EXTENDED TO AUGUST 15, 2024

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023 C Name of organization D Employer identification number Address change EIGHTCAP INC Name change 38-6111652 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 5827 ORLEANS RD 616-754-9315 termin-ated 17,241,587. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ ORLEANS, MI 48865 H(a) Is this a group return Applica-F Name and address of principal officer: LORI JOHNSON for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions WWW.EIGHTCAP.ORG J Website: H(c) Group exemption number K Form of organization, X Corporation Association Other L Year of formation: 1966 M State of legal domicile; MI Part I Summary Briefly describe the organization's mission or most significant activities: EIGHTCAP, INC. IMPROVES OUR Governance COMMUNITY BY COLLABORATING WITH PRIVATE, GOVERNMENT, AND COMMUNITY if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 15 Number of voting members of the governing body (Part VI, line 1a) ********** 15 Number of independent voting members of the governing body (Part VI, line 1b) 358 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 1345 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 22,075,368. 17,160,517. Revenue 81,070. Program service revenue (Part VIII, line 20) 51,092. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 45,300. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,171,760. 17,241,587. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 502,998. 243,566. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,492,655. 997. 152. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,660,120. 5,055,440. 21,655,773. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,296,158. 19 Revenue less expenses. Subtract line 18 from line 12 515,987. -54,571. 0 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,434,480. 3,109,339. 21 Total liabilities (Part X, line 26) 1,859,684. 1,589,114. Net assets or fund balances. Subtract line 21 from line 20 22 1,574,796. 1,520,225. Part II | Signature Block 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 prepare) (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Date LORI JOHNSON PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid TRAVIS C. BIGLER, CPA TRAVIS C. BIGLER, CP 06/12/24 P01812246 REHMANN ROBSON LLC Preparer Firm's name Firm's EIN 38-3635706 Use Only Firm's address 2330 EAST PARIS AVE SE Phone no. 616-975-4100 GRAND RAPIDS, MI 49546 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	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:
	EIGHTCAP, INC. IMPROVES OUR COMMUNITY BY COLLABORATING WITH PRIVATE,
	GOVERNMENT, AND COMMUNITY ORGANIZATIONS TO DELIVER PROGRAMS THAT
	ALLEVIATE THE CAUSES OF POVERTY AND ITS EFFECTS ALLOWING INDIVIDUALS
	TO BECOME SELF-SUFFICIENT.
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 \$10,780,481. including grants of \$) (Revenue \$) (Revenue \$)
	CHILD EDUCATION ACTIVITIES - FUNDING FROM HEAD START & GREAT START
	READINESS PROGRAMS PROVIDED FOR MEDICAL, DENTAL, NUTRITION, AND
	EDUCATIONAL SERVICES TO PRESCHOOL AGED CHILDREN.
4b	(Code:) (Expenses \$ 3,192,948. including grants of \$ 243,566.) (Revenue \$ 55,251.)
	COMMUNITY SERVICES PROGRAMS PROVIDED LOW-INCOME/NO-INCOME HOUSEHOLDS
	WITH EMERGENCY FOOD, UTILITIES, SHELTER, TRANSPORTATION, MEDICAL, AND
	CLOTHING.
4c	(Code:) (Expenses \$816,815. including grants of \$) (Revenue \$)
	WEATHERIZATION PROGRAM/ENERGY ASSISTANCE PROVIDED FREE HOME ENERGY
	CONSERVATION SERVICES TO LOW-INCOME HOMEOWNERS AND RENTERS TO REDUCE
	ENERGY USE, LOWER UTILITY BILLS AND ENSURE A SAFE LIVING ENVIRONMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 966, 105 • including grants of \$) (Revenue \$)
4e	Total program service expenses 15,756,349.
	Form 990 (2022)

38-6111652 Page **3**

Form 990 (2022) EIGHTCAP INC 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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,		37	
	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 VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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	_X_	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
_	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			\vdash
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	demostic government on Fairtix, column (x), into F: II Tes, complete schedule I, Parts Fairt II	<u> 41</u>	>	

232003 12-13-22

Form **990** (2022)

Form 990 (2022) EIGHTCAP INC
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			37
04-	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	24a		x
b	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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		X
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			37
	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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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?	26		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 342			
	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 (gambling) winnings to prize winners?	4.	Х	
23200	(gambling) winnings to prize winners?	Form		(2022)
_02002		. 01111		(- <i></i>)

