi	Insti	Officer	Key	High	Former			
(1) LOUISE MONTAG	40.00	]								
EXECUTIVE DIRECTOR				Х				66,096.	0.	4,766.
(2) JOSEPH THAYER	3.00	]								
CHAIR		Х		Х				0.	0.	0.
(3) LISA CATTANEO-BOSKA	3.00									
SECRETARY		Х		Х				0.	0.	0.
(4) TIMOTHY GILL	3.00	1							_	_
TREASURER		Х		Х		_		0.	0.	0.
(5) TODD BRADLEY	3.00	1							_	_
TRUSTEE		Х				_		0.	0.	0.
(6) MELEA BELTON	3.00	1							_	_
CO-CHAIR		Х		Х				0.	0.	0.
(7) TERRANCE NEWTON	3.00	1								_
TRUSTEE		Х				_		0.	0.	0.
(8) MARTHA BURKETT	3.00	l								
TRUSTEE		Х				_		0.	0.	0.
(9) TESS GORDON	3.00	ļ								•
TRUSTEE		Х				<u> </u>		0.	0.	0.
(10) RONALD RISINGER	3.00									•
TRUSTEE		Х				┝		0.	0.	0.
		4								
		<u> </u>				_				
		4								
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		<del>                                     </del>				$\vdash$				
		1								
		<u> </u>					<u> </u>	l	l	000

Form 990 (2022)

38-3074753

(A) Name and title	(B) Average hours per		not c	Pos heck	more	1 than d		(D) Reportable compensation	(E)  Reportable compensation		(F Estim	ated
	week (list any hours for related organizations below line)				irecto	Highest compensated by Ltrus	tee)	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC, 1099-NEC)	/	oth	ner nsation the zation elated
										$\perp$		
										$\perp$		
	al from continuation sheets to Part VII, Section A 0 . 0 .					).	4,766.					
d Total (add lines 1b and 1c)  Total number of individuals (including but n								66,096. eceived more than \$100,		).	4,	766.
compensation from the organization										_	Ye	0 es No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	X
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated inc	leper	nder	nt co	ontra	acto	s th	nat received more than \$	5100,000 of comper	 nsatio	n from	
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin	(B)			(C)	
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Cor	mpensa	ition
2 Total number of independent contractors (in	•	ot lin	nited	d to	_	_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization	zation					)				Fo	orm <b>99</b>	0 (2022)

19430331 758050 4000036-514

38-3074753

Form 990 (2022) PREVENT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			, <b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
ira oui		Membership dues1b					
s, C	(	Fundraising events 1c					
ij a	(	Related organizations 1d					
s, ( mil	•	Government grants (contributions) 1e 3,	732,033.				
is Sign	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f	8,616.				
Ξō		Noncash contributions included in lines 1a-1f					
Š		Total. Add lines 1a-1f		3,740,649.			
	-		Business Code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	2.	PROGRAM REGISTRATION	900099	19,672.	19,672.		
ice		PROGRAM SPONSORSHIPS	900099	3,100.	3,100.		
er ue			200022	3,100.	3,100.		
n S	(						
ıraı Be	(						
Program Service Revenue	•						
₾		All other program service revenue		00 000			
_		Total. Add lines 2a-2f		22,772.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		2,517.			2,517.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ø	•						
ž		and sales expenses 7b					
eve		Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
	(	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses9b					
	(	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	OTHER INCOME	900099	7,752.			7,752.
ne Due	k						
ells eve	(						
Miscellaneous Revenue	(	All other revenue					
2		Total. Add lines 11a-11d		7,752.			
	12	Total revenue. See instructions		3,773,690.	22,772.	0.	10,269.

# Form 990 (2022) PREVENTION MICHIGAN 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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	2,612,752.	2,612,752.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	E0 060	E0 10E	10 755							
	trustees, and key employees	70,862.	58,107.	12,755.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	227 270	076 651	60 700							
7	Other salaries and wages	337,379.	276,651.	60,728.							
8	Pension plan accruals and contributions (include	20 002	16 467	2 (15							
_	section 401(k) and 403(b) employer contributions)	20,082.	16,467.	3,615.							
9	Other employee benefits	57,130. 38,222.	46,847.	10,283.							
10	Payroll taxes	30,444.	31,342.	6,880.							
11	Fees for services (nonemployees):										
_	Management	5,913.	5,913.								
b	Legal	102,198.	73,583.	28,615.							
	Accounting	102,190.	73,303.	20,013.							
	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Other. (If line 11g amount exceeds 10% of line 25,										
g	column (A), amount, list line 11g expenses on Sch O.)	54,904.	49,414.	5,490.							
12	Advertising and promotion	44 520	24 244	12 410							
13	Office expenses	44,730.	31,311.	13,419.							
14	Information technology	21,516.	19,364.	2,152.							
15	Royalties	22 205	20 (22	2 ((2							
16	Occupancy	33,285.	30,622.	2,663.							
17	Travel	43,899.	41,181.	2,718.							
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	18,984.	18,984.								
19	Conferences, conventions, and meetings	10,304.	10,704.								
20	Interest  Payments to affiliates										
21 22	Payments to affiliates										
23		17,802.	16,022.	1,780.							
23 24	Other expenses. Itemize expenses not covered	11,002	10,022.	2,700							
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
а	amount, list line 24e expenses on Schedule 0.)  FSA MANAGEMENT FEE	25,386.	22,847.	2,539.							
a b	TRAINING	17,143.	14,400.	2,743.							
C	OTHER OPERATING EXPENSE	15,288.	15,288.	277130							
d	MEMBERSHIP FEES	5,429.	5,158.	271.							
e	All other expenses	5,125.	3,133.	2720							
25	Total functional expenses. Add lines 1 through 24e	3,542,904.	3,386,253.	156,651.	0.						
26	Joint costs. Complete this line only if the organization	, , ,	, , , , , ,	,	<del>-</del>						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
_	Check here if following SOP 98-2 (ASC 958-720)										
					Earm 990 (2022)						

