Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Α	For the	ullet 2022 calendar year, or tax year beginning $ullet$ UL $ullet$, $ullet$ 2 $ullet$ 2 $ullet$ and ending	g JUN 30, 202	43
	Check if applicable	C Name of organization	D Employer iden	tification number
	Addres	MICHIGAN LIBRARY ASSOCIATION		
	Name change		38-1404	<u>1</u> 517
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone num	nber
	Final return/	3410 BELLE CHASE WAY 100	(517) 3	394-2774
	termin ated		G Gross receipts \$	898,883.
	Ameno return	LANSING, MI 40911	H(a) Is this a grou	
	Application pending		for subordina	tes? Yes X No
_	-	SAME AS C ABOVE	H(b) Are all subordinat	
_		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or te: WWW.MILIBRARIES.ORG		h a list. See instructions
	Websit	· · · · · · · · · · · · · · · · · · ·	H(c) Group exemp	L M State of legal domicile; MI
	art I	Summary	Year of formation, 1091	LIM State of legal doffliche, MI
_		Briefly describe the organization's mission or most significant activities: LEAD THE	E ADVANCEMENT	OF ALL
ģ	3 '	MICHIGAN LIBRARIES THROUGH ADVOCACY, EDUCATION		
Governance	2	Check this box if the organization discontinued its operations or disposed of		
Ž	3			3 13
Ģ	3 4	Number of independent voting members of the governing body (Part VI, line 1b)		4 13
e V	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5 6
/itie	6	Total number of volunteers (estimate if necessary)		6 180
Activities &	7 a			7a 0.
_	<u>, p</u>	N		7b 0.
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	856,465	
	9	Program service revenue (Part VIII, line 2g)	221,538	
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,040	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,736.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
ž) D	Total fundraising expenses (Part IX, column (D), line 25) 3,825.	607,760	506,018.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	1	Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	121,397	
		nevertue less experises. Subtract line 16 from line 12	Beginning of Current Ye	
ets c	20	Total assets (Part X, line 16)	1,201,993	
Asse	21	Total liabilities (Part X, line 26)	379,628	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	822,365	
P	art II	Signature Block	<u>, </u>	•
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of	my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sig	jn	Signature of officer	Date	
Не	re	DEBORAH E. MIKULA, EXECUTIVE DIRECTOR		
		Type or print name and title		T print
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai			P 01/25/24 self-er	
	parer	Firm's name MANER COSTERISAN PC	Firm's EIN	38-2157642
Use	Only	Firm's address 2425 E. GRAND RIVER, SUITE 1		17 202 7500
_		LANSING, MI 48912-3291	Phone no.	517-323-7500
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Par	t 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:						
	TO ENCOURAGE AND IMPLEMENT EDUCATIONAL AND LITERARY GOALS THROUGH THE						
	USE OF LITERARY INFORMATION RESOURCES. ENGAGE IN ACTIVITIES DESIGNED						
	TO ENSURE THAT EVERY PERSON IN MICHIGAN HAS UNFETTERED ACCESS TO						
	LIBRARIES AND RELATED EDUCATION ENHANCING RESOURCES.						
2	Did the organization undertake any significant program services during the year which were not listed on the						
	prior Form 990 or 990-EZ?						
	If "Yes," describe these new services on Schedule O.						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No						
If "Yes," describe these changes on Schedule O.							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.						
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and						
	revenue, if any, for each program service reported.						
4a	(Code:) (Expenses \$ 431,411. including grants of \$ 9,736.) (Revenue \$ 66,719.) CONTINUING EDUCATION PROGRAMS DESIGNED TO ENCOURAGE AND IMPLEMENT						
	EDUCATIONAL AND CHARITABLE GOALS THROUGH THE USE OF INFORMATIONAL						
	RESOURCES. 1,991 ATTENDED.						
	RESOURCES: 1,991 ATTENDED:						
4b	(Code:) (Expenses \$ 192,855. including grants of \$) (Revenue \$ 8,965.)						
	ADVOCACY AND RELATED SERVICES.						
4c	(Code:) (Expenses \$ 71,877. including grants of \$) (Revenue \$ 249,045.)						
	ANNUAL CONFERENCE: FURTHERS EDUCATIONAL AND LITERARY GOALS OF THE						
	ASSOCIATION THROUGH SHARED EXPERIENCES WITH MEMBER LIBRARY						
	PROFRESSIONALS. 545 ATTENDED.						
4d	Other program services (Describe on Schedule O.)						
4 -	(Expenses \$ 43,333 · including grants of \$) (Revenue \$ 4,058 ·) Total program service expenses 739,476 ·						
4e	Total program service expenses 739,476. Form 990 (2022)						
	Form 330 (2022)						

