Form

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

<u>A</u> _	For th	e 2022 calendar year, or tax year beginning $10/01/22$, and ending $09/30/2$	23		•									
В	Check if a	applicable: C Name of organization TRAVERSE BAY CHILDRENS ADVOCACY		D Employe	r identification number									
	Address of	change CENTER												
$\overline{\Box}$	Name cha	Doing business as	*	38-3	090530									
\equiv		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon										
_	Initial retu			<u> </u>										
	Final retu terminate													
	Amended	TRAVERSE CITY MI 49696		G Gross rec	eipts\$ 2,023,313									
\equiv		r Name and address of principal officer:												
Ш	Application	on pending WILSON (BILL) BROTT	H(a) Is this a gr	roup return for si	ubordinales? Yes X No									
			H(b) Are all su	bordinates incl	uded? Yes No									
			If "No	," attach a list.	See instructions									
$\overline{}$	Tayleyer	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	╡											
÷	Website		-											
<u></u>			H(c) Group exe											
	economica de la constanta de l	····	Year of formation: 1	1993	M State of legal domicile: MI									
***	art				·									
	1	Briefly describe the organization's mission or most significant activities:												
ë] .	SEE SCHEDULE O.												
an	1 .													
ern	l .				••••••									
Activities & Governance	2 (Check this box if the organization discontinued its operations or disposed of more than 25%	of its net asse	ets.	•••••									
Ü		Number of voting members of the governing body (Part VI, line 1a)			8									
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		··· -3-1	8									
itie	5 -	Total number of individuals employed in colonder year 2022 (Dark V. line 20)	• • • • • • • • • • • • • • • • • • • •	5										
€	" -	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	21									
Ä	6	Total number of volunteers (estimate if necessary)		6	14									
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0									
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0									
	l		Prior Ye		Current Year									
학	8 (Contributions and grants (Part VIII, line 1h)	1,27	8,179	<u>1,942,106</u>									
Revenue		Program service revenue (Part VIII, line 2g)			0									
ě	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,565	42,478									
IĽ,	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3	0,889	-49,327									
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,25	1,855	1,935,257									
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0									
		Panafita anid to as for mambars (Part IV, solumn (A), line 4)			0									
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)												
Se	162	Professional fundraising fees (Part IX, column (A), line 11e)		0,005	1,111,384									
Expenses	loar	Fatal fundariaina evanance (Part IX, column (D), line 25)			<u> </u>									
X	1	Fotal fundraising expenses (Part IX, column (D), line 25) 68,031		0 700	202 565									
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,708	393,765									
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,793	1,505,149									
- v	19 F	Revenue less expenses. Subtract line 18 from line 12		8,938	430,108									
ts or		Fotology de (Po. 1 V. Pos 40)	Beginning of Cu		End of Year									
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		5,324	4,031,088									
말	21	Total liabilities (Part X, line 26)		3,035	<u>538,691</u>									
		Net assets or fund balances. Subtract line 21 from line 20	3,06	2,289	3,492,397									
	art II													
U	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the b	est of my kno	owledge and belief, it is									
tru	ie, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledg	ge.										
Sig	ın	Signature of officer		Date										
He		WILSON (BILL) BROTT CHAIR												
		Type or print name and title												
		Print/Type preparer's name Preparer's signature	Date	16: :	if PTIN									
Paid	4			Check	L_J"									
		KELLIE A. JOHNSON, C.P.A.	02/07	/24 self-emp										
	parer	Firm's name UHY ADVISORS MI, INC.	F	irm's EIN	38-1910111									
use	Only	134 W HARRIS ST	1											
		Firm's address CADILLAC, MI 49601	P	hone no.	231-775-9789									
May	the IR	S discuss this return with the preparer shown above? See instructions			Yes No									

Forn	m 990 (2022) TRAVERSE BAY CHILDRENS ADVOCACY	38-3090530 Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line	in this Part III
1	Briefly describe the organization's mission:	
5	SEE SCHEDULE O	