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	583,165.	2	550,766
	3	Pledges and grants receivable, net	457,467.	3	534,197
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	6,510.	9	10,353
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	106,373
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,201,689
	17	Accounts payable and accrued expenses	233,049.	17	282,817
	18	Grants payable		18	0.40 505
	19	Deferred revenue		19	242,597
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
Liabilities		controlled entity or family member of any of these persons		22	
_	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			107 450
		of Schedule D			107,458
	26	Total liabilities. Add lines 17 through 25	709,111.	26	632,872
s		Organizations that follow FASB ASC 958, check here			
Se.		and complete lines 27, 28, 32, and 33.	220 021		E C O 017
alar	27	Net assets without donor restrictions		27	568,817.
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	E 6 0 017
Š	32	Total net assets or fund balances		32	568,817.
	33	Total liabilities and net assets/fund balances	1,047,142.	33	1,201,689

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)		3,773 3,542				
3		3		0,78			
4							
5	Net unrealized gains (losses) on investments	5		8,0			
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,						
	coluṃn (B))	10	568	8,8	17.		
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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	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			
	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	•					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on 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						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			
			Form	990 (	(2022)		

232012 12-13-22

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	<u>``</u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1500730.	1013922.	424,651.	1967138.	3740649.	8647090.
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	Total. Add lines 1 through 3	1500730.	1013922.	424,651.	1967138.	3740649.	8647090.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						379,142.
6	Public support. Subtract line 5 from line 4.						8267948.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1500730.	1013922.	424,651.	1967138.	3740649.	8647090.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,049.	10,551.	1,034.	1,464.	2,517.	20,615.
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.)			4,559.	1,462.	7,752.	13,773.
11	<b>Total support.</b> Add lines 7 through 10						8681478.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	79,281.
13	First 5 years. If the Form 990 is for the	ne organization's fir				01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	95.24 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	85.45 %
	33 1/3% support test - 2022. If the					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
<u>1</u> 8	<b>Private foundation.</b> If the organization						· · · · · · · · · · · · · · · · · · ·
			<u> </u>	<u> </u>			(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
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- 1	3с		
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1	40		
H	4a		
	<b>A1</b> .		
H	4b		
H	4c		
ļ	5a		
ļ	5b		
ļ	5с		
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	10a		
ı			
	10b		
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Par	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Sche	dule A (Form 990) 2022 PREVENTION MICHIGAN			38-3074753 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	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		
c	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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

Schedule A (Form 990) 2022

## 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

2022

Name of the organization **Employer identification number** PREVENTION MICHIGAN 38-3074753 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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.,

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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.)

38-3074753

PREVENTION MICHIGAN

Page 3

Name of organization Employer identification number

## PREVENTION MICHIGAN

38-3074753

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		<sup>Ψ</sup>	Schedule B (Form 990) (20

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** PREVENTION MICHIGAN 38-3074753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

## **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

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts			
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2 3	Aggregate value of contributions to (during year)  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 v	writing that the assets held in donor advis	eed funds			
J	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		l l			
			I I			
	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a	•				
•	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax			
4	year Number of states where property subject to conservation eas	coment is located				
5	Does the organization have a written policy regarding the per					
Ŭ	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
			,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the			
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats			
Par	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
па	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub	, ,	'			
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
D	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A		J , F			
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, or O	ther S	imila	Assets	(continu	ued)	<u> 10 —</u>
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that ma	ke signi	ificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange program						
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how the	ey further th	ne organization's	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or other sir	nilar as	sets				
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered "Yes	" on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	ontribution	s or other assets	not incl	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
			· ·						Amount		_
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo						$\overline{}$		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-				一	
Par											
	·	(a) Current year		rior year	(c) Two years ba		Three y	ears back	(e) Four	ears b	ack
1a	Beginning of year balance	•									
	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
C											
	Administrative expenses										
											—
g	End of year balance	ant was and halans	. /lina 1 a	a aluma (a	\\						—
2	Provide the estimated percentage of the curre	ent year end balance	· ·	, column (a	)) rieid as.						
a	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С		6									
0-	The percentages on lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and the percentages of lines 2a, 2b, and 2c should be a second and a second a second and a second and a second and a second and a second	•		-		ـ مال					
за	Are there endowment funds not in the posses	ssion of the organiza	ation that	are neid ar	na administered t	or the			Г	Yes	No
	organization by:									163	NO
	(i) Unrelated organizations								3a(i)	-+	
	(ii) Related organizations								3a(ii)	-+	—
D	If "Yes" on line 3a(ii), are the related organizat								3b		—
Par	Describe in Part XIII the intended uses of the total Land, Buildings, and Equipment		wment it	ınas.							
ı aı	Complete if the organization answered		) Dort IV	lino 11a C	coo Form 000 Do	rt V line	- 10				
	· · · · · · · · · · · · · · · · · · ·			·	T T						
	Description of property	(a) Cost or o			I '		umulate	d	(d) Book	value	
		basis (investr	neni)	Dasis	(other)	uepre	ciation				—
	Land										
	Buildings				<del></del>						
	Leasehold improvements	l l									
d	Equipment										
	Other										0.
ı otal	Add lines 1a through 1e (Column (d) must on	WILL FORMS OOD DOW	V aalum	- (D) I: 1	0-1						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PREVENTION	MICHIGAN	38	-3074753 Page 3
Part VII Investments - Other Securities.	Lon Form 000 Dort IV line	11h Coo Form 000 Bort V line 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
4) Financial destruction	(b) book value	(c) Method of Valuation. Cost of en	u-or-year market value
1) Financial derivatives			
2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L	44 d. Oca Farra 000 Bart V. Fran 45	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Daaleesalee
DIG:: 00 1100 100000	Description		(b) Book value
(1) RIGHT OF USE ASSETS			106,373.
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin			106,373.
Part X Other Liabilities.	le 15.)		100,575
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	i.
(a) Description of liability			(b) Book value
(1) Federal income taxes			(7, 7, 22, 22, 22, 22, 22, 22, 22, 22, 22
(2) LEASE LIABILITY			107,458.
(3)			
(4)			

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

Schedule D (Form 990) 2022

107,458.