Form 990 (2022) MICHIGAN LIBRARY ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	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	10		X
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,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			
	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		Х
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		Х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the consideration and interior of the consideration of the United Otelor O	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	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
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	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	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
20 a	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		X

232003 12-13-22

Form 990 (2022) MICHIGAN LIBRARY A
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	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 \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I)	26		<u> </u>
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	07		х
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"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
	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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
•	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	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
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?			77
0 -	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	07		Х
20	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		
38		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	, 30		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
000	(gambling) winnings to prize winners?	1c	990	(2022)
232004	4 12-13-22	LOUIT		(2022)

Form 990 (2022) MICHIGAN LIBRARY ASSOCIATION

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

					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	(5	Х					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)	?	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 Ad	ccounts	(FBAR).							
				5a 5b		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	6a 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		X				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions are at two deductible?	•	Iπs							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		·····	6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pro	vidad to the naver?	70		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices pro	ivided to the payor?	7a 7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e roquir		76						
·	to file Form 8282?	as requir	eu	7c		x				
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			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 Fo		as required?	7g						
•	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	a Did the sponsoring organization make any taxable distributions under section 4966?									
b										
10	Section 501(c)(7) organizations. Enter:									
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:									
	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								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a						
	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.			40-						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans	13b								
c	Enter the amount of reserves on hand	13c								
	Billion in the second of the s			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1						
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16										
	If "Yes," complete Form 4720, Schedule O.			16		X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

232005 12-13-22

38-1404517 Page **6**

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 Section A. Governing Body and Management Yes No 13 **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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Scheduk Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI 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) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DEBORAH MIKULA -517-394-2774 3410 BELLE CHASE WAY, SUITE 100, LANSING, 48911

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, 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.

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

- 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.

(A)	(B)			(0				(D)	(E)	(F)
Name and title Av	erage	Position		Reportable	Reportable	Estimated				
hou	ırs per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	veek		er an	d a di	recto	r/trus	tee)	from	from related	other
ļ ,	st any	rector						the	organizations	compensation
	urs for lated	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	nizations	ruste	l trus		ee,	ubeu		1099-NEC)	1099-NEC)	organization and related
"	elow	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	-	10011307		organizations
	ine)	Indivi	Institu	Officer	Key e	Highe	Former			3
(1) DEBORAH E. MIKULA 4(0.00						_	10		
EXECUTIVE DIRECTOR				Х				107,186.	0.	19,282.
(2) ANGELA BADKE	5.00							7		
MEMBER		Х						0.	0.	0.
(3) DILLON GESHEL	5.00									
MEMBER		Х						0.	0.	0.
(4) JESSICA KEYSER	5.00									_
MEMBER		X		+				0.	0.	0.
(5) ANNE HEIDEMANN	5.00		•							
MEMBER		X						0.	0.	0.
(6) KATE VAN AUKEN	5.00									
MEMBER		Х						0.	0.	0.
(7) CATHY RUSS	5.00									
MEMBER		Х						0.	0.	0.
(8) CHRISTINE PEELE	5.00									
MEMBER		Х						0.	0.	0.
(9) SOPHIA WARD BREWER	5.00									
MEMBER		Х						0.	0.	0.
(10) LISA WASKIN	5.00									
MEMBER		Х						0.	0.	0.
	5.00									
TREASURER/SECRETARY		Х		Х				0.	0.	0.
	5.00									
ALA COUNCILOR		Х		Х				0.	0.	0.
	5.00									
PRESIDENT ELECT		Х		Х				0.	0.	0.
(14) RYAN WIEBER	5.00									
PRESIDENT (ENDED 12/1/22)		Х		Х				0.	0.	0.
	5.00									
PRESIDENT (12/1/22-12/31/22)		Х		Х				0.	0.	0.
(16) JENNY MARR	5.00									
PRESIDENT (BEGAN 1/1/23)		Х		Х				0.	0.	0.
										- 000 (sees)

