EXTENDED TO MAY 15, 2023

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning $$	ding J	<u>UN 30, 202</u>	.2
В	Check if applicable	C Name of organization		D Employer iden	tification number
	Addres	ON MY OWN OF MICHIGAN			
	Name change	Doing business as		38-3366	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1250 KIRTS Ro 30		E Telephone num (248)64	
	termin- ated			G Gross receipts \$	533,940.
	Ameno			H(a) Is this a group	
	Applic	F Name and address of principal officer: JENNIFER ROCCANTI		for subordina	
	pendin	g SAME AS C ABOVE		H(b) Are all subordinate	es included? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: \mathbf{X} 501(c)(3) \mathbf{S} 501(c) () \mathbf{A} (insert no.) \mathbf{S} 4947(a)(1) or \mathbf{S}	527	If "No," attach	n a list. See instructions
		e: > WWW.ONMYOWNOFMI.ORG		H(c) Group exemp	tion number
K	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: 1997	M State of legal domicile: MI
P	art I	Summary			
41	1	Briefly describe the organization's mission or most significant activities: ON MY	OWN I	MAKES INDE	PENDENT
Governance		LIVING POSSIBLE FOR PEOPLE WITH DEVELOPMENT	ral D	ISABILITIE	is.
rna	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed	of more	than 25% of its net	
Š	3				3 10
S S	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			4 10
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 6
Activities &	6	Total number of volunteers (estimate if necessary)			6 25
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		7b 0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 280, 580	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		233,239	
/en	9	Program service revenue (Part VIII, line 2g)		1,864	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61,500	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		577,183	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		280,784	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0	
Den	h	Total fundraising expenses (Part IX, column (D), line 25) 61,741			
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		210,420	201,294.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		491,204	
		Revenue less expenses. Subtract line 18 from line 12		85,979	
or	ß		Beg	ginning of Current Yea	
Net Assets or	20	Total assets (Part X, line 16)		460,935	413,759.
ASS	21	Total liabilities (Part X, line 26)		85,571	38,224.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		375,364	375,535.
P	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of	my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ı preparer l		15.5
		Jennifer Roccanti		11/22	<u>/22 </u>
Sig	ın	Signature of officer		Date	
He	re	JENNIFER ROCCANTI, EXECUTIVE DIRECTOR			
		Type or print name and title	In	Date Check	PTIN
D - '		Print/Type preparer's name Preparer's signature MTCHAEL CANITY COLTA MTCHAEL CANITY COLTA		.,	
Pai		MICHAEL SANTICCHIA MICHAEL SANTICCHI	А Ц	1/22/22 self-em	nployed P00046899
	parer	Firm's name UHY ADVISORS MI, INC.		Firm's EIN	38-1910111
USE	Only	Firm's address 455 E. EISENHOWER, SUITE 102 ANN ARBOR, MI 48108		Dhono na 7	734-213-1040
N/a	v the IF			Prione no. 7	X Yes
ivid	y une ir	IO GIOGGO HIIO FOLUITI WHIT HIO PIEPAIEI SHOWIT ADOVE! OEE HISHUUHIS			[] 163 [] 140