(5) (6) (7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,773,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,773,690.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	5	3,773,690.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expens	ses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,542,904.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	3,542,904.
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. lin	18)	5	3,542,904.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND COMPARABLE STATE AND LOCAL TAXES. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS UNDER A MORE LIKELY THAN NOT THRESHOLD AS REQUIRED BY GAAP. 2023 AND 2022, AS OF SEPTEMBER 30, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS, THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE

Part XIII   Supplemental Information (continued)						
NEXT TWELVE MONTHS. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO						
EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AT SEPTEMBER 30,						
2023, THE ORGANIZATION'S FEDERAL TAX RETURNS GENERALLY REMAIN OPEN FOR THE						
LAST THREE YEARS. THE ORGANIZATION IS SUBJECT TO A TAX ON INCOME FROM ANY						
UNRELATED BUSINESS INCOME (THE ORGANIZATION HAS NO UNRELATED BUSINESS						
INCOME) AS DEFINED BY SECTION 509(A)(1) OF THE CODE.						

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

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations.** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number** Name of the organization 38-3074753 PREVENTION MICHIGAN Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) GRAND TRAVERSE COUNTY DRUG FREE SABG-COVID19 GRANT -COALITION - 1000 HASTINGS ST -GENERAL COALITION 7,132. TRAVERSE, MI 49686 38-3198322 501C3 0 CAPACITY BUILDING GRANT THE COALTTION FOR URBAN YOUTH & SABG-COVID19 GRANT -FAMILY DEVELOPMENT - 15827 INDIANA GENERAL COALITION 80-0562742 501C3 CAPACITY BUILDING GRANT STREET - DETROIT, MI 48238 37,864 0. COALITION FOR A DRUG FREE MUSKEGON COUNTY/MUSKEGON COMMUNITY HEALTH SABG-COVID19 GRANT -PROJECT - 565 W. WESTERN -GENERAL COALITION MUSKEGON, MI 49440 91-1932918 501C3 48,285 0 CAPACITY BUILDING GRANT MANISTEE SUBSTANCE ABUSE EDUCATION AND AWARENESS COALITION (DISTRICT SABG-COVID19 GRANT -HEALTH DEPT - 521 COBB STREET -GOVT AGENCY -GENERAL COALTTION CADILLAC MI 49601 38-3372828 HEALT 34 255 0. CAPACITY BUILDING GRANT THE LEEWARD INITIATIVE (DISTRICT SABG-COVID19 GRANT -HEALTH DEPT. 10) - 521 COBB STREET GENERAL COALITION GOVT. AGENCY -38-3372828 HEALT - CADILLAC, MI 49601 57 450 0. CAPACITY BUILDING GRANT LAKE COUNTY COMMUNITIES THAT CARE SABG-COVID19 GRANT -(DISTRICT HEALTH DEPT. 10) - 521 GOVT. AGENCY -GENERAL COALTTION COBB STREET - CADILLAC, MI 49601 38-3372828 HEALT 65 457 0 CAPACITY BUILDING GRANT 60. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GENESEE COUNTY PREVENTION  COALITION - G4428 FENTON ROAD - FLINT, MI 48507	32-0550353	501c3	29,091.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
GENESEE COUNTY PREVENTION  COALITION - G4428 FENTON ROAD - FLINT, MI 48507	32-0550353	501C3	51,744.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES	
BENZIE AREA YOUTH INITIATIVE, GROW BENZIE - 5885 FRANKFORT HIGHWAY - BENZONIA, MI 49616	26-3366438	501c3	49,174.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
RISE OTSEGO SUBSTANCE FREE COALITION - 220 W. GARFIELD - CHARLEVOIX, MI 49720	30-0168590	GOVT. AGENCY - H	29,826.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
LEELANAU COUNTY COALITION FOR SUBSTANCE ABUSE PREVENTION - 8527 W. GOVERNMENT CENTER DR. SUTTON - BAYS, MI 49682	46-1385335	GOVT. AGENCY - H	44,500.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
MACKINAC CTC 799 HOMBACH ST SUITE #2 ST. IGNACE, MI 49781	84-1968315	501C3	5,504.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
MARQUETTE COUNTY COMMUNITIES THAT CARE (MC2) - 184 US 41 - NEGAUNEE, MI 49866	38-6004869	GOVT. AGENCY - H	16,657.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
COMMUNITIES THAT CARE OF MARINETTE  & MENOMINEE COUNTIES/MENOMINEE  COUNTY - 1201 41ST AVE -  MENOMINEE, MI 49858	38-1717561	ISD	32,935.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	
HEALTHY YOUTH COALITION OF  MARINETTE & MENOMINEE  COUNTIES/MENOMINEE COUNTY - 1201  41ST AVE - MENOMINEE, MI 49858	38-1717561	ISD	38,197.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT	