(A) Name and title	Avera hours	(B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	- 1	ted t of	
	(list a hours relate organiza belo line	for advantage of the second of	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	oi a	othermother	ation he ation ated
									1			
									7			
								C,07				
							-					
						C						
1b Subtotal)		107,186.	0		L9,2	282.
c Total from continuation she	ets to Part VII, Section	1 A						0.	0			0.
d Total (add lines 1b and 1c)		_		<u> </u>				107,186.	0	• .	19,2	<u> 182.</u>
2 Total number of individuals (in compensation from the organ		to thos	e liste	d ab	ove) who	re	ceived more than \$100,	000 of reportable			1
		V									Yes	No
3 Did the organization list any f	former officer, director,	trustee,	, key e	mple	oye	e, or	higl	hest compensated emp	loyee on			
line 1a? If "Yes," complete So										3		X
4 For any individual listed on lin												
and related organizations gre	ater than \$150,000? If	"Yes," c	comple	ete S	Sche	dule	J fo	or such individual		. 4		X
5 Did any person listed on line												l
rendered to the organization?	If "Yes," complete Sch	nedule J	for su	ıch p	ers	on				. 5		X
Section B. Independent Contrac		-1 to 1					. ,.	-1	21.00.000 - 1			
1 Complete this table for your f										sation 1	rom	
the organization. Report com	(A)	uar year	endir	ig wi	itri C	or with	HIII	(B)	ear.		(C)	
Name	and business address	N	IONE	?				Description of s	ervices		(C) ensati	on
				-				·				
							\dashv					
							\dashv					
2 Total number of independent \$100,000 of compensation fr		out not I	limited	to t	hos 0		ed	above) who received mo	ore than			
										Forn	_n 990	(2022)

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
Sυ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			401,795.				
يق ق		Membership dues 1b 1c	10177331				
fts,		Related organizations 1d					
ية آق			125,632.				
Sir		* ' '	123,032.				
utic er	Т	All other contributions, gifts, grants, and	20,806.				
^듩		similar amounts not included above 1f	20,000.				
out	_	Noncash contributions included in lines 1a-1f		E40 222			
OB	n	Total. Add lines 1a-1f	Business Code	548,233.			
	CONFEDENCES AND MODESTI F103			240 045	240 045		
Program Service Revenue			519200	249,045.	249,045.		
er re	b		519200	66,719.	66,719.		
n S	С	JOBLINE	519200	8,965.	8,965		
Je Z	C	VARIOUS	900099	4,058.	4,058.		
og T	е						
Δ.		All other program service revenue		200 505	~ () \		
	g	Total. Add lines 2a-2f		328,787.			
	3	Investment income (including dividends, intere	10 000-			10000	
		other similar amounts)		19,082.			19,082.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties		1,460.			1,460.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a		~			
	b	Less: rental expenses 6b		O			
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
/en	c	Gain or (loss)7c					
Re	d	Net gain or (loss)					
her Revenue	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	1,321.				
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	1,321.			1,321.	
			Business Code				,
sno	11 a						
nec Tue	b						
Miscellaneous Revenue	c						
Sco		All other revenue					
Σ		Total. Add lines 11a-11d	<u> </u>				
'	-			898,883.	328,787.	0.	21,863.