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	ON MY OWN OF MICHIGAN SUPPORTS PEOPLE WITH DEVELOPMENTAL DISABILITIES	
	AS THEY BUILD AND MAINTAIN THEIR INDEPENDENCE. IN OUR 25 YEARS OF	
	SERVICE TO THE METRO DETROIT COMMUNITY, WE'VE HELPED INDIVIDUALS WITH	
	AUTISM, DOWN SYNDROME AND OTHER COGNITIVE IMPAIRMENTS LIVE THE LIVES	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Ю
_	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 N If "Yes," describe these changes on Schedule O.	10
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 \$111 , 256 •	
	SKILL-BUILDING PROGRAM	_ ′
		_
	OUR SKILL BUILDING PROGRAM HOSTS FOUR TO SIX SKILL-BUILDING WORKSHOPS	_
	AND SOCIAL ACTIVITIES EACH WEEK FOR PEOPLE WITH DEVELOPMENTAL	
	DISABILITIES.	
	IN OUR MOST RECENT FISCAL YEAR, WE PROVIDED SKILL-BUILDING SUPPORT TO	
	48 PEOPLE WITH DEVELOPMENTAL DISABILITIES.	
4b	(Code:) (Expenses \$	
	INDEPENDENT LIVING PROGRAM	_ ′
	OUR INDEPENDENT LIVING PROGRAM PROVIDES PERSONALIZED INDEPENDENT LIVING	
	SUPPORT TO PEOPLE WITH DEVELOPMENTAL DISABILITIES.	
	IN OUR MOST RECENT FISCAL YEAR, 29 MEMBERS RECEIVED CUSTOMIZED	
	INDEPENDENT LIVING SUPPORT.	
4c		_)
	INDEPENDENCE PREP	
	INDEPENDENCE PREP IS A QUARTERLY OVERNIGHT INDEPENDENT LIVING	
	EXPERIENCE FOR TEENS AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES.	_
	LAUNCHED IN OUR MOST RECENT FISCAL YEAR, INDEPENDENCE PREP HOSTED TWO	_
	OVERNIGHT INDEPENDENT LIVING EXPERIENCES FOR 6 YOUNG ADULTS.	_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 83,044 · including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 433,201.	

Form 990 (2021) ON MY OWN OF MICHIGAN
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
•	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	ا ا		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			1
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ـ د د ا	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u></u>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) ON MY OWN OF MICHIGAN

Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			1
	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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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	27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 9 Finter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(gambling) winnings to prize winners?	וו		

Form 990 (2021)

ON MY OWN OF MICHIGAN

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

					Yes	No				
2 a	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	6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S				37				
	· · · · · · · · · · · · · · · · · · ·			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at			4.		x				
h	financial account in a foreign country (such as a bank account, securities account, or other financial action of the foreign country.	courit)		4a		1				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts	: (FRΔR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	-		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices pro	ovided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requi	red							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
_				8						
9	Sponsoring organizations maintaining donor advised funds.			9a						
a b				9b						
10	Section 501(c)(7) organizations. Enter:			30						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	40.								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c		110		Х				
14a				14a		<u> </u>				
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.			14b						
13	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			13						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	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 a	any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•		17		L				
	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			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent										
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		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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	Х								
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	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b		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	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	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?										
	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										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MI										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website 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, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	LUND CPA AND CONSULTING SERVICES, PLC - 586-755-1040 755 W. BIG BEAVER RD SHITE 2020 TROY MT 48084										
	THE WE DESTRUCT THE AUTOU TRUE WILL GOVE										

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.