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTCALM PREVENTION COLLABORATIVE, INC 621 NEW ST STANTON, MI 48888	38-1715342	501C3	36,325.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
MCLAREN BAY REGIONAL/NEIGHBORHOOD RESOURCE CENTER - 400 S. TRUMBULL - BAY, MI 48708	38-1976271	501C3	29,482.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
SAFE IN NORTHERN MICHIGAN 220 W. GARFIELD CHARLEVOIX, MI 49720	30-0168590	GOVT. AGENCY - H	35,630.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
HAMTRAMCK DRUG FREE COMMUNITY COALITION/PIAST INSTITUTE - 11633 JOSEPH CAMPAU - HAMTRAMCK, MI 48212	30-0154459	501C3	44,096.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
PREVENTION WORKS 309 NORTH BURDICK STREET KALAMAZOO, MI 49007	38-3264831	501 <b>c</b> 3	29,917.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
SOUTH LYON COMMUNITY COALITION PO BOX 185 NEW HUDSON, MI 48165	84-5189296	501C3	34,466.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
ALBION-HOMER SUBSTANCE ABUSE PREVENTION COALITION - 600 EAST MICHIGAN AVEPO BOX 265 - ALBION, MI 49224	38-2872584	501C3	58,242.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
THE FAMILY CENTER OF GROSSE POINTE AND HARPER WOODS - 32 LAKE SHORE DRIVE GROSSE POINTE - FARMS, MI 48236	38-3596904	501C3	51,191.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
AC3 (ALGER COUNTY COMMUNITIES THAT CARE) - 413 MAPLE ST. SUITE 7 - MUNISING, MI 49862	82-5037032	LLC	21,161.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BARRY COUNTY SUBSTANCE ABUSE TASK FORCE/BARRY COUNTY COMMUNITY MENTAL HEALTH AUT - 500 BARFIELD DRIVE - HASTINGS, MI 49058	30-0014459	501C3	40,657.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
BEAUMONT TEEN HEALTH CENTER - TAYLOR - 26650 EUREKA RD #B - TAYLOR, MI 48180	38-1405141	501A	49,020.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES		
ALPENA PREVENTION POLICY BOARD - UP NORTH PREVENTION - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	35,184.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
CRAWFORD PARTNERSHIP FOR SUBSTANCE ABUSE PREVENTION - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	46,321.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
PRESQUE ISLE HUMAN SERVICES COORDINATING COUNCIL - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	37,189.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
ROSCOMMON COUNTY DRUG FREE COALITION - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	12,072.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
DRUG-FREE COALITION OF OGEMAW COUNTY/CATHOLIC HUMAN SERVICES - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	6,771.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
MONTMORENCY SUBSTANCE FREE COALITION - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	26,151.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		
ALCONA COUNTY HUMAN SERVICES COMMUNITY COLLABORATIVE - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	25,359.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRATIOT COUNTY SUBSTANCE ABUSE COALITION/CHILD ADVOCACY ASSOCIATION - 515 N. STATE ST ALMA, MI 48801	38-2179785	501C3	44,197.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
CREATING A HEALTHY COMMUNITY PROGRAM (CAHEC) - 3815 WEST FORT #104 - DETROIT, MI 48216	61-1453282	501C3	61,666.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
HOUGHTON/KEWEENAW CTC 609 SHELDEN HOUGHTON, MI 49931	38-2026918	501C3	33,757.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
C.O.P.E DETROIT - EMPOWERMENT ZONE COALITION - 4146 LAKEWOOD ST - DETROIT, MI 48215	38-3409433	501C3	56,911.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
THE EMPOWERMENT ZONE COALITION 5555 CONNER ST SUITE 2090 DETROIT, MI 48213	38-3409433	501 <b>C</b> 3	91,163.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES
GREAT LAKES RECOVERY MISSION 5099 W FERRAND RD CLIO, MI 48420	82-1900719	LLC	65,445.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES
LEADERS ADVANCING HEALTHY COMMUNITIES - 5275 KENILWORTH ST - DEARBORN, MI 48126	38-3081799	501C3	77,073.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES
COMMUNITY COALITION/LAHC LEADERS ADVANCING AND HELPING COMMUNITIES - 5275 KENILWORTH ST - DEARBORN, MI 48126	38-3081799	501 <b>c</b> 3	35,765.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
MAKING IT COUNT COMMUNITY DEVELOPMENT CORPORATION - 915 E. HARWOOD AVENUE MADISON - HEIGHTS, MI 48071	85-2277294	501C3	55,584.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COALITION FOR HEALTHY YOUTH AND FAMILIES - 2400 EAST MCNICHOLS - DETROIT, MI 48212	38-2471616	501C3	63,206.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
DELTA COUNTY CTC 2920 COLLEGE AVE. ESCANABA, MI 49829	38-3082794	GOVT. AGENCY - H	25,050.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
SUBSTANCE ABUSE COUNCIL 315 W GREEN ST MARSHALL, MI 49068	38-2699513	501C3	74,766.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES
REGION 5 PREVENTION COLLABORATIVE 133 N. SAGINAW RD. MIDLAND, MI 48640	38-2278390	501C3	30,188.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
THE MILESTONES AGENCY PO BOX 21028 DETROIT, MI 48221	35-2400046	501C3	47,557.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
THE YOUTH CONNECTION 4777 OUTER DR E #1340 DETROIT, MI 48234	02-0647494	501C3	78,187.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES
IOSCO SUBSTANCE FREE COALITION 829 W. MAIN ST. STE 3 GAYLORD, MI 49735	38-3198322	501C3	57,175.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
LIVE WELL KALKASKA SUBSTANCE FREE COALITION - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	48,647.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
TUSCOLA PREVENTION AND RECOVERY COALITION - 651 N. STATE ST CARO, MI 48723	38-3206926	PARTNERSHIP	47,113.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DICKINSON AND IRON COUNTY CTC 609 SHELDEN HOUGHTON, MI 49931	38-2026918	501C3	9,368.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
MACKENZIE NOBLE COMMUNITY  COLLABORATIVE DFC - 12048 GRAND  RIVER AVENUE - DETROIT, MI 48204	47-3081843	501C3	51,335.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
SUMMIT POINTE 215 E ROOSEVELT AVE BATTLE CREEK, MI 49037	38-3318175	GOVT. AGENCY - H	46,441.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES
OTTAWA SUBSTANCE ABUSE PREVENTION COALITION/ARBOR CIRCLE - 1115 BALL AVE GRAND - RAPIDS, MI 49505	38-3263853	501C3	38,766.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
TAYLOR SUBSTANCE ABUSE PREVENTION TASKFORCE COALITION - 26650 EUREKA ROAD - TAYLOR, MI 48180	38-3080323	501A	16,493.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
SUDDS (STOP UNDERAGE DRINKING/DRUGS) COALITION/THE GUIDANCE CENTER - 13101 ALLEN RD - SOUTHGATE, MI 48195	38-1621700	501C3	15,323.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
MICHIGAN COUNCIL ON ALCOHOL PROBLEMS - PO BOX 10212 - LANSING, MI 48901	38-1818504	501C3	11,426.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
SHIAWASSEE PREVENTION  NETWORK/CATHOLIC CHARITIES OF GENESEE AND SHIAWASSEE - 1480  NORTH M-52 STE 1 - OWOSSO, MI	38-1359243	501C3	8,050.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
PULLING TOGETHER CHEBOYGAN SUBSTANCE-FREE COALITION - 829 W. MAIN ST. STE 3 - GAYLORD, MI 49735	38-3198322	501C3	28,077.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIPPEWA VALLEY COALITION FOR YOUTH AND FAMILIES - 19120 CASS AVE. CLINTON - TOWNSHIP, MI 48308	38-6034009	501 <b>c</b> 3	38,400.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
WHOH (WHOSE HOUSE OUR HOUSE)  DETROIT - 13031 CHANDLER PARK  DRIVE - DETROIT, MI 48213	36-4943159	501C3	42,033.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
NOVI COMMUNITY COALITION 25345 TAFT RD NOVI, MI 48374	81-3517090	501C3	36,895.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
BLUE WATER RECOVERY AND OUTREACH CENTER - 617 10TH ST. PORT - HURON, MI 48060	82-2011928	501 <b>c</b> 3	30,280.	0.			SABG-COVID19 GRANT - GENERAL COALITION CAPACITY BUILDING GRANT
GREATER FLINT HEALTH COALITION 120 WEST 1ST ST FLINT, MI 48502	38-3301514	501C3	70,000.	0.			PDO GRANT - PREVENTING OVERDOSE DEATHS IN CALHOUN, GENESEE, AND WAYNE COUNTIES

