EXTENDED TO AUGUST 15, 2023

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending SEP 30, 2022 Open to Public

A F	or the	2021 calendar year, or tax year beginning OCT 1, 2021 and ending	SEP 30, 2022						
B 0	Check if	C Name of organization	D Employer identifi						
а	pplicable:	, and the second							
	Address change	CARE OF SOUTHEASTERN MICHIGAN							
	Name change	Doing business as	38-21752	74					
	Initial return		uite E Telephone numbe	r					
	Final return/	31900 UTICA ROAD		1-0033					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,666,862.					
	Amende return		H(a) Is this a group re	eturn					
	Applica-		? Yes X No						
Application pending F Name and address of principal officer:DEBBIE SMITH for subordinates? Yes SAME AS C ABOVE H(b) Are all subordinates included? Yes									
1 1	ax-exer	mpt status: X 501(c)(3)		list. See instructions					
J١	Vebsite	E ► WWW.CAREOFSEM.COM	H(c) Group exemptio	n number					
KF	orm of c	organization: X Corporation Trust Association Other Ly	ear of formation: 1977 N	∧ State of legal domicile: M I					
Pa		Summary							
Φ	1 B	riefly describe the organization's mission or most significant activities: SEE SCHE	DULE O						
Activities & Governance	_								
ñ.		Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n	•						
Š		lumber of voting members of the governing body (Part VI, line 1a)		12					
8 O		lumber of independent voting members of the governing body (Part VI, line 1b)		12					
es		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		135					
Ξ		otal number of volunteers (estimate if necessary)		200					
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.					
	bΛ	let unrelated business taxable income from Form 990-T, Part I, line 11		0.					
			Prior Year	Current Year					
ne		Contributions and grants (Part VIII, line 1h)	4,699,988.	4,105,584.					
Revenue		Program service revenue (Part VIII, line 2g)	406,062.	511,937.					
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,134. 120,161.	5,338.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,229,345.	36,702.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,229,345.	4,659,561.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		denefits paid to or for members (Part IX, column (A), line 4)	3,991,072.	3,814,220.					
ses	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
Expenses	loa P	rofessional fundraising fees (Part IX, column (A), line 5-10)	0.	0.					
Ä		otal fundraising expenses (Part IX, column (b), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	683,271.	794,111.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,674,343.	4,608,331.					
		Revenue less expenses. Subtract line 18 from line 12	555,002.	51,230.					
or es	.5	iovonad 1000 experieds. Oubtract fine 10 front fine 12	Beginning of Current Year	End of Year					
ets (20 T	otal assets (Part X, line 16)	2,039,490.	2,110,993.					
Ass I Ba	21 T	otal liabilities (Part X, line 26)	387,263.	432,690.					
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20	1,652,227.	1,678,303.					
		Signature Block	· · ·	, ,					
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of n	ny knowledge and belief, it is					
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	oarer has any knowledge.						
Sig	n	Signature of officer	Date						
Her	e	JENNIFER HAGEDON, INTERIM CHIEF FINANCIAL	OFF.						
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid	-	MICHAEL R. NICHOLAS	self-employ						
		Firm's name GJC CPA'S & ADVISORS	Firm's EIN 🛌	38-2029668					
Use	Only	Firm's address 535 GRISWOLD STREET, SUITE 1200	,_	12) 065 0655					
		DETROIT, MI 48226-3689	Phone no. (3	13) 965-2655					
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No					

Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO STRENGTHEN RESILIENCY IN PEOPLE AND THEIR COMMUNITIES THROUGH
	PREVENTION, EDUCATION, AND SERVICES THAT IMPROVE THE QUALITY OF LIFE
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 \$ 1,828,133. including grants of \$) (Revenue \$ 230,371.)
	PEER RECOVERY SERVICES - THIS PROGRAM PROVIDES PROFESSIONAL RECOVERY
	SUPPORT BY A TEAM OF PEER RECOVERY COACHES. A PEER RECOVERY COACH IS A
	PERSON IN LONG-TERM RECOVERY FROM A SUBSTANCE USE DISORDER THAT IS
	MATCHED TO AN INDIVIDUAL TO ACT AS A MENTOR, MOTIVATOR, ALLY, ROLE MODEL, PROBLEM SOLVER, AND ADVOCATE TO THE INDIVIDUAL BEING SERVED TO
	BETTER DEVELOP AND ENHANCE THE INDIVIDUAL'S RESOURCES AND SKILLS TO
	MANAGE HIS OR HER RECOVERY.
	1 022 065
4b	(Code:) (Expenses \$ 1,033,267. including grants of \$) (Revenue \$ 130,207.) PREVENTION SERVICES - THIS PROGRAM OFFERS A NUMBER OF SUBSTANCE USE
	DISORDER PREVENTION PROGRAMS TO REDUCE THE MISUSE AND ABUSE OF ALCOHOL,
	TOBACCO, AND OTHER DRUGS. PROGRAMMING IS AVAILABLE FOR PEOPLE OF ALL
	AGES AND INCLUDES CLASSES, GROUPS, WORKSHOPS, SKILL BUILDING, SUMMER
	CAMPS, AND TECHNICAL ASSISTANCE TO LOCAL COALITIONS.
4c	(Code:) (Expenses \$ 794,970 • including grants of \$) (Revenue \$ 100,178 •)
	CLINICAL AND TREATMENT SERVICES - THIS PROGRAM PROVIDES A WIDE RANGE OF
	CLINICAL AND TREATMENT RELATED SERVICES TO YOUTH AND ADULTS. SPECIFIC
	PROGRAMMING INCLUDES OUTPATIENT TREATMENT, MARITAL AND FAMILY
	COUNSELING, SUBSTANCE USE DISORDER EVALUATIONS, STUDENT ASSISTANCE, AND
	CRISIS RESPONSE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 406,158 • including grants of \$) (Revenue \$ 51,181 •)
<u>4e</u>	Total program service expenses ► 4,062,528. Form 990 (2021)
	Form 990 (2021)

Form 990 (2021) CARE OF SOUT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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			37
	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?			X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		22
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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	40	Х	
L	Schedule D, Parts XI and XII	12a	Λ	
D	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,			<u> </u>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?If "Yes,"	4.		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		^ <u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	got of the formation of the first objection of the formation of the format		ı	

Form 990 (2021) CARE OF SOUTHEASTE 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member 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		Х
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		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	33		
J -1	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Chiese in Canadada a contamba a response ar riota to diriy into in tino i dit v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

021) CARE OF SOUTHEASTERN MICHIGAN

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 13	5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l 🕶					
	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 contributions or gifts	۱							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	2 -		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			122					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
C	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 25					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year? N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders N/A 11a	_							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-							
а		13a							
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
_	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 Schedule O	14a							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.45							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
•	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17							
	If "Yes." complete Form 6069.								

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUSAN STYF - (586) 541-0033 31900 UTICA ROAD, FRASER, MI 48026-2556			
	JIJOU UIICA NUAD, FRASER, MI 40020-2000			

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	atior	n coi	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cei ai	lu a u	liecic	i/ii us	100)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee Ge	ubeu		1099-NEC)	1099-NEO)	and related
	below	dualt	rtiona	٦	nploy	st col	-	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN STYF	45.00	_	_		_					
PRESIDENT AND C.E.O.				Х				103,707.	0.	19,736.
(2) MONIQUE STANTON	45.00									
PRESIDENT AND C.E.O. (FORMER)				Х				66,976.	0.	3,650.
(3) DEBBIE SMITH	0.75									
CHAIR		Х		Х				0.	0.	0.
(4) EUGENE LOVELL	0.75									
VICE-CHAIR, INT. OPER. AND TREASURER		Х		Х				0.	0.	0.
(5) CARRIE RYCKMAN	0.75									
VICE-CHAIR, EXTERNAL OUTREACH		Х		Х				0.	0.	0.
(6) MICHAEL FONTANA	0.75									
SECRETARY		Х		Х				0.	0.	0.
(7) HARRY KALOGERAKOS	0.75									
DIRECTOR		Х						0.	0.	0.
(8) PETER KOLAT	0.75							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) EBONI MATHIS	0.75									
DIRECTOR		Х						0.	0.	0.
(10) JEFFREY MCMICHAEL	0.75									
DIRECTOR		Х						0.	0.	0.
(11) PAULA ROMAN	0.75									
DIRECTOR		Х						0.	0.	0.
(12) LUCIA SMITH	0.75									
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		1								
		\vdash								
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				l						