X	Check this box if neither the organization	on nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	.
Control text work that none in the week (list any hours for related organizations below line) Compensation from related organizations below line) Fig. 1 Fig.	• •	(B)			_ ((C)			(D)	(E)	(F)
Nours per week (list any hours for related organizations below line) Nours for related organizations Nours for related organizations	Name and title	Average	(do					one	I		
Week			box	, unle	ss per	rson i	s both	an			
				Cei ai	lu a u	II ecto	Ctor/trustee)				
		1 '	irecto								
		I	e or d	ee tee			sated				
			ruste	trust		ee	nbeu		1	1099-NEC)	•
		"	dual t	rtiona	L	nploy	st cor	_	1000 1120)		
		I	ndivic	nstitu	Office	(ey er	Highe amplo	-orme			- 5. ga <u>-</u> a55
SOUTH NOTE SOU	(1) JENNIFER ROCCANTI	40.00									
SOUTH NOTE SOU	EXECUTIVE DIRECTOR				Х				97,262.	0.	4,086.
3 PATRICK MCFAWN 3 0 0 0 0 0 0 0 0 0	(2) DAVE KONOP	5.00									
X X X X X X X X X X	PRESIDENT		Х		Х				0.	0.	0.
SAME	(3) PATRICK MCFAWN	3.00									
X X X X X X X X X X	VICE PRESIDENT		Х		X				0.	0.	0.
SOURCE S	(4) BARBARA BAKER	5.00									
SECRETARY X X X X X X X X X	TREASURER		Х		X				0.	0.	0.
SECRETARY X X X X X X X X X	(5) CATHIE KLEVE	3.00									
X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
3.00	(6) LISA TOENNIGES	3.00							_	_	_
SOARD MEMBER X	SECRETARY		Х		X				0.	0.	0.
SOURCE S		3.00							_	_	_
SOARD MEMBER			Х						0.	0.	0.
(9) MONIQUE ELLISON-JENKINS BOARD MEMBER (10) KEVIN O'SHEA BOARD MEMBER (11) LESLIE ACCARDO 3.00 X 0. 0. 0. 0. 0.	(8) TIEAST LEVERETT-THORNTON	3.00									
X 0. 0. 0 0 0 0 0 0 0 0	BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN O'SHEA 3.00 X 0. 0. 0 BOARD MEMBER X 0. 0. 0	(9) MONIQUE ELLISON-JENKINS	3.00							_	_	_
BOARD MEMBER X 0. 0. 0 (11) LESLIE ACCARDO 3.00	BOARD MEMBER		Х						0.	0.	0.
(11) LESLIE ACCARDO 3.00		3.00									
			Х						0.	0.	0.
BOARD MEMBER X 0. 0. 0. 0		3.00									
	BOARD MEMBER		Х						0.	0.	0.
			-								
			1								
					_						
			-								

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

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	(440	Pos (do not check					Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		amount	of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	- 1	compensa	ation
	hours for	Individual trustee or director	as as			rted		organization	(W-2/1099-MISC	- 1	from th	
	related	stee	Institutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	al tru	onal t		Key employee	lo e		1099-NEC)			and relate	
	line)	dividu	stituti	Officer	/ emp	hest	Former			'	organizat	ions
	11110)	Ĕ	Ë	JO.	X.	ぎも	요			+		
		4										
										+		
		1										
						\vdash				+		
		1										
						\vdash				+		
		1										
										\top		
		1										
										\top		
		1										
										\top		
		1										
										\perp		
1b Subtotal							ightharpoons	97,262.		١.	4,0	86.
c Total from continuation sheets to Part V							ightharpoons	0.		٠.		0.
d Total (add lines 1b and 1c)								97,262.	0	٠.	4,0	86.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s										. L	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		. 🖃	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," con	plete Schedul	e J f	or su	ıch r	oers	on				:	5	X
Section B. Independent Contractors				_								
1 Complete this table for your five highest co										sation	1 from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	tnın T		ear.		(0)	
(A) Name and business	address	NTC	ONE	7				(B) Description of s	ervices	Con	(C) npensatio	าท
		11/	ZIVI					2000p.1101.101.101				
					_							
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation 🕨				()						
									·		000	(0001)