Form 990 (2022) EIGHTCAP INC

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 358	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		- V
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	1		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	.,		

Form **990** (2022) 232005 12-13-22

Form 990 (2022) EIGHTCAP INC 38-6111652 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.

	to into ea, ea, or rob solon, decorbed the chearington, proceeded, or artinged on continuous c.			77
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year 15			
	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 0. Enter the number of voting members included on line 1a, above, who are independent 15			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3,7
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		3,7
<u>C</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MAUREEN FLEET - 616-754-9315			
	5827 ORLEANS RD, ORLEANS, MI 48865			

Form **990** (2022)

Form 990 (2022) EIGHTCAP INC 38-6111652 Page 7

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) Name and title	(B) Average hours per week	(do box,	not c	Posi heck i ss per	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LORI JOHNSON	40.00							00.010		00 4-4
PRESIDENT	40.00			X				98,013.	0.	22,451.
(2) JANE RUSSELL	40.00	4						01 404	•	10 000
VP - FINANCE				Х				91,494.	0.	10,978.
(3) GARY TEGGE	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(4) DOUG MCFADDEN	2.00								•	•
CHAIRPERSON	0.00	Х		Х		_	_	0.	0.	0.
(5) RENAE CAUDILL	2.00								•	_
SECRETARY	2 00	Х		X				0.	0.	0.
(6) JAMES MORENO	2.00	3,7		37					0	0
TREASURER	2 00	X		Х			_	0.	0.	0.
(7) MINDY TRAIN	2.00								0	0
BOARD MEMBER - PARTIAL YEA	2 00	X						0.	0.	0.
(8) JENNIFER COOK BOARD MEMBER	2.00	Х						0.	0.	_
(9) PEGGY THELEN	2.00	Λ				\vdash	_	0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) GEORGIA SHARP	2.00	Λ						0.	0.	<u></u>
BOARD MEMBER - PARTIAL YEA	2.00	Х						0.	0.	0.
(11) KEN BAKER	2.00	Λ						0.	0.	0.
BOARD MEMBER - PARTIAL YEA	2.00	х						0.	0.	0.
(12) GLENNA SCOFIELD	2.00	21						0.	0.	
BOARD MEMBER - PARTIAL YEA	2000	х						0.	0.	0.
(13) KIM ONSTOTT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) STEVE RIVERS	2.00								•	
BOARD MEMBER		Х						0.	0.	0.
(15) JEREMY MILLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) DAVID SEPPALA	2.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(17) MICHELE RINGLE	2.00									
BOARD MEMBER - PARTIAL YEA		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Form 990 (2022) EIGHTCAP	INC								38-6111	652 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box,		Posineck in	ition more rson i	I than o	one i an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) REBECCA TERRY	2.00	v						0	0	_
BOARD MEMBER (19) PATRICIA PRIEST BOARD MEMBER	2.00	X						0.	0.	0.
(20) TERRENCE FREWEN BOARD MEMBER	2.00	Х						0.	0.	0.
(21) RANDY MELLEMA BOARD MEMBER	2.00	х						0.	0.	0.
(22) JUDITH WATSON BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								189,507.	0.	33,429.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A							0. 189,507.	0. 0.	33,429.
compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•	-	•	•	•		_		•	9 Yes No X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Section B. Independent Contractors

rendered to the organization? If "Yes." complete Schedule J for such person

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within	i the organization's tax year.		
(A)	(B)	(C)	
Name and business address	Description of services	Compensation	
CENTRAL MICHIGAN UNIVERSITY, 119 BOVEE	HEAD START		
UNIVERSITY CENTER, MT PLEASANT, MI 48858	COLLABORATIVE CHILD	177,464.	
2 Total number of independent contractors (including but not limited to those listed			

Form 990 (2022)