132007 12-09-21 Form **990** (2021)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d H	ighe	st (Compensated Employe	es(continued)				
	(A) Name and title	(B) Average			(C) Position not check more than on				(D) Reportable	(E) Reportable		Est	(F) imate	d
		hours per week (list any hours for	director	, unle	ss pe	rson i	is bot or/trus	h an stee)	compensation from the organization	compensatio from related organizations (W-2/1099-MIS	3	am comp	ount on other oensatom the	of tion
		related organizations below line)	tee or	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	O,	orga and	nizati relate nizatio	on ed
		iiiTey	<u>u</u>	ılı)O	Ke	宝ぁ	요						
			_											
			_											
			_											
			_											
	Subtotal Total from continuation sheets to Part V							<u> </u>	170,683.		0.	23	3,38	36.
	Total (add lines 1b and 1c) Total number of individuals (including but r							<u> </u>	170,683.	0,000 of reportab	0.	23	3,38	_
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J t	for such individual			4		X
	rendered to the organization? If "Yes," comtion B. Independent Contractors	•					•					5		X
1	Complete this table for your five highest co the organization. Report compensation for	= = = = = = = = = = = = = = = = = = = =	-								pens	ation fi	om	
	(A) Name and business			INC					(B) Description of s		С	(C omper) Isatior	1
	Total number of independent contractors (i	neludina but s		mito	nd +0	tho	NEO 1:	etor	d ahova) who received a	nore than				
_	\$100,000 of compensation from the organi		J. 111		,u 10	(0	316(above, who received h	IOIE IIIAII)OO (6	

Form 990 (2021) CARE OF
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
			-	,	(A)	(B)	(C)	_ (D)		
					Total revenue	Related or exempt	Unrelated	Revenue excluded		
						function revenue	business revenue	from tax under sections 512 - 514		
<u>ω</u> ω				164,335.				000110110 0 12 0 1 1		
발표			Federated campaigns 1a	104,333.						
يقوا			Membership dues 1b							
A,		С	Fundraising events1c							
후		d	Related organizations 1d							
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e 3	,837,342.						
rigi		f	All other contributions, gifts, grants, and							
la pri			similar amounts not included above 1f	103,907.						
<u> </u>		a	Noncash contributions included in lines 1a-1f							
a Sol		_	Total. Add lines 1a-1f	•	4,105,584.					
- 1		-	Totall / Idd II/Idd	Business Code	, ,					
a l	2	_	CLIENT FEES	900099	511,937.	511,937.				
Š				300033	311,337.	311,337.				
Je n		b								
le S		С								
gra Re		d								
Program Service Revenue		е								
۵ ا	•	f	All other program service revenue							
		g	Total. Add lines 2a-2f)	511,937.					
	3		Investment income (including dividends, inter	rest, and						
			other similar amounts)		5,338.			5,338.		
	4		Income from investment of tax-exempt bond							
	5		Royalties	•						
	_		(i) Real	(ii) Personal						
	6	2		,						
			' ··· —		-					
			Rental income or (loss) 6c							
			Net rental income or (loss)							
	7	а	Gross amount from sales of (i) Securities	(ii) Other						
			assets other than inventory 7a							
		b	Less: cost or other basis							
an			and sales expenses							
Other Revenue		С	Gain or (loss)7c							
&		d	Net gain or (loss)							
Jer			Gross income from fundraising events (not							
ਰ∣			including \$ of							
			contributions reported on line 1c). See							
			Part IV, line 18	44,003.						
			Less: direct expenses 8t							
			Net income or (loss) from fundraising events	>	36,702.			36,702.		
			Gross income from gaming activities. See		307.323			307.323		
	9	a								
			Part IV, line 19 9a Less: direct expenses 9b		-					
			Net income or (loss) from gaming activities	<u></u>						
	10	а	Gross sales of inventory, less returns							
			and allowances10							
		b	Less: cost of goods sold10	b						
		С	Net income or (loss) from sales of inventory .	<u></u>						
_တ				Business Code						
o o	11	а								
ane		b								
Miscellaneous Revenue		С								
Jisc R			All other revenue							
2			Total. Add lines 11a-11d							
	12	_	Total revenue. See instructions		4,659,561.	511,937.	0.	42,040.		
	12		Total Totaliao: Oco motractiono		- /	,,,,,,	• •	,,		