Form 990 (2022) MICHIGAN LIBRARY ASSOCIATION Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,736.	9,736.		
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,	142 212	115 711	26 160	1 422
_	trustees, and key employees	143,312.	115,711.	26,168.	1,433
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			•	
_	persons described in section 4958(c)(3)(B)	185,705.	131,837.	52,011.	1,857
7	Other salaries and wages	100,700.	131,03/•	32,011.	1,00/
8	Pension plan accruals and contributions (include	9 167	6 975	2,200.	an
	section 401(k) and 403(b) employer contributions)	9,167. 22,871.	6,875. 16,368.	6,275.	92 228 215
9	Other employee benefits	21,483.	16,112	5,156.	240
0 1	Payroll taxes Fees for services (nonemployees):	21,403.	10,114	3,130.	21.
	-		.(7)		
a	Management	8,105.	7,093.	1,012.	
b	Legal	36,131.	31,620.	4,511.	
c d	Accounting Lobbying	46,125	40,366.	5,759.	
e	Professional fundraising services. See Part IV, line 17	10/123	10/3001	377331	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	~ ()			
9	column (A), amount, list line 11g expenses on Sch 0.)	47,686.	41,732.	5,954.	
12	Advertising and promotion	14,714.	12,877.	5,954. 1,837.	
13	Office expenses	26,333.	23,045.	3,288.	
14	Information technology	23,714.	20,753.	2,961.	
15	Royalties)		-	
16	Occupancy	34,661.	30,333.	4,328.	
17	Travel	7,881.	6,897.	984.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,574.	1,377.	197.	
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
23	Insurance	2,030.	1,777.	253.	
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.)			12.5=	
а	ANNUAL CONFERENCE	103,125.	90,249.	12,876.	
b	THINK SPACE	68,974.	60,362.	8,612.	
С	SPRING INSTITUTE	59,602.	52,160.	7,442.	
d	MISCELLANEOUS EXPENSE	10,114.	8,851.	1,263.	
е	All other expenses	15,249.	13,345.	1,904.	2 22
:5	Total functional expenses. Add lines 1 through 24e	898,292.	739,476.	154,991.	3,825
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	252,996.	1	194,290		
	2	Savings and temporary cash investments	82,017.	2	81,845		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	277,704.	4	100,332		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9				39,279.	9	17,924
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,410.			
	b	Less: accumulated depreciation	10b	22,410.	0.	10c	0
	11	Investments - publicly traded securities	549,997.	11	769,664		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	23,258
	16	Total assets. Add lines 1 through 15 (must eq			1,201,993.	16	1,187,313
	17	Accounts payable and accrued expenses			40,605.	17	39,109
	18	Grants payable				18	224 462
	19	Deferred reversue			339,023.	19	301,169
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
ia B		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
- 1	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, c	-				
		parties, and other liabilities not included on line			^		22 612
		of Schedule D			0.		23,612
+	26	Total liabilities. Add lines 17 through 25		• X	379,628.	26	363,890
ပ္တ		Organizations that follow FASB ASC 958, ch	eck her	• <u>A</u>			
2	07	and complete lines 27, 28, 32, and 33.			814,681.	07	816,739
<u>a</u>	27	Net assets without donor restrictions			7,684.	27	6,684
20	28	Net assets with donor restrictions			7,004.	28	0,004
<u> </u>		Organizations that do not follow FASB ASC	958, CN	ck nere			
<u> </u>	20	and complete lines 29 through 33.	_			20	
STS	29	Capital stock or trust principal, or current fund				29	
lss(30	Paid-in or capital surplus, or land, building, or e				30	
ا ب	31	Retained earnings, endowment, accumulated i			822,365.	31	823,423
	32	Total net assets or fund balances			1,201,993.	32 33	1,187,313
	33	Total liabilities and net assets/fund balances			1,401,333.	33	Form 990 (202

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		8,8 8,2				
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5								
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	82	3,4	23.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_			
	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							
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 Sche	edule O.						
За	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?		За		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
	C1		Form	990	2022)			

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

Open to Public

Inspection

Employer identification number

Name of the organization MICHIGAN LIBRARY ASSOCIATION 38-1404517 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 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))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	
	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,				-04		
	column (f)						
6	Public support. Subtract line 5 from line 4.			•			
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		, ,		, ,	, ,	
8	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,		\(()_			
	and income from similar sources						
9	Net income from unrelated business		~ O				
	activities, whether or not the		1,65				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		~				
	assets (Explain in Part VI.)	1,10					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the					D1(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
		·			·	Calaaduda A	(Form 990) 2022

