FORM **990-EZ**

Department of Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

	or the 2022 calen	dar year, or tax year beginning \$10/01/2022 , and ending	09/30/2023		
	heck if applicable	C Name of Organization	D Employer ID nur	nber	_
	Address change	MANY HANDS LIFESHARING COMMUNITY	983-4554207		
I,	lame change	Number and Street (or P.O. box, if mail is not delivered to street address)	E Telephone numb	er	
	nitiai return	1032 LOUISE ST			*****
F	inal return/terminated	City or town, state or country, and Zip + 4			
F A	mended return	City or town, state or country, and 2lp + 4 EYPSILANTI, MI 48197-1606	F Group Exemption		Z) NO.
и,	Application pending	1531CAV115.(4)140157.1100 1.34467.35	\$300000	Control of Section 1	Et 3
	ccounting method: 🚺 Cash 👢		Check if the or	-	
W 1	ebsite: ManyHandsLC.org	PORTE BY THE PROPERTY OF THE P	not required to atta (Form 990, 990-EZ		
j Ta	x-exempt status: 🔽 501(c)(3)	□ 501(c) □ 4947(a)(1) □ 527	(101111 330, 330-22	, 01 330-11)	,.
Part	Revenue, Expenses, and C	hanges in Net Assets or Fund Balances	•		
Chec		ile O to respond to any question in this Part I.			7
1	Contributions, gifts, grants, an	d similar amounts received.	***************************************	\$ 8532	21
2	Program service revenue inclu	ding government fees and contracts	*******	\$	0
3	Membership dues and assessr	nents	******************************	\$	0
4	Investment Income	***************************************	************************	\$	85
5a	Gross amount from sale of ass	ets other than inventory	i \$ 0		
5b	liess, cost or other bacic and c	ales expenses	\$ 0		
5c	Gain or (loss) from sale of ass	ets other than inventory (Subtract line 5b from line 5a)		\$	**************************************
6	Gaming and fundraising event	S	***************************************		
6a	Gross income from gaming (at	tach Schedule G if greater than \$15,000)	ls o		
6b	Gross income from fundraising	g events (Not including 0 of contributions from fundralsing events reported	on	77 3 4	
	line 1) (attach Schedule G If th	e sum of such gross income and contributions exceeds \$15,000)	\$ 0		
6c	Less: direct expenses from ga	ming and fundraising events	\$ 0	7.4	
6d	Net income or (loss) from gam	ing and fundraising events (add lines 6a and 6b and subtract line 6c)	********************************	\$	O
7a	Gross sales of inventory, less	returns and allowances	\$ G		
7b	Less: cost of goods sold		\$ C	1/4/30	
7¢	Gross profit or (loss) from sale	s of inventory	******************************	\$	0
8	Other revenue		************************	\$	C
9	Total revenue Add lines 1, 2,		*****************************	\$ 854	406
10	Grants and similar amounts pa	144144444444444444444444444444444444444	<u></u>	\$	(
11	Benefits paid to or for membe	rs	************************	\$	·,
12	Salaries, other compensation,	and employee benefits	************************	\$ 5	5000
13	Professional fees and other pa	yments to independent contractors	************************	30	347
14	Occupancy, rent, utilities, and	maintenance	144 PYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	\$	685
15	Printing, publications, postage	, and shipping		\$	282
16	Other expenses (describe in S	chedule O)	*****************	\$ 68	B72
17	Total expenses Add lines 10	through 16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 431	
18	Excess or (deficit) for the year			<u> </u>	2220
19	Net assets or fund balances at	t 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 het assets o	r fund balances (explain in Schedule O)	*************************	\$	0
21	Net assets or fund balances at II Balance Sheets (see the in	t end of year. Combine lines 18 through 20			2957