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 respon			<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		onponioed	general expenses	ση ρ οι 1000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	124,803.	45,724.	79,079.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,997,066.	2,610,761.	326,718.	59,587.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		422	4.4	
9	Other employee benefits	464,401.	439,289.	19,596.	5,516.
10	Payroll taxes	227,950.	215,624.	9,618.	2,708.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	20 252	20 252		
	column (A), amount, list line 11g expenses on Sch 0.)	28,252.	28,252.		
12	Advertising and promotion	178,645.	161,129.	9,017.	9 400
13	Office expenses	106,627.	104,457.	9,017.	8,499. 2,170.
14	Information technology	100,027.	104,437.		2,170.
15	Royalties	103,064.	102,093.		971.
16	Occupancy	43,434.	42,998.	399.	37.
17	Travel	13,1310	42,000	377.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	6,292.	6,292.		
19 20	, , ,	0,252.	0,252.		
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	31,306.	19,217.	10,995.	1,094.
23	Incurance	37,421.	36,546.		875.
23 24	Other expenses. Itemize expenses not covered	.,	22,320		3,34
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EDUCATION AND TRAINING	56,198.	56,198.		
b	ORGANIZATIONAL COSTS	36,379.	35,104.		1,275.
c	ASSISTANCE TO CLIENTS	21,916.	21,916.		
d	AFFILIATE NETWORK	21,692.	21,692.		
-	All other expenses	122,885.	115,236.		7,649.
25	Total functional expenses. Add lines 1 through 24e	4,608,331.	4,062,528.	455,422.	90,381.
26	Joint costs. Complete this line only if the organization	-	-	•	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0004)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	710,463.	1	701,175		
	2	Savings and temporary cash investments		9,811.	2	9,637	
	3	Pledges and grants receivable, net	352,552.	3	522,549		
	4	Accounts receivable, net			313,720.	4	220,304
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			82,038.	9	100,640
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	999,295.			
	b	Less: accumulated depreciation	10b	566,157.	427,610.	10c	433,138
	11	Investments - publicly traded securities		143,296.	11	123,550	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	qual line :	33)	2,039,490.	16	2,110,993
	17	Accounts payable and accrued expenses	221,123.	17	264,146		
	18	Grants payable	166 140	18	160 544		
	19	Deferred revenue		166,140.	19	168,544	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24). Complete Part X		25	
	06	of Schedule D		·····	387,263.	26	432,690
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			307,203	20	452,050
es		and complete lines 27, 28, 32, and 33.	HECK HE	e - 11			
auc	27				1,431,536.	27	1,478,862
Bal	28	Net assets with donor restrictions			220,691.	28	199,441
- Du	20	Organizations that do not follow FASB ASC				20	
Ī		and complete lines 29 through 33.	, 000, 011				
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,652,227.	32	1,678,303
_	33	Total liabilities and net assets/fund balances			2,039,490.	33	2,110,993

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,60		
3	Revenue less expenses. Subtract line 2 from line 1	3			30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,65		
5	Net unrealized gains (losses) on investments	5	-2	5,1	54.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,67	8,3	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CARE OF SOUTHEASTERN MICHIGAN 38-2175274 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (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) Yes 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.)