	***************************************	•••••••••••••••••••••••••••••••••••••••
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which	were not listed on the
	prior Form 990 or 990 F72	
	If "Yes," describe these new services on Schedule O.	
3		s any nrogram
•	senires?	□ v ₂₂ [♥] v ₂
	If "Yes," describe these changes on Schedule O.	
4		gest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the arr	- · · · ·
	the total expenses, and revenue, if any, for each program service reported.	built of grants and anocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
12	(Code: \/Evpenses \$ 1 109 457 including grants of \$) (Peyerus 6
4 a	a (Code:) (Expenses \$ 1,109,457 including grants of \$) (Revenue \$
	TRAVERSE BAY CHILDREN'S ADVOCACY, (TBCAC) I	
	CHILDREN, AND SUPPORTING FAMILIES BY PROVID	
	AWARENESS, MULTI-DISCIPLINARY INTERVENTION,	
	CHILD SEXUAL AND PHYSICAL ABUSE. THE CENTER	
	AND FORENSIC INTERVIEW SERVICES, ALL IN AN	
	SENSITIVE, SUPPORTIVE AND SAFE. THE CENTER!	
	PROGRAMS SERVE ANTRIM, GRAND TRAVERSE, KALK	
C	COUNTIES. FROM OCTOBER 1, 2022 THROUGH SEPT	EMBER 30, 2023, 2,311 CHILDREN
7	AND FAMILIES WERE SERVED.	
4b	Code:) (Expenses \$ 167,424 including grants of \$) (Revenue \$
E	BETWEEN OCTOBER 1, 2022 AND SEPTEMBER 30, 2	023, THE TBCAC CONTINUED WITH
Γ	THE PROGRAM DESCRIBED AS A "PUBLIC WILL CAM	PAIGN" TO MAKE CHILD SEXUAL
P	ABUSE RARE AND NON-RECURRING IN OUR LIFETIM	E. THE PROGRAM IS FUNDED THROUGH
C	CORPORATE SPONSORSHIP FROM THE MICHIGAN STA	TE UNIVERSITY OVER A PERIOD OF 5
Y	YEARS IN ANNUAL GRANT INSTALLMENTS. THE CAM	PAIGN ENTAILS DISCOVERY,
Ι	DEVELOPMENT, IMPLEMENTATION, AND EVALUATION	OF PREVENTION INTERVENTIONS IN
T	THE GRAND TRAVERSE REGION TO BE EVENTUALLY	EXPANDED STATEWIDE.

	• • • • • • • • • • • • • • • • • • • •	
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$
	N/A	
	*	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	***************************************
	••••••	

	•	
	·	
A =3	1 Other program continue (Decembe on Cabodate O.)	
40	1 Other program services (Describe on Schedule O.)	\ /Doverno C
4 -	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses 1,276,881	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 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 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 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 Χ 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 X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 X 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

P	art IV Checklist of Required Schedules (continued)		<u> </u>	<u>ugu</u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated]
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Γ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ı		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ĺ	x
b	Property Property of the exempt series solvens a temporary belied 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	and any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ĺ	X
b	and a significant and the original of the control o			
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	-	ĺ	ĺ
	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, 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]	İ	ĺ
	persons? If "Yes," complete Schedule L, Part III	27	ļ	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	P*******		*******
	"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		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			_==
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
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	ĺ	X
35a	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 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	ļ	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	ļ	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	<u></u> -L	1	
	Check if Schedule O contains a response or note to any line in this Part V			
		1	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	1 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	140		~~~~~~~~~

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	21	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	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 A	ccoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		_5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	required to file Form 8282?			7c		X
đ	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	7-7]		
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		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	10417	?	12a		
b	•	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				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					
		13b				
С	Enter the amount of reserves on hand	13c				
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		• • • • • • • • • • • • • • • • • • • •	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		******
	If "Yes," complete Form 6069.			 		****

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

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

Section A. Governing Body and Management

						· · · ·							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		Yes	No							
	If there are material differences in voting rights among members of the governing body, or	-14		-									
	if the governing body delegated broad authority to an executive committee or similar												
	committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8										
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	• • • • • •		<u> </u>	-								
	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?												
6	Did the organization have members or stockholders?												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	• • • • • •		6		X							
	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												
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 Intern												
			<u> </u>		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			11a	Х								
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 co	nflicts?	12b	Х								
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	х								
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 taxable entity during the year?			16a		Χ							
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?		<u> </u>	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 (sec												
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain on Schedule O)												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of interes	st poli	icy,										
	and financial 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 record	is											
LI	SA LYNCH-WITHAM 2000 CHARTWELL DR #3												