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	ı (b); and any other ad	Iditional information.	
ART I, LINE 2:					
RANT APPLICATIONS ARE SUBMITTED T	O THE ORG	ANIZATION	AND ARE RE	VIEWED BY A	
OLUNTEER PANEL. RECORDS OF GRANT	ACCEPTANC	E ARE RETA	AINED BY MA	NAGEMENT.	
ONTHLY FSRS ARE REQUIRED FOR GRAN	TS SPENDI	NG AND REV	/IEWED BY O	UR PROGRAM	
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INANCIAL REVIEWS ARE SCHEDULED ON					
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# **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization PREVENTION MICHIGAN Employer identification number

PREVENTION MICHIGAN	30-30/4/33
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
SUPPORT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR REVIEWS THE 990, THEN IT IS GIVEN T	O 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'S OFFIC	Е.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	



# **Prevention Michigan**

Financial Statements
September 30, 2023 and 2022
with Independent Auditors' Report

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#### INDEPENDENT AUDITORS' REPORT

Board of Directors
Prevention Michigan

#### **Report on the Financial Statements**

#### **Opinion**

We have audited the accompanying financial statements of Prevention Michigan (a not-for-profit organization), which comprise the statements of financial position as of September 30, 2023 and 2022, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Prevention Michigan, as of September 30, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Prevention Michigan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Prevention Michigan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

# Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing an
  opinion on the effectiveness of Prevention Michigan's internal control. Accordingly, no such opinion
  is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Prevention Michigan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

# **Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

# Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 8, 2024, on our consideration of Prevention Michigan's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Prevention Michigan's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Prevention Michigan's internal control over financial reporting and compliance.

Clark, Schaefer, Hackett & Co.

East Lansing, Michigan February 8, 2024

Assets		
	2023	2022
Current assets:		
Cash	\$ 550,766	583,165
Contributions receivable	534,197	457,467
Prepaid expenses	10,353	6,510
	1,095,316	1,047,142
Other assets:		
Right-of-use assets	106,373	_
ragneorase assets		
	\$ 1,201,689	1,047,142
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 258,524	215,266
Accrued payroll and related expenses	24,293	17,783
Refundable advance	242,597	476,062
Current portion of operating lease liability	29,171	
	554,585	709,111
Long-term liabilities:		
Operating lease liabilities, net of current portion	78,287	
	000.070	700 444
	632,872	709,111
Net assets:		
Without donor restrictions		400 = 40
Undesignated	396,315	180,540
Designated	172,502	157,491
	568,817	338,031
	4.004.005	
	\$ 1,201,689	1,047,142

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenues:			
Grants and support	\$ 3,732,784	-	3,732,784
Direct public support	7,865	-	7,865
Program registration	19,672	-	19,672
Program sponsorships	3,100	-	3,100
Interest income	2,517	-	2,517
Other income	7,752		7,752
	3,773,690		3,773,690
Expenses:			
Program services	3,255,615	-	3,255,615
Administration	287,289		287,289
	3,542,904		3,542,904
Change in net assets	230,786	-	230,786
Net assets, beginning of year	338,031		338,031
Net assets, end of year	\$ 568,817	<u>-</u>	568,817