Se	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,731,003.	4,633,177.	4,827,199.	4,699,988.	4,105,584.	21,996,951.
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	3,731,003.	4,633,177.	4,827,199.	4,699,988.	4,105,584.	21,996,951.
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)						
	Public support. Subtract line 5 from line 4.						21,996,951.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,731,003.	4,633,177.	4,827,199.	4,699,988.	4,105,584.	21,996,951.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	6 205	4 0 4 0	6 005	2 124	F 222	05 044
	and income from similar sources	6,395.	4,842.	6,205.	3,134.	5,338.	25,914.
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	E1 100	27 700	48,905.	01 261		210 252
	assets (Explain in Part VI.)	51,189.	37,798.	40,905.	81,361.		219,253.
	Total support. Add lines 7 through 10		,				22,242,118. ,195,266.
	Gross receipts from related activities						,195,200.
13	First 5 years. If the Form 990 is for the	•	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	. —
50	organization, check this box and stopetion C. Computation of Publ		roontago				<u></u>
	-			L (f)			98.90 %
	Public support percentage for 2021 (15	98.90 % 98.60 %
	Public support percentage from 2020						, -
102	33 1/3% support test - 2021. If the c	•		•		•	
	stop here. The organization qualifies						
L	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization qua						
1/2	10% -facts-and-circumstances test						
	and if the organization meets the fact					_	
L	meets the facts-and-circumstances to	-	•	*	-	17a, and line 15 is	
į,	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets t				-		ightharpoonup
10	organization meets the facts-and-circ Private foundation. If the organization		-				
10	r rivate iouridation. Il the organization	AT GIG HOL CHECK A	DUA UITIII IO, 10	a, 100, 17a, 01 17k	J, ULICUN LI 115 DUX 8	21 1G SEE 11 ISH UCHOL	ıo 厂 └── │

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.)

Section	n A. Public Support	, , ,	,				
Calendar y	year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts	s, grants, contributions, and						
men	nbership fees received. (Do not						
inclu	ıde any "unusual grants.")						
2 Gros	ss receipts from admissions,						
	chandise sold or services per-						
	led, or facilities furnished in activity that is related to the						
	inization's tax-exempt purpose						
3 Gros	ss receipts from activities that						
are r	not an unrelated trade or bus-						
ines	s under section 513						
4 Tax	revenues levied for the organ-						
izatio	on's benefit and either paid to						
or ex	kpended on its behalf						
5 The	value of services or facilities						
	shed by a governmental unit to						
the o	organization without charge						
6 Tota	al. Add lines 1 through 5						
7a Amo	ounts included on lines 1, 2, and						
3 red	ceived from disqualified persons						
	nts included on lines 2 and 3 received other than disqualified persons that						
excee	d the greater of \$5,000 or 1% of the						
	nt on line 13 for the year						
c Add	lines 7a and 7b						
8 Pub	lic support. (Subtract line 7c from line 6.)						
	B. Total Support		1	1	<u></u>	•	1
-	year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ounts from line 6						
	ss income from interest, lends, payments received on						
secu	rities loans, rents, royalties,						
	income from similar sources						
	lated business taxable income						
,	section 511 taxes) from businesses						
•	ired after June 30, 1975						
	lines 10a and 10b						
	income from unrelated business vities not included on line 10b,						
whe	ther or not the business is						
_	larly carried on						
	er income. Do not include gain ss from the sale of capital						
asse	ets (Explain in Part VI.)						
	support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	5047 7/27	<u> </u>
	t 5 years. If the Form 990 is for th	_			•		
	ck this box and stop here C. Computation of Publi						P
	lic support percentage for 2021 (li			column (f))		15	%
	lic support percentage for 2021 (ii					16	
	D. Computation of Inves					1 10 1	70
	stment income percentage for 20			ine 13. column (f)		17	%
	stment income percentage from 2					18	
	/3% support tests - 2021. If the						
	e than 33 1/3%, check this box ar						▶ □
	/3% support tests - 2020. If the						and
	18 is not more than 33 1/3%, che	•			•	•	
	ate foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	_		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4.		
	4b		
	4c		
	70		
	5a		
	5b		
	5с		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	101-		
lula	10b A (Forr	n 000	2021
uit	, A 11 UI I	ンざし	

Pai	t IV	Supporting Organizations (continued)			<u> </u>
		1. Communication		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>		orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		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.	_4	1	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction	$\overline{}$	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Tes, therm Fait Videntity			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

Pa	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	s 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - page 1)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive)	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		
Sect	on E - Distribution Allocations (see instructions)	(ii) Underdistributions	(iii) Distributable	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEI	OULE	Α,	PART	II,	LINE	10,	EXPL	ANATION	1 FOR	OTHER	INCOME:	
MISCI	ELLAI	NEOU	S IN	COME								
2017	AMO	JNT:	\$	51,3	189.							
2018	AMO	JNT:	\$	37,	798.							
2019	AMO	JNT:	\$	48,9	905.							
2020	AMO	JNT:	\$	81,3	361.							