38-3366049

			Check if Schedule O	conta	ins a re	sponse	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
ωs	1	l a	Federated campaigns		1	la					
ant	•		Membership dues			lb					
ية ق			Fundraising events			ic					
ifts, r A			Related organizations			ld					
Ω.ë			Government grants (contri			le	61,057.				
Sir			All other contributions, gifts,		′ –		02,00.0				
et ju		•	similar amounts not included	-		lf	241,945.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in			lg \$					
Sugar		_	Total. Add lines 1a-1f		_		•	303,002.			
<u> </u>			Totall / Ida III loo Ta Ti				Business Code				
_o	2	2 a	SERVICE FEES				624100	224,101.	224,101.		
Š	_	b.	<u></u>								
Ser		c									
E S		d									
gra		e									
Program Service Revenue			All other program service	rever	nue						
			Total. Add lines 2a-2f					224,101.			
	3		Investment income (includ					,			
	_	other similar amounts)						2,073.			2,073.
	4	ŀ	Income from investment of					•			•
	5		Royalties		-	-					
			,			Real	(ii) Personal				
	6	à a	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a	3,	964.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	2,	742.					
en e		С		7c	1,	222.					
Ş			Net gain or (loss)					1,222.			1,222.
her Revenue	8		Gross income from fundraising								
₽			including \$. (of					
			contributions reported on	line 1	 1c). See	,					
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundr	raising e	event <u>s</u>					
	9) a	Gross income from gamin	g act	ivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamiı	ng activ	rities	<u></u>				
	10) a	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a	1				
			Less: cost of goods sold)				
		С	Net income or (loss) from	sales	of inve	ntory					
<u>s</u>			MT 0001 7 33700	- -		_	Business Code	200	000		
eor	11		MISCELLANEOUS	ТТ	NCOM	ഥ	900099	800.	800.		
Miscellaneous Revenue		b									
Sce		C	All allers								
ž			All other revenue					800.			
	40		Total Add lines 11a-11d					531,198.	224,901.	0.	3,295.
	12		Total revenue. See instruction	1110					22±,20±•	1	J, 4, J, J,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 32,491. 108,304. 64,983. 10,830. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 168,608. 168,608. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,393. 17,728. 946. Other employee benefits 3,389. 9 25,289. 17,716. 1,647. 5,926. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 25,364. 20,292. 2,536. 2,536. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,357. 3,533. 412. 412. Office expenses 13 11,262. 8,290. 988. 1,984. Information technology 14 Royalties 15 61,470. 49,176. 6,147. 6,147. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,926. 3,940. 493. 493. Depreciation, depletion, and amortization 22 9,899. 7,919. 990. 990. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 46,874. 46,874. PROGRAM EXPENSES RECRUITING 16,271. 16,271. REVENUE DEVELOPMENT 15,632. 8,330. 900. 6,402 d OTHER EXPENSES 5,239. 3,876. 392. 971 e All other expenses 521,223. 433,201. 26,281. 61,741. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			(P)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			338,978.	1	306,570.
	2	Savings and temporary cash investments			•	2	,
	3	Pledges and grants receivable, net			27,694.	3	16,638.
	4	Accounts receivable, net			7,252.	4	20,864.
	5	Loans and other receivables from any current			,		, ,
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			9,273.	9	6,166.
		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D		73,091.			
	b			62,829.	15,188.	10c	10,262.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	58,357.	12	49,066.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		4,193.	15	4,193.	
	16	Total assets. Add lines 1 through 15 (must ed	460,935.	16	413,759.		
	17	Accounts payable and accrued expenses			10,395.	17	15,149.
	18	Grants payable				18	
	19	Deferred revenue	10,619.	19	20,875.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, suk	stantial o	ontributor, or 35%			
abil		controlled entity or family member of any of the	ese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unre	elated thi	d parties	61,057.	23	0.
	24	Unsecured notes and loans payable to unrelate	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			3,500.	25	2,200.
	26				85,571.	26	38,224.
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions	339,792.	27	324,963.		
Ва	28	Net assets with donor restrictions	35,572.	28	50,572.		
pur		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔛			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated				31	
Red	32	Total net assets or fund balances			375,364.	32	375,535.
	33	Total liabilities and net assets/fund balances			460,935.	33	413,759.

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		<u>53</u> 2	L,1	<u>98.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		523	L,2	23.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-	9,9	75.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		375	5,3	64.			
5	Net unrealized gains (losses) on investments								
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		37!	5,5	35.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
	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 required	ed auc	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h					

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ON MY OWN OF MICHIGAN 38-3366049 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

38-3366049 Page 2 Schedule A (Form 990) 2021

Part II Support Schedule

Sec	fails to qualify under the tests	s listed below, piea	se complete Fait				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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.						
		(a) 2017	(h) 0010	(a) 2010	(4) 2020	(a) 0001	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest,						
o	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	_
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and sto						>
	ction C. Computation of Publ					т т	
	Public support percentage for 2021 (14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				
b	o 33 1/3% support test - 2020. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact					_	► □
J.	meets the facts-and-circumstances to	-	•	*	-	170 and line 15 is	
i.	 10% -facts-and-circumstances test more, and if the organization meets t 	_					1070 UI
	more, and it are organization incets t	, io idoto di la circuit	notarious tust, ulic	on this box and a	TOP HOLDE LAPIANT		

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ON MY OWN OF MICHIGAN | 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 under the tests listed below, please complete Part II.)