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenues:			
Federal grants	\$ 1,966,430	-	1,966,430
Direct public support	708	-	708
Program registration	17,905	-	17,905
Program sponsorships	13,000	-	13,000
Interest income	1,464	-	1,464
Other income	1,462		1,462
	2,000,969		2,000,969
Expenses:			
Program services	1,709,325	-	1,709,325
Administration	185,167	<del>-</del>	185,167
	1,894,492		1,894,492
Change in net assets	106,477	_	106,477
Net assets, beginning of year	231,554	<u>-</u>	231,554
Net assets, end of year	\$ 338,031	<u>-</u>	338,031

	<u>P</u>	<u> Program Service</u>	!	
		Substance		
		Abuse		
		<u>Prevention</u>	Administration	Total
Salaries and wages	\$	330,850	72,625	403,475
Payroll taxes and				
other fringe benefits	_	98,564	21,636	120,200
	_	429,414	94,261	523,675
Regranting		2,482,114	130,638	2,612,752
Travel		37,187	1,957	39,144
Accounting and auditing		73,583	28,615	102,198
Supplies		31,311	13,419	44,730
Communications		19,364	2,152	21,516
Insurance		16,022	1,780	17,802
Professional fees		72,261	8,029	80,290
Membership fees		5,158	271	5,429
Lease and rent		30,622	2,663	33,285
Training		14,400	2,743	17,143
Meals		3,994	761	4,755
Meetings and workshops		18,984	-	18,984
Legal		5,913	-	5,913
Other operating expenses	_	15,288		15,288
	_	2,826,201	193,028	3,019,229
5	\$	3,255,615	287,289	3,542,904

	<u>F</u>	Program Service Substance Abuse		
		<u>Prevention</u>	Administration	Total
Salaries and wages Payroll taxes and	\$	244,272	53,621	297,893
other fringe benefits		73,653	16,168	89,821
		317,925	69,789	387,714
Regranting		1,112,416	58,548	1,170,964
Travel		11,805	621	12,426
Accounting		43,740	17,010	60,750
Supplies		43,345	18,576	61,921
Communications		6,895	766	7,661
Contract labor		1,140	-	1,140
Insurance		9,981	1,109	11,090
Professional fees		90,590	10,066	100,656
Membership fees		7,018	369	7,387
Lease and rent		28,223	2,454	30,677
Training		28,468	5,422	33,890
Meals		2,296	437	2,733
Meetings and workshops		878	-	878
Other operating expenses		4,605		4,605
		1,391,400	115,378	1,506,778
	\$	1,709,325	185,167	1,894,492

	_	2023	2022
Cash flows from operating activities:			
Change in net assets	\$	230,786	106,477
Adjustments to reconcile change in net assets to net cash			
provided by operating activities:			
Amortization of right of use asset		27,716	-
Effects of changes in assets and liabilities:			
Receivables		(76,730)	(414,842)
Prepaid expenses		(3,843)	3,901
Accounts payable		43,258	205,208
Accrued payroll and related expenses		6,510	1,564
Refundable advance		(233,465)	438,745
Operating lease liability	_	(26,631)	
Change in cash		(32,399)	341,053
Cash, beginning of year	=	583,165	242,112
Cash, end of year	\$_	550,766	583,165

#### 1. NATURE OF OPERATIONS:

Prevention Michigan (the Organization) was organized in 1992 as a nonprofit corporation to provide and enhance volunteer-based alcohol and other drug abuse prevention efforts. Prevention Michigan conducts various activities, including publishing newsletters and directories to disseminate information on available programs; assisting in coordinating educational seminars; and providing mini-grants, networking, and technical assistance to grass roots community organizations to conduct various prevention programs.

Prevention Michigan operates under an elected Board of Directors and an Executive Director. The primary sources of Prevention Michigan's revenue are grants and public contributions.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

#### Basis of accounting and presentation

The financial statements are prepared on the accrual basis of accounting, whereby revenue and expenses are recognized when earned or incurred regardless of when actually received or paid. Net assets of the Organization and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions- Net assets that are not subject to donor-imposed stipulations.

Net Assets With Donor Restrictions—Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates those resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. For the years ended September 30, 2023 and 2022, the Organization had no such net assets.

# **Use of estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

#### Cash

For purposes of the statement of cash flows, cash consists of deposits in general checking accounts.

#### Contributions receivable

The Organization uses the allowance method for accounting for doubtful accounts. Management regularly reviews the collection history of its receivables balances with particular attention given to those amounts greater than 90 days old. Based on management's review, no allowance was deemed necessary as of September 30, 2023 and 2022. Generally, accounts receivable consists of contribution revenue from federal or local sources, and management has determined these amounts to be fully collectable.

# Public support and revenue

The major sources of revenue are from grants and public contributions. Grants are received from federal, state, and local agencies. Revenue is recognized as it is earned.

#### Refundable advances

Refundable advances have been recorded to account for grant monies that have been received but for which the Organization has not yet met the conditions of the grants or contributions. The amount of conditional contributions for which conditions have not yet been met in September 30, 2023 and 2022 was \$242,597 and \$476,062, respectively.

# **Grants and contributions**

Contributions are recognized as an increase in net assets without donor restrictions unless donor stipulations specify their use. Donor restricted contributions, as well as unconditional promises to give are recognized as increases in net assets with donor restrictions. When the stipulation is satisfied, or the asset is collected, the asset is reclassified to net assets without donor restrictions. These transactions are shown as net assets released from restrictions in the statement of activities. In the event a restriction is fulfilled or an unconditional promise to give is collected in the same period which it is received, it is recognized directly as an increase in net assets without donor restrictions.

#### Contributed nonfinancial assets and services

The Organization will record various types of in-kind contributions in accordance with GAAP that have a fair value of \$500 or more. This pronouncement requires recognition of professional services received if those services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized at fair value when received. The value of donated services is recorded as contributions in the period the services are rendered. The amounts reflected in the financial statements as in- kind contributions will be offset by like amounts included in expenses. The Organization did not receive contributed materials, equipment, or services, during the fiscal year ended September 30, 2023 and 2022, meeting the recognition criteria.