Schedule A (Form 990) 2021

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

Open to Public Inspection

Name of the organization

CARE OF SOUTHEASTERN MICHIGAN

Employer identification number 38-2175274

Pai			or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) 💹 Preservation o	f a historically	important land area
	Protection of natural habitat	Preservation o	f a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the forn	n of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc-	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	·		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that de	scribes the
Da	organization's accounting for conservation easements.	f Aut Historical Transcures or O	Hoor Circil	au Accete
Pai	t III Organizations Maintaining Collections o		ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under FASB ASC 98	·		
	of art, historical treasures, or other similar assets held for pu			T public
	service, provide in Part XIII the text of the footnote to its fina			
D	If the organization elected, as permitted under FASB ASC 98			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	tnerance of p	ublic service,
	provide the following amounts relating to these items:		_	•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre		aı gaın, provi	ae
	the following amounts required to be reported under FASB A			Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
n	Accord inclined in Form unit Part X		_	

Par	t III Organizations Maintaining Colle	ections of Art, His	storical Tr	easures, c	or Other S	Similar As	sets (continued)	
3	Using the organization's acquisition, accession,	and other records, che	eck any of the	following that	at make sigi	nificant use c	f its	
	collection items (check all that apply):							
а	Public exhibition	d 🗀	Loan or exc	hange progr	am			
b	Scholarly research	е 🗀	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain how	they further	the organizat	ion's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or re							
	to be sold to raise funds rather than to be mainta	ained as part of the org	ganization's c	ollection?			Yes N	0
Par	t IV Escrow and Custodial Arranger						: IV, line 9, or	
	reported an amount on Form 990, Part X,	line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	or contribution	ns or other as	ssets not in	cluded		
	on Form 990, Part X?						Yes N	o
b	If "Yes," explain the arrangement in Part XIII and							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form	990, Part X, line 21, fo	or escrow or o	custodial acc	ount liability	/?	Yes N	0
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explana	tion has beer	n provided or	Part XIII			
Par	t V Endowment Funds. Complete if the	e organization answere	ed "Yes" on F					
	(a) Current year (b)	Prior year	(c) Two yea	rs back (d)	Three years b	ack (e) Four years bac	k
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance (line	1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	_%						
С	Term endowment							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
За	Are there endowment funds not in the possession	on of the organization t	hat are held a	and administe	ered for the	organization		
	by:						Yes No	<u> </u>
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required or	Schedule R?)			3b	
4	Describe in Part XIII the intended uses of the organization		nt funds.					
Par	t VI Land, Buildings, and Equipmen	t.						
	Complete if the organization answered "Y	es" on Form 990, Par	IV, line 11a.	See Form 99	0, Part X, lir	ne 10.		
	Description of property	(a) Cost or other	(b) Cost	t or other	(c) Accu	umulated	(d) Book value	
		basis (investment)	basis	(other)	depre	ciation		
1a	Land		_					
b	Buildings		83	3,635.	47	5,040.	358,595	•
С	Leasehold improvements							
d	Equipment		16	55,660.	9	1,117.	74,543	•
	Other							_
Total	Add lines 1a through 1e (Column (d) must equa	I Form 990 Part X col	umn (R) line	10c)			433,138	

Part VII Investments - Other Securities.	are Faure 2000 Post IV line	- 11b Cas Farrer 000 Part V line 10	J
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 end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	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.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15		
Part X Other Liabilities.	<u>e 13.)</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	5
1. (a) Description of liability	0111 01111 000, 1 411 14, 1111	2 110 01 111. 000 1 0111 000,1 arex, iiio 20	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	 e 25)		
2 Liability for uncertain tax positions. In Part XIII. provide			that reports the