\$100,000 of compensation from the organization

X

Form Pa i					CAP I	NC				38-6111	652 Page 9
Га	LV	/ 1111	_					5			
			Check if Schedule O o	conta	ains a resp	<u>onse</u>	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events	ibuti gran	1c 1d 1d 1d 1e 1s, and ve 1f	\$	16,973,035. 187,482.	17,160,517.			
							Business Code				
ø	2	а	OTHER INCOME				900099	68,703.	68,703.		
e Ķ		b	PROGRAM INCOME				900099	12,367.	12,367.		
Program Service Revenue			All other program service	reve	nue						
		g	Total. Add lines 2a-2f					81,070.			
	3 4 5		Investment income (include other similar amounts) Income from investment of Royalties	k-exempt b	ond p	roceeds					
	_				(i) Rea	aı	(ii) Personal				
	6		Gross rents	6a	†						
			Less: rental expenses	6b	1						
			Rental income or (loss)	6с							
	_		Net rental income or (loss)) 	(i) Secur	itioo	(ii) Othor				
	1	а	Gross amount from sales of	7-		illes	(ii) Other				
		L	assets other than inventory	7a							
ø		D	Less: cost or other basis and sales expenses	7b							
nué		_	Gain or (loss)	7c							
§eve			Net gain or (loss)								
Other Revenue	8		Gross income from fundraisin including \$	ng ev	ents (not						
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			es					
	10	а	Gross sales of inventory, I			10.					
		h	and allowances Less: cost of goods sold				İ				
			Net income or (loss) from				•				
\dashv		U	TACE HICOTHE OF (1022) HOTH	Jait	3 OI IIIVEIIL	лу	Business Code				
sno	11	а									
Miscellaneous Revenue	• •	b									
ella		c									
lisc			All other revenue								
≥			***************************************				_				

232009 12-13-22

Form **990** (2022)

e Total. Add lines 11a-11d

12 Total revenue. See instructions

81,070.

17,241,587.

Form 990 (2022) EIGHTCAP INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX									
	oot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	243,566.	243,566.							
2	Grants and other assistance to domestic	-	-							
•	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
4 5	Compensation of current officers, directors,									
3	trustees, and key employees	263,337.		263,337.						
6	Compensation not included above to disqualified									
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	8,803,580.	8,157,321.	646,259.						
8	Pension plan accruals and contributions (include	-								
	section 401(k) and 403(b) employer contributions)	253,937.	215,669.	38,268.						
9	Other employee benefits	1,796,597.	1,657,442.	139,155.						
10	Payroll taxes	879,701.	803,941.	75,760.						
11	Fees for services (nonemployees):									
а	Management									
	Legal									
	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	500.00		05 105						
13	Office expenses	780,096.	752,899.	27,197.						
14	Information technology	169,644.	156,213.	13,431.						
15	Royalties	/12 /5/	271 026	41 (20						
16	Occupancy	413,474.	371,836.	41,638.						
17	Travel	324,531.	299,841.	24,690.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	91,720.	81,856.	9,864.						
20	Interest	11,093.		11,093.						
21	Payments to affiliates	450 501	405 500	46.400						
22	Depreciation, depletion, and amortization	453,791.	407,593.	46,198.						
23	Insurance	169,417.	160,107.	9,310.						
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), are until the list line 24e are consequent Sebetial (A).									
а	amount, list line 24e expenses on Schedule 0.) CLIENT SERVICES	1,410,702.	1,410,202.	500.						
a b	CONTRACTED SERVICES	627,725.	454,683.	173,042.						
C	STIPEND - FOSTER GP/SEN	359,472.	359,472.	1,0,044						
d	EQUIP RENT/MAINT	127,325.	127,053.	272.						
	All other expenses	116,450.	96,655.	11,211.	8,584.					
25	Total functional expenses. Add lines 1 through 24e	17,296,158.	15,756,349.	1,531,225.	8,584.					
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)					