Se	quality under the tests listed by	alow, please comp	iete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) = 0	(2) = 0 : 0	(0) = 0 . 0	(4) = 0 = 0	(5) = 5 = 1	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	230,162.	102,642.	197,086.	280,580.	303,002.	1113472.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		333,286.		233,239.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	552,692.	435,928.	486,847.	513,819.	527,103.	2516389.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						2516389.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	552,692.	435,928.	486,847.	513,819.	527,103.	2516389.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,003.	1,146.	2,467.	1,711.	2,073.	8,400.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	1,003.	1,146.	2,467.	1,711.	2,073.	8,400.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	,	,	,	,	,	, , , , , ,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	553,695.	437,074.	489,314.	515,530.	529,176.	2524789.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
_							>
	ction C. Computation of Publi						00 65
15	Public support percentage for 2021 (li			olumn (f))		15	99.67 %
16	Public support percentage from 2020					16	99.69 %
	ction D. Computation of Inves		_			T T	22 0
	Investment income percentage for 20		•			17	.33 % .31 %
18						18	,-
198	a 33 1/3% support tests - 2021. If the						/ is not ▶X
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che	ck this box and st o	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	▶∟

Schedule A (Form 990) 2021 ON I

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
0		
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0		
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9a		
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9b		
9с		
10a		
10b		
 A / C = ==	~ ^^^	0004

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Par	t IV	Supporting Organizations (continued)			-g
		, community		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		3. 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	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	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			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	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			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
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			
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined	_		
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		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.			
а		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.	3a		
b	Did th	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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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).

	dule A (Form 990) 2021 ON MY OWN OF		mi-ations		8-3366049	Page 7
Par		(a)(3) Supporting Orga	nizations (continu	ed)		
Sect	on D - Distributions				Current Year	<u>r</u>
1	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		_		
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
<u> 4</u>	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		
<u>_6</u> _	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		_		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	(**)	10	(***)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 20	
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					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2021 distributable amount					
<u> </u>	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:					
	Excess from 2017					
	Excess from 2018					
c	Excess from 2019					

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

ON MY OWN OF MICHIGAN

38-3366049

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
Note: Only a section 501(c	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) contributor, during	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; I line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify an requirements of Schedule B (Form 990)					

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

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ON MY OWN OF MICHIGAN

Employer identification number 38-3366049

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	counts. Complete if the
	,,	(a) Donor advised fun	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant ful	nds can be used c	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	er purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Pre	servation of a histo	orically important land area
	Protection of natural habitat	Pre	servation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution	in the form of a co	
	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 structure			2c
d	Number of conservation easements included in (c) acquired af	· ·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termin	ated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		andling of	
	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enf	orcing conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcin	ig conservation ea	sements 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 conservation		•	
	balance sheet, and include, if applicable, the text of the footnotes and include, if applicable, the text of the footnotes are also as a second control of the f	ote to the organization's finan	icial statements th	at describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasur	as or Other 9	Similar Accete
ı aı	Complete if the organization answered "Yes" on Form 9	•	es, or other c	miniai Assets.
10	If the organization elected, as permitted under FASB ASC 958		atatament and hal	anno abaat warka
Ia	of art, historical treasures, or other similar assets held for publ	·		
	•	•		ice of public
h	service, provide in Part XIII the text of the footnote to its finance.			a shoot works of
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public or provide the following amounts relating to those items:	eanibilion, education, or rese	arcii iii iurtrierance	or public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
^		auraa ar athar aimilar accata		
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			• •
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