Par	τ Χι	Reconciliation of Revenue pe				its with F	Revenue per Ro	eturn.	•
		Complete if the organization answered							4 624 407
		revenue, gains, and other support per a		s				1	4,634,407.
		ints included on line 1 but not on Form 9	·			1 - 1	25 154		
		nrealized gains (losses) on investments					-25,154.	-	
		ted services and use of facilities						-	
		veries of prior year grants						-	
		(Describe in Part XIII.)							25 154
		nes 2a through 2d						2e	-25,154. 4,659,561.
		act line 2e from line 1						3	4,039,301.
		ints included on Form 990, Part VIII, line	*			1.1			
		tment expenses not included on Form 9				-		-	
		(Describe in Part XIII.)				4b			0
								4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must	equal Form 990, Part I, lin	e 12.)			Francisco	5	4,659,561.
Par	τ ΑΙΙ	Reconciliation of Expenses p				nts with	Expenses per	Retur	n.
		Complete if the organization answered							4,608,331.
		expenses and losses per audited financ						1	4,000,331.
		ints included on line 1 but not on Form 9	·			1 - 1			
		ted services and use of facilities						-	
		year adjustments						-	
		losses						_	
		(Describe in Part XIII.)							0
		nes 2a through 2d						2e	0.
		act line 2e from line 1						3	4,608,331.
		ints included on Form 990, Part IX, line 2	•			1.1			
		tment expenses not included on Form 9				$\overline{}$		_	
		(Describe in Part XIII.)							0
								4c	0. 4,608,331.
		expenses. Add lines 3 and 4c. (This must Supplemental Information.	st equal Form 990, Part I, I	ine 18.	.)			5	4,000,331.
			5 10 B 1 W 1' 4		- · ·		101 D 11/ 1	4.5.	V II 0 D 1 VI
		descriptions required for Part II, lines 3,						4; Part	X, line 2; Part XI,
iines 2	2a and	d 4b; and Part XII, lines 2d and 4b. Also	complete this part to prov	ide an	y addit	ionai intorn	nation.		
DAR	ייי ע	, LINE 2:							
I AI	. 1 25	, LINE Z.							
CAR	E'S	[THE ORGANIZATION'S	S] MANAGEMENT	TS	мот	י אַעאַבּיי	E OF ANY U	NCE	פתאדא האצ
CZII		THE ORGANIZATION E) HMMMODHDINI	Τ.	1101	. 21112111	d of Anti o	ТСП	KIMIN IMM
POS	ייד	ONS OR UNRECOGNIZED	TAY BENEFITS	ΔS	OF	SEDTE	MBER 30 2	022	OR 2021
100	,	OND ON OMNECOGNIZED	TAM DUNDITIO	710	<u> </u>		1DDR 50, 2	022	OR ZUZI:

Schedule D (Form 990) 2021 132054 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number CARE OF SOUTHEASTERN MICHIGAN 38-2175274 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				,	<u> </u>	3 +-,		
			(a) Event #1 RALLY 4	(b) Event #2 PARENTING	(c) Other events NONE	(d) Total events		
			RECOVERY	CONFERENCE	NONE	(add col. (a) through		
Revenue					(1.1.1)	col. (c))		
			(event type)	(event type)	(total number)			
	1	Gross receipts	20,844.	23,159.		44,003.		
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	20,844.	23,159.		44,003.		
	4	Cash prizes	1,300.			1,300.		
Se	5	Noncash prizes	1,219.			1,219.		
xpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses		138.		4,782.		
	10				•	7,301.		
		Net income summary. Subtract line 10 from I			_	36,702.		
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.		, , ,				
		· · · · · · · · · · · · · · · · · · ·	(-) Diame	(b) Pull tabs/instant	(-) Otto	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
eve								
Ж	1	Gross revenue						
S	2	Cash prizes						
Jse								
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	Ť	Carlot direct experiess	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:					
а		the organization licensed to conduct gaming a	Yes No					
b If "No," explain:								
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:								

Sch	nedule G (Form 990) 2021 CARE OF SOUTHEASTERN MICHIGAN 38-2	175	274	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
	Indicate the percentage of gaming activity conducted in:	1		
	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	daming manager compensation > 5			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year > \$ Interview Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	+ III ii	nos Q	0h 10h
1 0	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, II	1165 5,	90, 100,

Schedule G	G (Form 990)	CARE OF	SOUTHEASTERN	MICHIGAN	38-	2175274	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (contin	nued)				

SCHEDULE O (Form 990)

Department of the Treasury

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.