#### Income taxes

The Organization is a nonprofit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and comparable state and local taxes. The Organization has been classified as a publicly supported organization that is not a private foundation under Section 509(a) of the Code. The Organization files information returns in the U.S. federal jurisdiction. The Organization evaluates all significant tax positions under a more likely than not threshold as required by GAAP. As of September 30, 2023 and 2022, the Organization does not believe that it has taken any tax positions, that would require the recording of any additional tax liability, nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Organization's income tax returns are subject to examination by the appropriate taxing jurisdictions. At September 30, 2023, the Organization's federal tax returns generally remain open for the last three years. The Organization is subject to a tax on income from any unrelated business income (the Organization has no unrelated business income) as defined by Section 509(a)(1) of the Code.

#### **Adoption of FASB ASC 842**

Effective October 1, 2022, the Organization adopted FASB Accounting Standards Codification ("ASC") 842, *Leases*. The Organization determines if an arrangement contains a lease at inception based on whether the Organization has the right to control the asset during the contract period and other facts and circumstances. The Organization elected the package of practical expedients permitted under the transition guidance within the new standard which, among other things, allowed it to carry forward the historical lease classification.

The adoption of FASB ASC 842 resulted in the recognition of right-of-use-assets of \$134,709 and operating lease liabilities of \$134,709 as of October 1, 2022. Results for periods beginning prior to October 1, 2022, continue to be reported in accordance with the Organization's historical accounting treatment.

#### Leases

The Organization leases office space. The determination of whether an arrangement is a lease is made at the lease's inception. Under ASC 842, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed.

Operating leases are included in operating lease right-of-use ("ROU") assets and operating lease liabilities in the Organization's statements of financial position.

ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments. Operating lease ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. The Organization uses the implicit rate when it is readily determinable. Since most of the Organization's leases do not provide an implicit rate, the Organization is electing to use the risk-free rate applicable at lease commencement for all classes of leased assets. Operating lease ROU assets also includes any lease payments made and excludes any lease incentives. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Organization's lease terms may include options to extend or terminate the lease when it is reasonably certain that the Organization will exercise the option.

#### Functional allocation of expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The costs of program and supporting services activities have expenses presented in the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Salaries and benefits are allocated based on a time and cost study of where efforts are made, occupancy costs are allocated based on a square footage basis. Supplies, travel, and other similar one-time costs are directly applied to the function benefited.

#### Regranting

The Organization receives grants from the State of Michigan that it passes on to other organizations. The amount passed on to other organizations is recorded as regranting expenses in the statement of functional expenses.

#### Concentration of credit risk

As of September 30, 2023 and 2022, the amount of cash on deposit at FDIC insured banking institutions was \$558,235 and \$593,171 respectively. Although such cash investments may exceed federally insured limits at certain times during the year, they are, in the opinion of management, subject to minimal risk.

#### Subsequent events

Management has evaluated subsequent events through February 8, 2024, which is the date the financial statements were available to be issued.

# 3. LIQUIDITY AND AVAILABILITY:

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	_	2023	2022
Cash Contributions receivable	\$	550,766 534,197	583,165 457,467
		1,084,963	1,040,632
Restricted by board designation	-	(172,502)	(157,491)
Financial assets available to meet cash needs for general expenditure within one year	\$	912,461	883,141

The Organization's goal is generally to maintain financial assets to meet 90 days of operating expenses (approximately \$233,000 and \$180,000 for 2023 and 2022 respectively).

#### 4. RISK AND UNCERTAINTIES:

The Organization's operations are greatly dependent on governmental and local funding of their various programs. Significant changes in the level of government and local funding of these programs could have a favorable or unfavorable impact on the operating results of the Organization. In 2023, the Organization received approximately 99% of its support from grants. The Block Grant and the Substance Abuse Prescription Drug Overdose project grant provided 74% and 19% of the Organization's revenue, respectively.

In 2022, the Organization received approximately 98% of its support from grants. The Block Grant and the Prescription Drug Overdose grant provided 52% and 17% of the Organization's revenue, respectively.

#### 5. FLEXIBLE BENEFITS PLAN:

The Organization offers to its employees a flexible benefits cafeteria plan established under Section 125 of the Internal Revenue Code. The plan is available to all employees who are eligible to have health coverage under the Organization's health insurance plan and have a benefit enrollment form on file. The Plan allows eligible participants to pay the cost of their medical reimbursements and day care expenses by electing to have their compensation reduced. Any such amounts contributed to pay for this coverage would not be subject to federal income, social security, or unemployment taxation. The plan is administered by BASIC.

Prevention Michigan Notes to the Financial Statements September 30, 2023 and 2022

#### 6. DEFINED CONTRIBUTION RETIREMENT PLAN:

The Organization offers a simplified employee pension plan organized under Section 403(b) of the Internal Revenue Code to its employees. Contributions are made to each employee based on a set percentage of compensation. During 2023 and 2022, \$24,848 and \$15,414 were contributed to the plan respectively.

#### 7. LEASES:

The Organization entered into a 60-month operating lease on February 1, 2022, for office space. The lease goes until through March 31, 2027. Monthly payments are \$2,618 and will increase each year based on previous 12 months CPI Index up to a maximum of 5%.

The Organization has elected the option to use the risk-free rate to all classes of leased assets determined using a period comparable to the lease terms as the discount rate for leases where the implicit rate is not readily determinable.

The Organization has elected the practical expedient to not separate lease and non-lease components for all classes of leased assets.