ON MY OWN OF MICHIGAN

Pai	rt III Organizatio	ns Maintaining Col	llections of Art	, Historical Tre	asures, or Oth	er Simila	ar Assets	(continu	ied)
3	Using the organization'	's acquisition, accession	, and other records	s, check any of the f	ollowing that make	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan or excl	nange program				
b	Scholarly research e Other								
С	Preservation for t	future generations							
4	Provide a description of	of the organization's colle	ections and explain	how they further th	e organization's ex	empt purp	ose in Part	XIII.	
5	During the year, did the	e organization solicit or r	eceive donations o	f art, historical treas	ures, or other simi	ar assets			
	to be sold to raise fund	ds rather than to be main	tained as part of th	e organization's col	lection?			Yes	☐ No
Par		Custodial Arrange						ine 9, or	
		ount on Form 990, Part		_					
1a	Is the organization an a	agent, trustee, custodian	or other intermedi	ary for contributions	or other assets no	t included			
	on Form 990, Part X?							Yes	☐ No
b	on Form 990, Part X? \ \ \ \ \ \ \ \ \ \ \								
							Amount		
С	Beginning balance					1c			
d		ear							
е		e year							
f									
2a		clude an amount on Forr						Yes	No
		rangement in Part XIII. C				•			
Pai		Funds. Complete if t							
	•		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y	ears back
1a	Beginning of year balar	nce	35,572.	35,572.	35,572		35,572.		35,572.
b	Contributions								
С	Net investment earning								
d	Grants or scholarships								
е	Other expenditures for								
f	Administrative expense								
g			35,572.	35,572.	35,572	•	35,572.		35,572.
2	•	percentage of the currer	nt year end balance	(line 1g, column (a)) held as:	•			
а	· · · · · · · · · · · · · · · · · · ·	uasi-endowment 🕨	•	%	,				
b	Permanent endowmen		%	_					
С	Term endowment	%							
	The percentages on lin	es 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment f	funds not in the possess	ion of the organizat	tion that are held an	d administered for	the organiz	zation		
	by:							[res No
	(i) Unrelated organiza	tions						3a(i)	Х
		ons						3a(ii)	Х
b		re the related organization						3b	
4	Describe in Part XIII the	e intended uses of the or	rganization's endov	vment funds.					
Pai	rt VI Land, Buildi	ngs, and Equipme	nt.						
	Complete if the	organization answered "	'Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description o	of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumula	ted	(d) Book	value
			basis (investm	nent) basis	(other)	depreciatio	n		
1a	Land								
b			I						
С		nts			8,646.		46.		0.
d			I	3	9,816.	39,8			0.
е				2	4,629.	14,3	867.	10	,262.
Total	I. Add lines 1a through 1	le. (Column (d) must eau	ıal Form 990, Part)	K. column (B), line 10	Oc.)		. 🕨	10	,262.

Schedule D (Form 990) 2021 ON MY OWN O	F MICHIGAN	38-3366049 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PUBLICLY TRADED		
(B) SECURITIES	49,066.	END-OF-YEAR MARKET VALUE
(0)		

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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

49,066.

Part IX Other Assets.

(D) (E) (F) (G) (H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(9)	_	
Total (October (b) sound a soul Forms 000, Book V, and (B) line 15		

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	2,200.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,200.