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

CARE OF SOUTHEASTERN MICHIGAN

Employer identification number 38-2175274

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO STRENGTHEN RESILIENCY IN PEOPLE AND THEIR COMMUNITIES THROUGH PREVENTION, EDUCATION, AND SERVICES THAT IMPROVE THE QUALITY OF LIFE FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PARENTING SERVICES - THIS PROGRAM PROVIDES A VALUABLE RESOURCE FOR PARENTS AND CAREGIVERS OF A CHILD AT ANY STAGE OF DEVELOPMENT. THE ORGANIZATION PROVIDES CLASSES, WORKSHOPS, CASE MANAGEMENT, HOME-BASED PROGRAMMING TO SUPPORT THE POSITIVE DEVELOPMENT OF CHILDREN AND TEENS. EXPENSES \$ 186,014. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 23,440.** WORKLIFE SOLUTIONS - THIS PROGRAM PROVIDES LOCAL BUSINESSES, MUNICIPALITIES, AND OTHER GOVERNMENT ENTITIES WITH AN EMPLOYEE ASSISTANCE PROGRAM. SERVICES INCLUDE COUNSELING, REFERRALS, PROFESSIONAL DEVELOPMENT, CRISIS RESPONSE, HUMAN RESOURCES CONSULTATION, AND OTHER SUPPORT SERVICES. EXPENSES \$ 220,144. **REVENUE \$ 27,741.** INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PRESENTED TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, ALONG WITH THE CHIEF FINANCIAL OFFICER, FOR REVIEW. FORM 990 IS THEN PRESENTED TO THE AUDIT SUBCOMMITTEE FOR REVIEW. THE AUDIT SUBCOMMITTEE RECOMMENDS ACCEPTANCE OF FORM 990 TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD OF

DIRECTORS THEN REVIEWS AND ACCEPTS FORM 990.

Schedule O (Form 990) 2021 Page **2**

Name of the organization CARE OF SOUTHEASTERN MICHIGAN Employer identification number 38-2175274

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY IS MAINTAINED AND REVIEWED WITH ALL STAFF AND MEMBERS OF THE BOARD OF DIRECTORS, THE LEADERSHIP TEAM, AND STAFF INVOLVED WITH PURCHASING. INDIVIDUALS SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. CONFLICTS INVOLVING THE BOARD OF DIRECTORS AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ARE REVIEWED BY THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS REGARDING ALLOWING OR DISALLOWING THE CONFLICTS OF INTEREST. THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER REVIEWS ALL CONFLICTS OF INTEREST INVOLVING STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S SALARY IS WITHIN THE

ORGANIZATION'S APPROVED SALARY RANGES. THE INTERNAL OPERATIONS COMMITTEE

REVIEWS SALARY RANGES AND RECOMMENDS THE RANGES TO BE APPROVED BY THE FULL

BOARD OF DIRECTORS. APPROVAL OF THE SALARY RANGES OCCURS AT THE AUGUST

BOARD OF DIRECTORS MEETING EACH YEAR. COMPARISON DATA FROM THE BOARD AND

ADMINISTRATOR NEWSLETTER, THE MICHIGAN NONPROFIT COMPENSATION AND BENEFITS

REPORT, AND OTHER SOURCES, WHEN AVAILABLE, IS USED TO EVALUATE THE

PRESIDENT AND CHIEF EXECUTIVE OFFICER'S SALARY. THE PRESIDENT AND CHIEF

EXECUTIVE OFFICER'S SALARY IS REVIEWED ANNUALLY AT THE TIME OF PERFORMANCE

EVALUATIONS.

SALARY RANGES FOR EMPLOYEES ARE REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS. COMPARISON DATA FROM THE MICHIGAN NONPROFIT COMPENSATION AND

BENEFITS REPORT IS USED TO SUBSTANTIATE RANGES.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** CARE OF SOUTHEASTERN MICHIGAN 38-2175274 GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE REQUEST. ORGANIZATION'S WEBSITE.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print CARE OF SOUTHEASTERN MICHIGAN 38-2175274 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 31900 UTICA ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 48026-2556 FRASER, MI Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 SUSAN STYF The books are in the care of ► 31900 UTICA ROAD - FRASER, MI 48026-2556 Telephone No. ► (586) 541-0033 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. AUGUST 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ▶ ☐ calendar year ► X tax year beginning OCT 1, 2021 , and ending SEP 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

instructions.