TRAVERSE CITY

orm 990 (2022)	TRAVERSE	BAY	CHILDRENS	ADVOCACY

3	Ω	-3	n	a	Λ	\Box	2	Ω	

Page 7

Part VIII 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both an r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)MIMI APPEL	1.00	3,5								
SECRETARY (2) KAREN BROWNE	0.00	X	<u> </u>		_		+	0	0	0
TREASURER	1.00			х				0	0	0
(3) JAYNE MOHR						}	İ			
PAST CHAIR	1.00	х					ł	o	0	0
(4) TIFINI MCCLYDE-H										
VICE CHAIR	1.00			X				0	0	0
(5) WILSON (BILL) B	COTT									
CHAIR	1.00			х				0	0	0
(6) PETER SPRINGSTER										
DIRECTOR	1.00	х						0	0	0
(7) ANDREW SCHANNO	7 00									
DIRECTOR	1.00	x						o	0	0
(8) BARB LARUE										
DIRECTOR	1.00 0.00	х						o	0	0
(9)										
(10)							7			
							-		ļ	
(11)			\dashv				\dagger			

P	art VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		•••••									
							ļ. 				
	Subtotal									-	
c	Total from continuation shee Total (add lines 1b and 1c)										
2	Total number of individuals (in reportable compensation from	cluding but not li	mite	d to O	thos	e list	ted a	bove	e) who received more than	\$100,000 of	
3	Did the organization list any fo								ee, or highest compensated	i	Yes No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	1a, is the sum	of re	porta	able	com	pens	atio			3 X
5	Did any person listed on line 1 for services rendered to the or										5 X
Sec	tion B. Independent Contracto	rs									5 A
1	Complete this table for your five compensation from the organization										ar.
		(A) business address								(B) lion of services	(C) Compensation
			_								
					·						
2	Total number of independent or received more than \$100,000 or								se listed above) who	^	

P	irt V	III Stateme		f Revenue	oine c	rocno	nco or not	e to any line in th	io Dort \/III		
	-	Oneok ii	1 0011	edule O cont	all is a	respo	ise of note	(A)	(B) Related or exempt	(c)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated camp	paigns		1a						
Gra	b	Membership due			1b						
ts, An	С	Fundraising eve			1c						
즱	d	Related organiz	ations		1d						
ns,	e	Government grants (co			1e		450,173				
er Si	1	 All other contributions, and similar amounts no 			1f	1	,491,933				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions lines 1a-1f	included	in		\$	668,530	1			
<u> </u>	h	Total. Add lines	1a-1f	: 				1,942,106			
							Business Code				
8	2a	•									
ezi	b	• • • • • • • • • • • • • • • • • • • •		•••••							
Program Service	C	• • • • • • • • • • • • • • • • • • • •									
ga Re ga	d				· · · · · · · ·						
<u> </u>	e										
		All other program									
	g									ı	T .
	3	Investment incom		_				40 450			
	١.	other similar am						42,478	42,478		
	4	Income from inv						ļ			
	5	Royalties	······	(i) Real	······						
	~-	Canada anata			720	(11)	Personal				
	6a	Gross rents	6a 6b		729						
	b	Less: rental expenses	6c		056 327						
	d	Rental inc. or (loss) Net rental incom		\				-49,327			40.227
		Gross amount from	10 01 (11	(i) Securities) Other	-49,327			-49,327
		sales of assets	7a	(,, 5555,,,,,,,,		<u></u>	3,000				
ø	h	other than inventory Less: cost or other	, u				3,000				
ther Revenue	_ ~	basis and sales exps.	7b				3,000				
Še	c	Gain or (loss)	7c								
F		Net gain or (loss				<u>'</u>					
Oth	8a	Gross income from	, fundrai	isina events	<u> </u>		***********				
0		(not including \$									
		of contributions rep									
		1c). See Part IV, lin			8a						
	b	Less: direct expe			8b	•					
		Net income or (le			events						
	9a	Gross income fro	om gar	ming			-				
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe			9b						
		Net income or (lo			ities						
	10a	Gross sales of in									
		returns and allov			10a						
		Less: cost of goo			10b						
	С	Net income or (lo	oss) fro	om sales of inve	ntory .	<u>.</u>					***************************************
Sn I							Business Code				
윤희	11a	11a								ļ 	
scellaneous Revenue	b	• • • • • • • • • • • • • • • • • • • •									
Se Se	C						<u></u>				
Ē		All other revenue									
		Total. Add lines						7 005 055	40 17-		
	12	Total revenue.	see ins	SUUCUONS				_ 1,935,257	42,478	0	-49,327

