

Form **990-T**  
Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**  
For calendar year 2023 or other tax year beginning 01-01-2023 and ending 12-31-2023  
**Go to *www.irs.gov/Form990T* for instructions and the latest information.**  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0047  
**2023**  
**Open to Public Inspection for 501(c)(3) Organizations Only**

- A**  Check box if address changed.
- B** Exempt under section
  - 501(c3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)  529A

**Print or Type**

Name of organization ( Check box if name changed and see instructions.)  
CASCADES PARK FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.  
1970 KIBBY RD

City or town, state or province, and ZIP or foreign postal code  
JACKSON, MI 49203

**C** Book value of all assets at end of year . . . . . 120,560

- D** Employer identification number  
38-3095120
- E** Group exemption number  
(see instructions)
- F**  Check box if an amended return.

- G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity
- H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800
- I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . .
- J** Enter the number of attached Schedules A (Form 990-T) . . . . . 1
- K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation
- L** The books are in care of MARGARET MYERS Telephone number (517) 784-1500  
1970 KIBBY RD  
JACKSON, MI 49203

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	
<b>2</b> Reserved . . . . .	<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	
<b>4</b> Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6</b> Deduction for net operating loss. See instructions . . . . .	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	0

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . .	<b>1</b>	0
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions . . . . .	<b>3</b>	
<b>4</b> Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b> Alternative minimum tax . . . . .	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1b Other credits (see instructions) 1c General business credit. Attach Form 3800 (see instructions) 1d Credit for prior year minimum tax (attach Form 8801 or 8827) 1e Total credits. Add lines 1a through 1d 2 Subtract line 1e from Part II, line 7 3a Amount due from Form 4255 3b Amount due from Form 8611 3c Amount due from Form 8697 3d Amount due from Form 8866 3e Other amounts due (see instructions) 3f Total credits. Add lines 3a through 3e 4 Total tax. Add lines 2 and 3f (see instructions). Check if includes tax previously deferred under section 1294. Enter the tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 6a Payments: Preceding year's overpayment credited to the current year 6b Current Year's estimated tax payments. Check if section 643(g) election applies 6c Tax deposited with Form 8868 6d Foreign organizations: Tax paid or withheld at source (see instructions) 6e Backup withholding (see instructions) 6f Credit for small employer health insurance premiums (attach Form 8941) 6g Elective payment election amount from Form 3800 6h Payment from Form 2439 6i Credit from Form 4136 6j Other (see instructions) 7 Total payments. Add lines 6a through 6j 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. No No 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 4 Enter available pre-2018 NOL carryovers here. \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business activity code Available post-2017 NOL carryover 722320 \$ 286,866 6a Reserved for future use. 6b Reserved for future use.

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here MARGARET MYERS 2024-05-03 TREASURER Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Randall D Biddix Preparer's signature Date 2024-05-08 Check if self-employed PTIN P00819190 Firm's name Markowski & Company CPAs Firm's EIN 26-1586024 Firm's address 2880 Spring Arbor Road Jackson, MI 49203 Phone no. (517) 782-9351

# TY 2023 OtherDeductionSchedule

**Name:** CASCADES PARK FOUNDATION

**EIN:** 38-3095120

**Form 4562 amount:**

**Form 8873 amount:**

**Management fees (non-employees):**

**Legal fee amount:**

**Accounting amount:**

**Lobbying amount:**

**Investment management amount:**

**Advertising and promotion amount:**

**Insurance amount:**

**Occupancy amount:**

**Travel amount:**

**Information technology amount:**

**Office expenses amount:**

Other type of deduction	Other type deduction amount
ADVERTISING	18,420
ACCOUNTING	8,850
GENERAL INSURANCE	8,005
LAUNDRY	14,204
OFFICE SUPPLIES	505
RESTAURANT SUPPLIES	11,288
CLEANING SUPPLIES	431
SMALL EQUIPMENT	2,918
CREDIT CARD FEES	8,502
DECORATIONS	4,397
PRINTING	2,816
DUES & SUBSCRIPTIONS	4,744
POSTAGE	137
ALARM	1,131
INSPECTIONS	711

Other type of deduction	Other type deduction amount
TELEPHONE	4,028
UTILITIES	32,307
REFUSE	1,032
MEALS	488
EMPLOYEE TRAINING	506
CONTRACT LABOR	693
PAYROLL PROCESSING FEES	680

**TY 2023 OtherIncomeSchedule3****Name:** CASCADES PARK FOUNDATION**EIN:** 38-3095120**Earnings And Profits Other Adjustment Statement**

Form Number or IRC Section Number	Other income description	Other income amount
	INTEREST	93
	SALES TAX DISCOUNT	132
	MISCELLANEOUS	7,528

**Total Other Income Amount:** 7,753

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization CASCADES PARK FOUNDATION

B Employer identification number 38-3095120

C Unrelated business activity code (see instructions) 722320

D Sequence: 1 of 1

E Describe the unrelated trade or business BANQUET AND MEETING FACILITY

Table with 5 columns: Part I, Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (547,794), Cost of goods sold (141,195), and Total (545,276).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (313,734), Repairs and maintenance (42,239), Depreciation (13,889), and Total deductions (555,145).

**Part III Cost of Goods Sold** Enter method of inventory valuation **INVENTORIES AT COST**

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	27,138
<b>2</b>	Purchases . . . . .	<b>2</b>	132,636
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	159,774
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	18,579
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	141,195
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)  
**A**  1970 KIBBY RD  
 JACKSON, MI 49203  
**B**   
**C**   
**D**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .	117,373			
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .	13,551			
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .	130,924			
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				130,924
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)  
**A**   
**B**   
**C**   
**D**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement)				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				
<b>11</b> <b>Total dividends-received deductions</b> included in line 10 . . . . .				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . .		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	2	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	3	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	4	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	5	
5 Gross income from activity that is not unrelated business income . . . . .	6	
6 Expenses attributable to income entered on line 5 . . . . .	7	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .		



**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A**

**B**

**C**

**D**

Enter amounts for each periodical listed above in the corresponding column.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross advertising income . . . . .				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .

<b>3</b> Direct Advertising costs by periodical . .				
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**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .

<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . .				
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<b>5</b> Readership costs . . . . .				
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<b>6</b> Circulation income . . . . .				
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<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .				
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<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
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**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . . .

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			

**Part XI Supplemental Information (see instructions)**

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Form **4562**  
Department of the Treasury  
Internal Revenue Service  
(99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172  
**2023**  
Attachment  
Sequence No. **179**

Name(s) shown on return  
CASCADES PARK FOUNDATION

Business or activity to which this form relates  
FORM 990T - 1

Identifying number  
38-3095120

**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2022 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	48,375

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

<b>Section A</b>		
<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2023	<b>17</b>	4,250
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	52,625
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 for mileage and personal use questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for employer policy and information questions.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-3095120

**Name:** CASCADES PARK FOUNDATION