232022 12-09-22

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not	,	.,	,	,	,		
	include any "unusual grants.")	387,011.	481,235.	432,771.	856,465.	548,233.	2705715.	
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			140,332.				
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				-08)	1001-60	
	Total. Add lines 1 through 5	729,409.	762,704.	573,103.	1078003.	878,341.	4021560.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons			- (2)			0.	
k	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.	
c	Add lines 7a and 7b			9			0.	
	Public support. (Subtract line 7c from line 6.))			4021560.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018 729, 409.	(b) 2019 762,704.	(c) 2020 573, 103.	(d) 2021 1078003.	(e) 2022 878,341.	(f) Total 4021560.	
	Amounts from line 6	10,687.	17,081.	3,930.	2,550.	20,542.	54,790.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10110						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b whether or not the business is regularly carried on	10,687.	17,081.	3,930.	2,550.	20,542.	54,790.	
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.)	740,096.	779,785.	577,033.	1080553.	898,883.	4076350.	
14	First 5 years. If the Form 990 is for the	· ·		•		. , . ,		
0-	check this box and stop here							
	ction C. Computation of Publi			. (5)		[00 66 0	
	Public support percentage for 2022 (I	, , , , , , , , , , , , , , , , , , , ,	•	.,,		15	98.66 % 99.01 %	
	Public support percentage from 2021 ction D. Computation of Inves		•			16	99.01 %	
	Investment income percentage for 20			ne 13 column (f)		17	1.34 %	
	Investment income percentage from 2	•	•			18	.99 %	
	3 Investment income percentage from 2021 Schedule A, Part III, line 17							
b	line 18 is not more than 33 1/3%, che	•				•		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")?

 "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		
_		
За		
3b		
0-		
3c		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
6		
7		
C		
8		
9a		
9b		
9с		
10a		
150		
10b		

232024 12-09-22

Par	t IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne 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,			
		cors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) rively 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			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		CU'		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI now control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
S00	the su	upported organization(s). D. All Type III Supporting Organizations	1		
360	LIOII L	5. All Type III Supporting Organizations		.,	
	D: -1 41-			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		iization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the iization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sec	tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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	struction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b		ne 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			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne 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		
h	Did th	ne 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.

2022.05030 MICHIGAN LIBRARY ASSOCIAT 701410_1

Schedule	Α	(Form	990)	2022

5

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

4

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Complemental Information
rait VI	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	• • • • • • • • • • • • • • • • • • • •
·	
	5
i	
	• 65
	• C •
	<u> </u>
	_

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

2022

Name of the organization Emp

MICHIGAN LIBRARY ASSOCIATION

Employer identification number

38-1404517

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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					
	tation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 50 contributor,	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 9(a)(1) 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 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; 990-EZ, line 1. Complete Parts I and II.					
	nization 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.						
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\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing 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) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

MICHIGAN LIBRARY ASSOCIATION

38-1404517

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		\$82,632.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	010110	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
			noncash contributions.) Schedule B (Form 990) (20