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co. Check if Schedule O contains a respo	mplete all columns. All other	organizations must comp Part IX	lete column (A).	
Do I	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	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			general expenses	expenses
	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				
6	Compensation not included above to disqualified	ŀ			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	040 170			
7	Other salaries and wages	948,179	876,332	22,798	49,049
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	00.00	70 402	7 000	
9	Other employee benefits	88,865	79,493	7,230	2,142
10 11	Payroll taxes	74,340	65,984	4,471	3,885
	Fees for services (nonemployees):				
a		0 603		0 602	
b		9,683 39,546	1 0 1 1	9,683	
c d	• • • • • • • • • • • • • • • • • • • •	39,346	4,841	34,705	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·
g					
9	(A) amount, list line 11g expenses on Schedule O.)				
12		22,518	20,768	200	1,550
13	Office expenses		207,00	200	
14	Information technology		-		
15	Royalties		·		
16	Occupancy				
17	Travel	29,538	29,538		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,785	15,785	···	
23	Insurance	24,265		24,265	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	147.000	01 776		
a	· · · · · · · · · · · · · · · · · · ·	147,033	81,776	56,257	9,000
b	SUPPLIES	47,528	44,695	428	2,405
ç	DUES AND SUBSCRIPTIONS	28,572	28,552	20	
ď	UTILITIES	19,883	19,883		
	All other expenses	9,414 1,505,149	9,234	180	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,303,149	1,276,881	160,237	68,031
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash---non-interest-bearing 1,728,381 969,159 1 Savings and temporary cash investments 2 2 508,003 Pledges and grants receivable, net 3 Accounts receivable, net 61,956 83,952 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net ______ 7 Inventories for sale or use 8 Prepaid expenses and deferred charges ______ 13,573 16,292 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ________10a b Less: accumulated depreciation 10b 1,331,414 2,444,227 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 9,455 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,135,324 4,031,088 16 Accounts payable and accrued expenses ______ 17 17 3,625 18 Grants payable 18 19 Deferred revenue 31,250 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 500,000 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 41,785 25 35,066 Total liabilities. Add lines 17 through 25.

Organizations that follow FASB ASC 958, check here X 26 73,035 26 538,691 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,146,442 2,847,173 27 Net assets with donor restrictions 915,847 645,224 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32 3,062,289 3,492,397 Total liabilities and net assets/fund balances 3,135,324 4,031,088

Form 990 (2022)

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part XI, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	orm	1 990 (2022) TRAVERSE BAY CHILDRENS ADVOCACY 38-3090530			P:	age 12
1 Total expenses (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:						-3
1 Total expenses (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1		35,	
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 7 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Gui	2	Total expenses (must equal Part IX, column (A), line 25)	2		05,	
Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1	3 1		30,	
5 Net unrealized gains (losses) on investments	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		62,	
bonated services and use of facilities for Investment expenses Reprior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	5	Net unrealized gains (losses) on investments	5			
Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990:	7	Investment expenses	7			
Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	8	Prior period adjustments	8			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Cash X Accrual Other	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		32 column (B)\	10	3.4	92,	397
1 Accounting method used to prepare the Form 990:	Рa		<u> </u>			<u> </u>
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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? 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: Separate basis Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				—		
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Form 990 (2022)