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

Part XI Reconciliation of Revenue per Audited Financial State	ements With Re			Page +
Complete if the organization answered "Yes" on Form 990, Part IV, line		rondo por moto	••••	
Total various points and other common district financial statements			1	521,394.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				321,331
a Net unrealized gains (losses) on investments	2a	-9,804.		
b Donated services and use of facilities		3,0021		
Recoveries of prior year grants Other (Describe in Part XIII.)	1 4 . 1			
			2e	-9,804.
			3	531,198.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•	331,1300
	4a			
b Other (Describe in Part XIII.) c Add lines 4a and 4b			40	0.
			4c	531,198.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Stat	ements With F	xpenses per Re	_	331,130.
Complete if the organization answered "Yes" on Form 990, Part IV, line		Aponoco por mo		
Total expenses and losses per audited financial statements			1	521,223.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				322,2231
a Donated services and use of facilities	2a			
	1 _ 1			
c Other losses d Other (Describe in Part XIII.)				
,			20	0.
e Add lines 2a through 2d			2e	521,223.
3 Subtract line 2e from line 1			3	321,223.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4.	0
c Add lines 4a and 4b		·····	4c	521,223.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., Part XIII Supplemental Information.)		5	321,223.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,				
			art A, i	irie 2, Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informat	iori.		
PART X, LINE 2:				
ASC GUIDANCE REGARDING ACCOUNTING FOR UNCE	RTAINTY IN	INCOME TA	XES	
			-	
CLARIFIES THE ACCOUNTING FOR INCOME TAXES	BY PRESCRI	BING THE M	INI	IUM
RECOGNITION THRESHOLD INCOME TAX POSITION :	IS REQUIRE	D TO BE ME	T BE	EFORE
	~			
BEING RECOGNIZED IN THE FINANCIAL STATEMEN	TS AND APP	LIES TO AL	L IN	ICOME TAX
POSITIONS. EACH INCOME TAX POSITION IS ASSESSED USING A TWO-STEP PROCESS.				
A DETERMINATION IS FIRST MADE AS TO WHETHER	R IT IS MO	RE LIKELY	THAN	NOT

POSITION IS EXPECTED TO MEET THE MORE LIKELY THAN NOT CRITERIA, THE BENEFIT RECORDED IN THE FINANCIAL STATEMENTS EQUALS THE LARGEST AMOUNT

MERITS, UPON EXAMINATION BY THE TAXING AUTHORITIES. IF THE INCOME TAX

THAT THE INCOME TAX POSITION WILL BE SUSTAINED, BASED UPON TECHNICAL

THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ITS ULTIMATE

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ON MY OWN OF MICHIGAN

Employer identification number 38-3366049

Schedule O (Form 990) 2021

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:			
OF THEIR DREAMS.			
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:			
INDEPENDENCE COLLEGE AND VILLAGE			
EXPENSES \$ 83,044. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.			
FORM 990, PART VI, SECTION A, LINE 6:			
FAMILY SUPPORT ORGANIZATION ELECTS THE BOARD AND APPROVES THE BOARD BYLAWS			
FORM 990, PART VI, SECTION A, LINE 7A:			
FAMILY SUPPORT ORGANIZATION ELECTS THE BOARD AND APPROVES THE BOARD BYLAWS			
FORM 990, PART VI, SECTION A, LINE 7B:			
FAMILY SUPPORT ORGANIZATION ELECTS THE BOARD AND APPROVES THE BOARD BYLAWS			
FORM 990, PART VI, SECTION A, LINE 8B:			
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING			
BODY			
FORM 990, PART VI, SECTION B, LINE 11B:			
AFTER REVIEW BY THE FINANCE COMMITTEE, THE 990 IS PRESENTED TO THE BOARD OF			
TRUSTEES FOR REVIEW AND APPROVAL.			
FORM 990, PART VI, SECTION B, LINE 12C:			

AT EACH BOARD MEETING, MEMBERS ARE ASKED TO DECLARE ANY CONFLICTS ON THAT

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

Schedule O (Form 990) 2021

Page 2

Name of the organization

CNL NY OUT OF MICHIGAN

29, 23,65040

ON MY OWN OF MICHIGAN	38-3366049
NIGHT'S AGENDA. ANNUALLY, BOARD MEMBERS ARE REQUIRED TO S	IGN THE CONFLICT
OF INTEREST POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES EXECUTIVE DIR	
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
MADE AVAILABLE UPON REQUEST	
PART XII, LINE 2C	
THERE WERE NO CHANGES IN OVERSIGHT FROM THE PRIOR YEAR.	
	_
	_
	_
	_