Name of organization Employer identification number

MICHIGAN LIBRARY ASSOCIATION

38-1404517

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		* Coby	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** MICHIGAN LIBRARY ASSOCIATION 38-1404517 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	ne of orga		o) organiza	loris. Complete Part III.				avar idantification	
IVAII	ne or orga		СПТСУ	N LIBRARY ASSOCI	A M T O M		Employer identification number 38-1404517		
Da	art I-A			anization is exempt und		or is a section 5	27 ord		- /
1 2	Provide Political	a description of t	the organiz	ation's direct and indirect politic ures gn activities	cal campaign activities	in Part IV.	\$ \$		
Pa	art I-B	Complete i	f the org	anization is exempt und	ler section 501(c)	(3).			
		e amount of any	excise tax	incurred by the organization un-	der section 4955	<u> </u>	\$		
2	Enter the	e amount of any	excise tax	incurred by organization manag	ers under section 4955	5)	\$		
				n 4955 tax, did it file Form 4720				Yes	No
4a	Was a co	orrection made?						Yes	No
		describe in Part		oni-alian ia avamal	law do alian 501/a)	avaant aaatian	E04/a	\(0)	
	art I-C			anization is exempt und	1	<u> </u>			
		•		by the filing organization for se			\$		
2				ization's funds contributed to o)		Φ.		
2		function activitie	S	. Add lines 1 and 2. Enter here a	and an Form 1100 DOL		\$		
3							ф		
1	Did the f	filing organization	n file Form	1120-POL for this year?			Ф		No
5	made pa	ayments. For eac tions received th	h organiza at were pr	nployer identification number (E tion listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organi a separate political org	zation's funds. Also e janization, such as a s	nter the	e amount of political	
		(a) Name	X	(b) Address	(c) EIN	(d) Amount paid filing organizati funds. If none, en	on's	(e) Amount of portion of position of promptly and discovered to a sepolitical organizer of none, enter	ved and rectly parate ation.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022 MICHIGAN LIBRARY ASSOCIATION 38-1404517 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) 46,125. **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 46,125. c Total lobbying expenditures (add lines 1a and 1b) 852,167. d Other exempt purpose expenditures 898,292. e Total exempt purpose expenditures (add lines 1c and 1d) 159,744. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000. 39,936. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount	125,406.	111,074.	168,873.	159,744.	565,097.	
b Lobbying ceiling amount (150% of line 2a, column(e))					847,646.	
c Total lobbying expenditures	48,000.	48,750.	49,500.	46,125.	192,375.	
d Grassroots nontaxable amount	31,352.	27,769.	42,218.	39,936.	141,275.	
e Grassroots ceiling amount (150% of line 2d, column (e))					211,913.	
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	•			
į	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	\			
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5) or sec	tion	
ı aı	501(c)(6).	1 30 1 (0)(3	,, or sec	, LIOII	
	001(0)(0).			Yes	No
	Mars substantially all (000) as mars) dues received manded ustible by mambers.		4	103	140
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the		··· -		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is
	answered "Yes."	`	•	•	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
SCI	HEDULE C, PART I-A, LINE 1				
MT	MITCAN I TODADU ACCOCTAMION OTO NOM ENCACE IN DIDECE	OD TAID	TDECE		
WT (CHIGAN LIBRARY ASSOCIATION DID NOT ENGAGE IN DIRECT	OK TND	TKECT		
ד∧ם	LITICAL CAMPAIGN ACTIVITIES.				
<u> - 01</u>	TITICAL CAMEATON ACTIVITIES.				

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

MICHIGAN LIBRARY ASSOCIATION

Employer identification number 38-1404517

Schedule D (Form 990) 2022

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes on Form 550, Farriv, inte	(a) Donor advised funds	(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	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.	0,	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 stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register	NO.	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and anotion 170/h\(4\\D\(:)\0		□ Vaa □ Na
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	icial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	· ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			<u>*</u>
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Historical	Treasures, o	r Other S	imilar Asse	ts (continued	d)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	I Loan or	exchange progra	am			
b	Scholarly research	е	Other					
С	Preservation for future generations		_					
4	Provide a description of the organization's col	lections and explair	n how they furth	er the organization	on's exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or	-	•	-	-			
	to be sold to raise funds rather than to be mai	intained as part of th	he organization	s collection?			Yes	No
Par	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the organi	zation answered	"Yes" on Fo	rm 990, Part I\	, line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia	ın or other intermed	iary for contribu	tions or other as	sets not incl	uded		
	on Form 990, Part X?					[Yes	No
b								
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a					unt liability?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has b	een provided on	Part XIII			
Par	rt V Endowment Funds. Complete if	the organization an	swered "Yes" o	n Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back (d)	Three years bac	k (e) Four yea	rs back
1a	Beginning of year balance							
b	Contributions			40				
С	Net investment earnings, gains, and losses		•					
d	Grants or scholarships			<i>5</i>				
е	Other expenditures for facilities		3					
	and programs		(()					
f	Administrative expenses							
g	End of year balance		0					
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, colum	ın (a)) held as:				
а	Board designated or quasi-endowment%							
b	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c should equal 100%.							
За	Are there endowment funds not in the possession of the organization that are held and administered for the							
	organization by: Yes No					s No		
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b							
4	4 Describe in Part XIII the intended uses of the organization's endowment funds.							
Part VI Land, Buildings, and Equipment.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) Accu	umulated	(d) Book va	lue
		basis (investn	nent) b	asis (other)	depre	ciation		
1a	Land							
b								
С	Leasehold improvements							
d		I						
<u>e</u>	Other			22,410.	2	2,410.		0.
Total	II. Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part	X. column (B) li	ne 10c)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MICHIGAN LIE Part VII Investments - Other Securities.	BRARY ASSOCIA	TION 3	8-1404517 _{Page}
Complete if the organization answered "Yes" of	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 er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1)			
(2)		— • • • • • • • • • • • • • • • • • • •	
(3)		~ O`	
(4)			
(5)			
(6)		101	
(7)			
(8)			
(9)	<i>C</i>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	• 0	A	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	Description		(b) Book value
(1)			
(2)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		
(3)	V		
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		- I
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	· · ·	• •	(b) Book value
(1) Federal income taxes			
	G LEASES		23,612
(3)	-		
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

23,612.