38-6111652 Page **11**

EIGHTCAP INC

Form 990 (2022) Part X | Balance Sheet

Pan	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,108,817.	1	381,173
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	1,052,339.	3	1,247,831		
	4	Accounts receivable, net			32,096.	4	25,000
	5	Loans and other receivables from any current or for	ormer	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described i				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			200 000	8	050 065
⋖	9				300,890.	9	259,967
	10a	Land, buildings, and equipment: cost or other		F 112 266			
		basis. Complete Part VI of Schedule D		5,113,266.	040 220		006 070
		Less: accumulated depreciation		4,126,996.	940,338.	10c	986,270
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets	0.	14	200 000		
	15	Other assets. See Part IV, line 11			3,434,480.	15	209,098 3,109,339
\dashv	16	Total assets. Add lines 1 through 15 (must equal			1,003,407.	16 17	913,611
	17 18	Accounts payable and accrued expenses		1,003,407.	18	913,011	
	19	Grants payable			606,274.	19	248,952
	20	Deferred revenue			000,274.	20	240,332
	21	Escrow or custodial account liability. Complete Pa				21	
	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				22	
E	23	Secured mortgages and notes payable to unrelate	-		250,003.	23	26,243
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1		1			
		of Schedule D			0.	25	400,308
	26				1,859,684.	26	1,589,114
		Organizations that follow FASB ASC 958, chec	k here	X			
Ses		and complete lines 27, 28, 32, and 33.					
lan l	27	Net assets without donor restrictions			1,145,585.	27	1,222,911
Ba	28	Net assets with donor restrictions		<u></u>	429,211.	28	297,314
밀		Organizations that do not follow FASB ASC 958	8, che	ck here			
Ĩ.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			4 554 505	31	4 500 00-
Ne	32	Total net assets or fund balances			1,574,796.	32	1,520,225
	33	Total liabilities and net assets/fund balances			3,434,480.	33	3,109,339 Form 990 (202

Form **990** (2022)

38-6111652 Page **12**

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	17,2	41,5	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,2	96,1	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	54,5	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,5	74,7	96.
5	Net unrealized gains (losses) on investments	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	1,5	20,2	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	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:				
	X 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?		20	: X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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?		3a	ı X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization ETCUMCAD INC Employer identification number 38-6111652

			ICAP INC					0-0111032		
Pa	ırt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		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).								
4	\Box	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:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
J		section 170(b)(1)(A)(iv). (C		loge of affiversity owned	ог орогас	ca by a go	vorminental and accomb	5 4 III		
_				والمحانية عادات المعادية	47	70/5//4// 4/	()			
6	T	A federal, state, or local gov	-							
1	X	An organization that norma	•	itial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	•							
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a		vely to test for public saf	etv. See	section 50)9(a)(4).			
12	一	An organization organized a	•	*	•			purposes of one or		
		more publicly supported or	•	•	-		•			
		lines 12a through 12d that						SHOOK THO BOX OH		
а		Type I. A supporting orga	* *					aivina		
a						-				
		the supported organization			пајопцу о	i the direc	tors or trustees or the st	apporting		
		organization. You must o					al accession that the color	du a		
b) [•					-		
		control or management o			ame perso	ns that coi	ntrol or manage the supp	ported		
		organization(s). You mus	-							
С	:		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.			
d	I		rintegrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g	Prov	vide the following information	about the supporte	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
					1					

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13958324.	13917862.	18456264.	22075368.	17160517.	85568335.
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	13958324.	13917862.	18456264.	22075368.	17160517.	85568335.
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,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						85568335.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		13917862.	18456264.	22075368.	17160517.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	50,739.	43,332.	43,332.	45,300.	0.	182,703.
a	Net income from unrelated business	3071330	10,0020	10,0020	137333		
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						85751038.
	Gross receipts from related activities,	oto (coo instructio	une)			12	348,091.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax			340,031.
13	organization, check this box and sto						
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (column (fl)		14	99.79 %
	Public support percentage from 2021					15	99.72 %
	33 1/3% support test - 2022. If the						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the						
	and stop here. The organization qua	•		•		•	
170	10% -facts-and-circumstances test						
110	and if the organization meets the fact	ū					•
				=		-	
L	meets the facts-and-circumstances to	· ·					
D	10% -facts-and-circumstances test	•				•	10% UI
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a		
						Scheaule A	(Form 990) 2022

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.)

Se	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	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	1	T	Т	Т	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				-	-	-
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	-			•		on,
S	check this box and stop here ction C. Computation of Publi						
	•			polumn (f)\		15	0/
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Investigation					10	%
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from					18	
	33 1/3% support tests - 2022. If the						
136	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

EIGHTCAP INC 38-6111652 Page 4

Schedule A (Form 990) 2022 EIGH 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")? *If* "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		
3a		
3b		
OD		
3с		
4a		
41-		
4b		
4c		
5a		
Ja		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
150		
10b		

	cupper and organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		I	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	/ -		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	10)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported 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 the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	8	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
<u>d</u>	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
_ <u>i</u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
	line 7: \$ Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
<u>e</u>	Excess from 2022				