22	Cash, savings, and investments						φ,	37 \$	
23	Land and buildings		************************		**********************	*********************	\$	0 \$	2095
24	Other assets (describe in Schedu	ule O)		**************	**********************	******************	\$	0 \$	••••
25	Total assets	***************************************	***********************	***************************************	*********************	*********	\$ 7	37 \$	4295
26 	Total liabilities (describe in Sch	**************	****************	***********		*************************	\$	0 \$	
27	Net assets or fund balances						\$ 7	37 \$	4295
	III Statement of Program Serv								
Check	if the organization used Schedule		uestion in this	Part III.					Г
What	is the organizations primary e	exempt purpose?	41E74E4714444444444444	*** *********************************	*********	****************	******	*******	••••••••
To buil using	ld & sustain quality care, housing, a lifesharing model.	leaning & activities for	r those with a	disability while educ	ating the next g	eneration of se	rvice	profes	sionals
			"	. <u>.</u>			Evo	enses	
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					(Regulred for				
expen Interm	ises. In a clear and concise manne nation for each program title.	r, describe the service:	s provided, the	number of persons	benefited, and	other relevant			
	idadir idi dacii program dde.							501(c) nizatio	
	escription:	**********************************	*************	**************************	*****************	*******************	******	•••••••	************
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LJ If	this amount includes foreign gran	ts, check here	***************************************				\$		
	escription:	477777777777444444444444444444444444444		, , 7 7 7 7 7 7 7 7 7 7 7 7 	***********************	**********		******	***********
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	escription: nts: \$)						30a		
•	this amount includes foreign gran	ts check here					\$		
********	<u> </u>		,,	*****************************	************	*******************			**********
31 OH	har program consider Identification	Cehodulo (A)							
	her program services (describe in nts: \$)	Schedule O)							
(Gra:							31a		
(Gran	nts: \$) heck if this amount includes foreig	ın grants	77	•••••••••••••••••••••••••••••••	*******************************	************************	31a	******	
(Grat C C 32 To	nts: \$) heck if this amount includes foreig tal program service expenses	ın grants (add lines 28a through					<u></u>	******	
Gran	nts: \$) heck if this amount includes foreig tal program service expenses IV List of Officers, Directors,	in grants (add lines 28a through Trustees, and Key Ei	mployees (list		ot compensated	—see the Instru	<u></u>	******	
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36	year? If "Yes," complete applicable parts of Schedule N.		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	i S	i O
37b	Did the organization file Form 1120-POL for this year?	Г	D
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?	r	D
38b	If "Yes " complete Schoolule 1. Port II and extent the total amount lead to the	<u> </u>	
39	Section 501(c)(7) organizations, Enter;	ļ\$ 	***********
39a	Initiation face and capital contributions included as the D	1	•••••
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	<u>.</u> 	**********
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.	Г	Ç
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.		ļ
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	i !	***********
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.	i r	r,
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, 481	97
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)?	Г	Þ
**************	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?	Г	Ç
And 44 4644 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4	If "Yes," enter the name of the foreign country:	i	:
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here:	E	r
424444444444444444444444444444444444444	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.	Г	r,
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.	Е	Ç
44c	Did the organization receive any payments for indoor tanning services during the year?	F	C
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.	С	r
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	C	C
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)	C	r,
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 1	Г	Þ
All section 50	ction 501(c)(3) organizations only 01(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. organization used Schedule O to respond to any question in this Part V.	<u> </u>	<u>. </u>
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	Yes	No IV
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	F	D
49a	Did the organization make any transfers to an exempt non-charitable related organization?	[r	C
49b	If "Yes," was the related organization a section 527 organization?	F	r
50	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No	; , and ke one."	<u></u> y

	none		
301	local number of other employees paid over \$100,000	•	
51	Complete this table for the organizations five highest compensated independent contractors who received more than compensation from the organization. If there is none, enter "None."	\$100,00	0 of
	NONE		
2Tr	Total number of other independent contractors each receiving over \$100,000	Ī	
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.	D	Г

Schedule **B**

(Form 990 or 990-EZ)

Schedule of Contributors

Attached to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open To Public Inspection

Department of Treasury Internal Revenue Service

	organization: IDS:LIFESHARI	NG COMMUNITY 漫画唱光學明論式		Employer identification number:
-	on type (che	ck	<u> </u>	
one): Filers of:	Section:			
Form 990 or 990-EZ		501(c)(3)(enter number) organiza	ition	
	П	4947(a)(1) nonexempt charitable	trust not treated as a private fo	oundation
	П	527 political organization		
Form 990-Pf	F	501(c)(3) exempt private foundati	on	
	Г	4947(a)(1) nonexempt charitable	trust treated as a private found	ation
	П	501(c)(3) taxable private foundation	on	
General Ru For an o	: General Rule : ile organization fil	and a Special Rule. See instructions.	received, during the year, cont	in 501(c)(7), (8), or (10) organization can check boxes ributions totaling \$5,000 or more (in money or ig a contributors total contributions.
Special Ru	ies			**************************************
contribu	1) and 170(b): utor, during th	(1)(A)(vi), that checked Schedule A (Fo	rm 990 or 990-EZ). Part II. line	331/3% support test of the regulations under sections 13, 16a, or 16b, and that received from any one ne amount on (i) Form 990, Part VIII, line 1h; or (ii)
prevent	tal contribution tion of cruelty	ons of more than \$1,000 exclusively fo to children or animals. Complete Parts	r religious, charitable, sclentific i I, II, and III.	at received from any one contributor, during the , literary, or educational purposes, or for the
checked complete	ontributions ex d, enter here t te any of the p utions totaling	cclusively for religious, charitable, etc., the total contributions that were recely parts unless the General Rule applies t \$5,000 or more during the year	, purposes, but no such contrib red during the year for an exclu o this organization because it r	lat received from any one contributor, during the utions totaled more than \$1,000. If this box is sively religious, charitable, etc., purpose. Do not eceived nonexclusively religious, charitable, etc.,
DUE IT MUST	answer "No" (that is not covered by the General Ru on Part IV, line 2, of its Form 990; or cl eet the filing requirements of Schedule	neck the box on line H of its For	s not file Schedule B (Form 990, 990-EZ, or 990-PF), m 990-EZ or on its Form 990-PF, Part 1, line 2, to F).
Part I Cor	ntributors (s	ee instructions). Use duplicate copie	es of Part 1 if additional space is	needed.
(a) No.	(b) Na	me, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		🔽 Person
1	924 North	Towsley Foundaton Main Street, Ann Arbor , MI 48104	\$ 50000	Payroll
		Jod rini ribot , 144 40104		Noncash
<u> </u>	******************		* 	(Complete Part II for noncash contributions.)

************	***************************************	/c) total continuations	(a) type or contribution
1	Towsley Foundaton 924 North Main Street, Ann Arbor , MI 48104	\$ 50000	Person Payroll Noncash (Complete Part Il 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)

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

Department of Treasury Internal Revenue Service

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 1 & Conference 678 Total 6,872