(5) (6) (7) (8)

Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	iii nevellue pei ne	turri.	
1	-		1	899,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	033,330.
a	Net unrealized gains (losses) on investments 2a	467.		
b	Donated services and use of facilities 2b	1070	-	
C	Recoveries of prior year grants 2c			
d				
e			2e	467.
3	Subtract line 2e from line 1		3	898,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			000,0001
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	- · · · · · - · · · · · · · · · · · · ·			
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	898,883.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	\	1	898,292.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	~(O),		
b	Prior year adjustments 2b	-07		
С	Other losses 2c	7		
d	Other (Describe in Part XIII.))		
е			2e	0.
3	Subtract line 2e from line 1		3	898,292.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	(= =)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	898,292.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.		
	• C • ·			
	110			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 38-1404517 MICHIGAN LIBRARY ASSOCIATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS AND AWARDS	17	9,736.	. 0.		
				•	
				6	
				04	
			.40		
		١C			
		CO			
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, column	ı (b); and any other ac	ı Iditional information.	
PART I, LINE 2:) '			
THE ORGANIZATION REGULARLY REV	IEWS PARTICIP	ANTS FOR (QUALIFICATI	ONS AND	
MAINTAINS RECORDS TO SUBSTANTIA	ATE THE ADHER	ENCE TO SI	ELECTION CR	TTERTA.	
AND THE RECORDS TO SUBSTIMITE		<u></u>		I I III I I I I I I I I I I I I I I I	

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

MICHIGAN LIBRARY ASSOCIATION

Employer identification number 38-1404517

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:				
VARIOUS PUBLICATIONS INTENDED TO ENHANCE THE DEVELOPMENT AND				
IMPLEMENTATION OF EDUCATIONAL PROGRAMS, DEVELOP INTELLECTUAL FREEDOM TO				
ENHANCE EDUCATION OF ALL PEOPLE, AND DEVELOP GRASSROOTS LIBRARY				
PROGRAMS.				
EXPENSES \$ 43,333. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,058.				
FORM 990, PART VI, SECTION A, LINE 6:				
THE ORGANIZATION HAS MEMBERS.				
FORM 990, PART VI, SECTION A, LINE 7A:				
THE ORGANIZATION HAS MEMBERS WHO MAY ELECT MEMBERS OF THE GOVERNING BODY.				
FORM 990, PART VI, SECTION A, LINE 7B:				
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS.				
FORM 990, PART VI, SECTION B, LINE 11B:				
STAFF WILL REVIEW THE 990, THEN DELIVER A COPY TO THE BOARD OF DIRECTORS				
FOR REVIEW PRIOR TO THE BOARD MEETING WHERE THE DOCUMENT IS PRESENTED.				
FORM 990, PART VI, SECTION B, LINE 12C:				
THE POLICY IS REVIEWED WITH THE DIRECTORS AND KEY EMPLOYEES ANNUALLY. EACH				
DIRECTOR SIGNS A COPY OF THE POLICY ANNUALLY. THE ORIGINAL SIGNED COPIES				
ARE STORED ELECTRONICALLY IN THE ASSOCIATION'S ELECTRONIC FILES.				

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
MICHIGAN LIBRARY ASSOCIATION	38-1404517
THE PRESIDENT WILL GATHER COMPLETE A WRITTEN EVALUATION OF	THE EXECUTIVE
DIRECTOR WITH A SALARY RECOMMENDATION. THE EVALUATION WILL	BE PRESENTED TO,
REVIEWED AND DISCUSSED BY THE EXECUTIVE COMMITTEE FOR RECO	MMENDATION IN THE
ANNUAL BUDGET. THE BUDGET IS THEN APPROVED BY THE FULL BOA	RD IN JUNE OF
EACH YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIALS ARE STOR	ED ON THE
ASSOCIATION'S WEBSITE.	
<u> </u>	
·sc	
	_
Ollo II	
101,	
Q V	