Schedule A (Form 990) 2022

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

EIGHTCAP INC

Employer identification number 38-6111652

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accounts	- Complete if the
		(a) Donor advise	ed 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	riting that the assets he	eld in donor advised f	unds	
	are the organization's property, subject to the organization's e	xclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose conf	ferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreati	on or education)	Preservation of a h	istorically im	portant land area
	Protection of natural habitat		Preservation of a c	ertified histo	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation	n easement on the last
	day of the tax year.				eld at the End of the Tax Year
а	Total number of conservation easements			2a	
b				l l	
С	Number of conservation easements on a certified historic structure.	cture included in (a)		2c	
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				ring the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it h	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conserva	ation easeme	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	nforcing conservation	easements of	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4))(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense stat	tement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	s financial statements	that describ	es the
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of		asures, or Other	r Similar <i>F</i>	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its rev	enue statement and b	palance shee	et works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	, or research in furthe	erance of pub	olic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenu	e statement and bala	nce sheet wo	orks of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	r research in furthera	nce of public	service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$_	
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gai	in, provide	
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	chedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simil	ar Asse	ts (continu	rage =
3	Using the organization's acquisition, accession									
	collection items (check all that apply):									
а	Public exhibition		b	Loan or exc	hange progra	am				
b	Scholarly research	•	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exem	npt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran								/, line 9, or	
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?							[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on	Part XIII				
Pai	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year		rior year	(c) Two yea			e years bac	k (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1c	ı, column (a) held as:					
а	Board designated or quasi-endowment		%		•					
b	Permanent endowment	%	_							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	ed for the	е			
	organization by:	_							[res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ited	(d) Book	value
		basis (investi			(other)	dep	oreciatio	n	. ,	
1a	Land			11	9,631.				119	,631.
b	Buildings				1,840.	1,5	37,	782.		,058.
С	Leasehold improvements			<u> </u>	-	-				
d	Equipment	I		3,19	1,795.	2,5	589,2	214.	602	,581.
	Other			-		-				
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B) line 1	0c)				986	,270.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 EIGHTCAP INC	3	38-6111652 Page 3
Part VII Investments - Other Securities.		
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 end-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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	5 222 5 . 11/ 11	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS, NET	209,098.
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	209,098.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATIONS	400,308.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	400,308.

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

4c

38-6111652 Page 4 EIGHTCAP INC Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 17,949,752. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 708,165. Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) 708,165. 2e Add lines 2a through 2d 17,241,587. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 17.241.587. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 18,004,323. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 708,165. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d 708,165. Add lines 2a through 2d 2e 17,296,158. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ACCORDINGLY, NO PROVISIONS HAVE BEEN MADE FOR INCOME TAXES IN THESE FINANCIAL STATEMENTS. ALTHOUGH THE ORGANIZATION WAS GRANTED AN INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME". SUCH INCOME, PURSUANT TO THE INTERNAL REVENUE CODE AND RELATED REGULATIONS, INCLUDES INVESTMENT INCOME, SUCH AS INTEREST RECEIVED FROM SOURCES OTHER THAN DIRECTLY FROM CONTRIBUTIONS. THE ORGANIZATION HAS BEEN CLASSIFIED AS NOT A PRIVATE FOUNDATION.

EIGHTCAP INC 38-6111652 Page 5 Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) THE ORGANIZATION ANALYZES ITS FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS. THE ORGANIZATION TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS MANAGEMENT AND GENERAL EXPENSES. THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR THE OPEN TAX YEARS. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT SEPTEMBER 30, 2023 AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

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.

Inspection

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

			901000000				-
Name of the organization EIGHTCAP 1	INC						Employer identification number 38-6111652
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the	o substantiate the		or assistance, the g	grantees' eligibility	or the grants or assis	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	·
criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit		of grant funds in the United States.	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi; 55,000. Part II can		Governments. Con space is neede	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any d if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAVE MERCY 703 S. GREENVILLE WEST DR, STE #7-2	7 F O O O E A O	7,7	0000	c			HOUSING PROGRAM PARTNERSHIP FOR EMERGENCY HOUSING TO QUALIFIED
T I	C#C7CC7_C#	(C) (C) TOC		,			
ISABELLA COUNTY RESTORATION HOUSE							HOUSING FRUGKAM PARTNERSHIP FOR EMERGENCY HOUSING TO QUALIFIED
MT. PLEASANT, MI 48858	26-4064779	501(C)(3)	50,419.	0.			CLIENTS
GRATIOT COUNTY HOPE HOUSE 1001 W. WASHINGTON STREET SAINT LOUIS, MI 48880	82-5453790	501(C)(3)	85,157.	0.			HOUSING PROGRAM PARTNERSHIP FOR EMERGENCY HOUSING TO QUALIFIED CLIENTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	ganizations listed in the	e line 1 table				• 9
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					• 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ions for Form 990.					Schedule I (Form 990) 2022

