FORM 990-EZ

Department of Treasury
Internal Revenue Service

Short Form 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. 1545-1150

2022

Open To Public Inspection

A For the 2022 calendar year, or tax year beginning 10/01/2022 , and ending 09/30/2023

B Check if applicable
- ☐ Address change
- ☑ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of Organization
MANY HANDS LIFESHARING COMMUNITY

Number and Street (or P.O. box, if mail is not delivered to street address)
1032 LOUISE ST

City or town, state or country, and Zip + 4
YPSILANTI, MI 48197-1606

D Employer ID number
83-4554207

E Telephone number

F Group Exemption Number

G Accounting method: ☐ Cash ☑ Accrual ☐ Other:

I Website: ManyHandsLC.org

J Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ☐ 4947(a)(1) ☐ 527

☐ Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I. ☑

1	Contributions, gifts, grants, and similar amounts received.			$ 85321
2	Program service revenue including government fees and contracts			$ 0
3	Membership dues and assessments			$ 0
4	Investment income			$ 85
5a	Gross amount from sale of assets other than inventory	$ 0		
5b	Less: cost or other basis and sales expenses	$ 0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			$ 0
6	Gaming and fundraising events			
6a	Gross income from gaming (attach Schedule G if greater than $15,000)	$ 0		
6b	Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	$ 0		
6c	Less: direct expenses from gaming and fundraising events	$ 0		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			$ 0
7a	Gross sales of inventory, less returns and allowances	$ 0		
7b	Less: cost of goods sold	$ 0		
7c	Gross profit or (loss) from sales of inventory			$ 0
8	Other revenue			$ 0
9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			$ 85406
10	Grants and similar amounts paid (list in Schedule O)			$ 0
11	Benefits paid to or for members			$ 0
12	Salaries, other compensation, and employee benefits			$ 5000
13	Professional fees and other payments to independent contractors			30347
14	Occupancy, rent, utilities, and maintenance			$ 685
15	Printing, publications, postage, and shipping			$ 282
16	Other expenses (describe in Schedule O)			$ 6872
17	**Total expenses** Add lines 10 through 16			$ 43186
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			$ 42220
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)			$ 737
20	Other changes in net assets or fund balances (explain in Schedule O)			$ 0
21	Net assets or fund balances at end of year. Combine lines 18 through 20			$ 42957

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II. ☐

22	Cash, savings, and investments	$ 737	$ 22007
23	Land and buildings	$ 0	$ 20950
24	Other assets (describe in Schedule O)	$ 0	$ 0
25	**Total assets**	$ 737	$ 42957
26	**Total liabilities** (describe in Schedule O)	$ 0	$ 0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	$ 737	$ 42957

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. ☐

What is the organizations primary exempt purpose?
To build & sustain quality care, housing, leaning & activities for those with a disability while educating the next generation of service professionals using a lifesharing model.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations;
28 Description: **(Grants:** $ **)** ☐ If this amount includes foreign grants, check here	**28a** $
29 Description: **(Grants:** $ **)** ☐ If this amount includes foreign grants, check here	**29a** $
30 Description: **(Grants:** $ **)** ☐ If this amount includes foreign grants, check here	**30a** $
31 Other program services (describe in Schedule O) **(Grants:** $ **)** ☐ Check if this amount includes foreign grants	**31a**
32 Total program service expenses (add lines 28a through 31a)	$ 0

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) ealth benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kerry Kafafian, Chairperson	40.00	$ 5000	$ 0	$ 0
Jessica Waters, Vice Chairperson	0.00	$ 0	$ 0	$ 0
Joseph Donovan, Treasurer	0.00	$ 0	$ 0	$ 0
Susan W Crabb, Secretary	0.00	$ 0	$ 0	$ 0
Kyle Mazurek, Director	0.00	$ 0	$ 0	$ 0
Cynthia VanRenterghem, Director	0.00	$ 0	$ 0	$ 0
Julie Bullock, Director	0.00	$ 0	$ 0	$ 0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V. ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	☐	☑
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change on Schedule O. See instructions	☐	☑
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	☐	☑
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	☐	☑
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	☐	☑
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the		

36	year? If "Yes," complete applicable parts of Schedule N.	☐	☑
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	$ 0	
37b	Did the organization file Form 1120-POL for this year?	☐	☑
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	☐	☑
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	$	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	$	
39b	Gross receipts, included on line 9, for public use of club facilities	$	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: 0 section 4955: 0		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1.	☐	☑
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	☐	☑
41	List the states with which a copy of this return is filed: MI		
42a	The organization books are in care of Kerry Kafaffian, Telephone no. 7343550991 Located at 1032 Louise St, Ypsilanti , MI, 48197		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	☐	☑
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	At any time during the calendar year, did the organization maintain an office outside the United States?	☐	☑
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here:	☐	☑
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	$ 0	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	☐	☑
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	☐	☑
44c	Did the organization receive any payments for indoor tanning services during the year?	☐	☑
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	☐	☑
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	☐	☑
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	☐	☑
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☑

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part V. ☐

		Yes	No
47	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	☐	☑
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☑
49a	Did the organization make any transfers to an exempt non-charitable related organization?	☐	☑
49b	If "Yes," was the related organization a section 527 organization?	☐	☐
50	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."		

	-- none --		
50f	Total number of other employees paid over $100,000		
51	Complete this table for the organizations five highest compensated independent contractors who received more than $100,000 of compensation from the organization. If there is none, enter "None."		
	-- none --		
51d	Total number of other independent contractors each receiving over $100,000		
52	Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.	☑	☐

Schedule B
(Form 990 or 990-EZ)

Department of Treasury
Internal Revenue Service

Schedule of Contributors

Attached to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization:
MANY HANDS LIFESHARING COMMUNITY

Employer identification number:
83-4554207

Organization type (check one):

Filers of:	Section:	
Form 990 or 990-EZ	☑	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

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributors total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I **Contributors (see instructions).** Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Towsley Foundaton 924 North Main Street, Ann Arbor , MI 48104	$ 50000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	Ferrehi Family Foundation Inc 8398 Old Plank Rd, Grand Blanc , MI 48439	$ 5000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	Fidelity Charitable PO Box 770001, Cincinnati , OH 45277	$ 5000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule O (Form 990 or 990-EZ) Department of Treasury Internal Revenue Service	**Supplemental Information to Form 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attached to Form 990 or Form 990-EZ.	OMB No. 1545-1150 **2022** Open To Public Inspection

Name of the organization: MANY HANDS LIFESHARING COMMUNITY

Employer identification number: 83-4554207

Additional information, entered into Schedule O:

Advertising & Marketing 388 Insurance 1,010 Internet 555 Meals 595 Office Equipment 2,385 Office Expenses 1,230 Mich Annual 30 Training & Conference 678 Total 6,872