Total lease costs for the year ended September 30, 2023 are as follows:

Operating lease cost

\$ 32,666

The following table summarizes the supplemental cash flow information for the year ended September 30, 2023:

Right-of-use assets obtained in exchange for lease liabilities

Operating leases

\$134,709

Cash paid for amounts included in measurement of lease liabilities:

Operating cash flows from operating leases

\$ 32,200

The following summarizes the weighted-average remaining lease term and weighted-average discount rate:

Weighted-average remaining lease term in years:

Operating leases

3.5

Weighted-average discount rate:

Operating leases

4.04%

As of September 30, 2023, maturities of lease liabilities were as follows:

	Operating leases		
2024	\$ 32,976		
2025	32,976		
2026	32,976		
2027	<u>16,488</u>		
Total lease payments	115,416		
Less: imputed interest	<u>(7,958</u> )		
Total lease obligations	107,458		
Less: current obligations	<u>(29,171</u> )		
Long-term lease obligations	\$ <u>78,287</u>		

Prior to adoption of ASC 842, the Organization's lease expense amounted to \$30,677 in 2022.

There were no material operating leases that the Organization had entered into and that were yet to commence as of September 30, 2023.

#### 8. CONTINGENCIES:

The Organization receives significant assistance from federal and state governmental agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability. However, in the opinion of management, any such disallowed claims will not have a material effect on the financial statements or on the overall position of the Organization.

# 9. CLASSIFICATION OF REVENUE:

The following summarizes revenue by type for the years ended September 30, 2023 and 2022:

	_	2023	2022
Revenue from contracts with customers Contribution revenue Interest revenue Other revenue	\$	19,672 3,743,749 2,517 7,752	17,905 1,980,138 1,464 1,462
	\$	3,773,690	2,000,969

# 10. BOARD DESIGNATED NET ASSETS:

The Organization's Board of Directors have designated net assets without donor restrictions for the following purposes:

	2023	2022
Parenting Awareness Michigan Michigan Coalition to Reduce Underage Drinking Smart Recovery Cash flow and operations	\$ 13,901 8,581 20 150,000	386 7,085 20 150,000
	\$ 172,502	157,491



# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

The Board of Directors Prevention Michigan:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Prevention Michigan (a not-for-profit organization), which comprise the statement of financial position as of September 30, 2023, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 8, 2024.

# Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Prevention Michigan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Prevention Michigan's internal control. Accordingly, we do not express an opinion on the effectiveness of Prevention Michigan's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

#### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Prevention Michigan's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

# **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Clark, Schaefer, Hackett & Co.

East Lansing, Michigan February 8, 2024



# INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

The Board of Directors Prevention Michigan:

# Report on Compliance for Each Major Federal Program Opinion on Each Major Federal Program

We have audited Prevention Michigan's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Prevention Michigan's major federal programs for the year ended September 30, 2023. Prevention Michigan's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Prevention Michigan complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023.

# **Basis for Opinion on Each Major Federal Program**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Prevention Michigan and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Prevention Michigan's compliance with the compliance requirements referred to above.

#### **Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Prevention Michigan's federal programs.

# Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Prevention Michigan's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Prevention Michigan's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Prevention Michigan's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Prevention Michigan's internal control over compliance relevant to the
  audit in order to design audit procedures that are appropriate in the circumstances and to test and
  report on internal control over compliance in accordance with the Uniform Guidance, but not for
  the purpose of expressing an opinion on the effectiveness of Prevention Michigan's internal
  control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

# **Report on Internal Control over Compliance**

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Clark, Schaefer, Hackett & Co.

East Lansing, Michigan February 8, 2024

Granting Agency/ Passthrough Agency/ Program Title	Assistance Listing <u>Number</u>	Contract <u>Number</u>	Passed Through to Subrecipients	Federal Expenditures
U.S. Department of Health and Human Services				
Michigan Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	252510	\$ -	227,772
COVID-19 Block Grants for Prevention and Treatment of Substance Abuse	93.959	252551	2,008,913	2,209,166
COVID-19 Block Grants for Prevention and Treatment of Substance Abuse	93.959	252553	<del>-</del>	310,769
			2,008,913	2,747,707
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	252555	603,838	714,316
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	252562	<del>-</del>	211,310
			603,838	925,626
Total federal expenditures			\$ <u>2,612,751</u>	3,673,333

## 1. BASIS OF PRESENTATION:

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Prevention Michigan under programs of the federal government for the year ended September 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Prevention Michigan it is not intended to and does not present the financial position, changes in net assets, or cash flows of Prevention Michigan.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement. Amounts passed through to subrecipients are reported on the cash basis in accordance with the Uniform Guidance.

#### 3. INDIRECT COST RATE:

Prevention Michigan has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

# SECTION I: SUMMARY OF AUDITORS' RESULTS

Financial Statements			
Type of auditors' report issued: Unmodifie	ed		
Internal control over financial reporting:  • Material weakness(es) identified?  • Significant deficiency(ies) identifie	ed	XNo	
that are not considered to be mate weakness(es)?	erial Yes	X None reported	
Noncompliance material to financial statements noted?	Yes	XNo	
Federal Awards			
Internal control over major programs:		_X_No	
are not considered to be material weakness(es)?	Yes	X None reported	
Type of auditors' report issued on complia	nce for major programs:	Unmodified	
Any audit findings disclosed that are requi	red		
to be reported in accordance with 2 CFR 200.516(a)?	Yes	_X_ No	
Identification of major programs:			
Assistance Listing Number 93.959	Name of Federal Program or Cluster  Block Grants for Prevention and Treatment of Substance  Abuse		
93.959	COVID-19 Grants for Pr Abuse	revention and Treatment of Substance	
93.243	Substance Abuse & Me Regional & National S	ntal Health Services Project of Significance	
Dollar threshold used to distinguish betwe	en		
Type A and type B programs:	\$ <u>750,000</u>		
Auditee qualified as low-risk auditee?	Yes	X No	

**SECTION II: FINANCIAL STATEMENT FINDINGS** 

None

SECTION III: FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None