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

38-6111652

(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
Part IV Supplemental Information. Provide the information required in I	uired in Part I, line	2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
REGULAR COMMUNICATION WITH THE SUBRECIPIENT VIA PHONE AND SITE VISITS ARE	SRECIPIEN'	r VIA PHON	E AND SITE	VISITS ARE	

IN COMPLIANCE WITH FUNDING TO INSURE PROGRAM ACTIVITIES ARE PERFORMED

STANDARDS AND APPLICABLE RULES AND REGULATIONS SOURCE PERFORMANCE

BASIS SUBRECIPIENT ARE REVIEWED ON A MONTHLY THE EXPENDITURE REPORTS FROM

TO MONITOR SPENDING ACTIVITIES IN COMPARISON TO BUDGET AND THE TOTAL

A REVIEW OF THE SUBRECIPIENT'S ANNUAL AUDIT REPORTING FUNDING AMOUNT. PACKAGE IS COMPLETED TO MAKE SURE ALL REQUIRED ELEMENTS ARE INCLUDED AND

THAT ANY FINDINGS OR QUESTIONED COSTS, RELATED TO THE FUNDS RECEIVED FROM

Schedule I (Form 990) 2022

Part IV Supplemental Information
OUR AGENCY, ARE ADDRESSED. AFTER REVIEWING THE AUDIT REPORT, A MANAGEMENT
LETTER IS SENT TO THE SUBRECIPIENT STATING ANY RELATED FINDINGS AND THE
CORRECTIVE ACTIONS, IF ANY, THAT NEED TO BE TAKEN.
SCH. I PART II LINE 1
HAVE MERCRY
703 S. GREENVILLE WEST DR. STE #7-221

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

EIGHTCAP INC

Employer identification number 38-6111652

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATIONS TO DELIVER PROGRAMS THAT ALLEVIATE THE CAUSES OF POVERTY AND ITS EFFECTS ALLOWING INDIVIDUALS TO BECOME SELF-SUFFICIENT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SENIOR SERVICES CONSIST OF A FOSTER GRAND PARENT PROGRAM WHICH PROVIDES CHILDREN THAT ARE AT-RISK OR HAVE UNIQUE NEEDS WITH MENTORSHIP OF OLDER THE SENIOR COMPANION PROGRAM AIMS TO KEEP SENIORS INDEPENDENT LONGER AND PROVIDE RESPITE TO FAMILY CAREGIVERS THROUGH VOLUNTEERS WHO PROVIDE ASSISTANCE AND FRIENDSHIP TO SENIORS. EXPENSES \$ 502,769. INCLUDING GRANTS OF \$ REVENUE \$ TEFAP AND USDA COMMODITIES PROGRAMS DISTRIBUTE FOOD ITEMS TO LOW-INCOME FAMILIES IN PARTNERSHIP WITH SEVERAL INDEPENDENT FOOD PANTRIES. EXPENSES \$ 463,336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: VP FOR FINANCE REVIEWS THE 990 FOR ACCURACY AND PREPARES AN OVERVIEW. BOTH DOCUMENTS ARE PROVIDED TO THE BOARD FOR THEIR REVIEW PRIOR TO SUBMITTAL. COPY OF THE SUBMITTED 990 IS INCLUDED IN A BOARD PACKET AND IS ADDRESSED DURING THE FINANCIAL REPORT AT A REGULARLY SCHEDULED BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST TO THEIR

232211 10-28-22

SUPERVISOR PER EIGHTCAP'S PERSONNEL POLICIES (REFERENCE CONFLICT OF

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

INTEREST POLICY - STAFF).

OUR PROCUREMENT POLICIES INCLUDE A

SECTION ON

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** 38-6111652 EIGHTCAP INC CODE OF CONDUCT AND CONFLICT OF INTEREST. EACH PROCUREMENT TRANSACTION IS REVIEWED TO ENSURE THERE IS NO CONFLICT OF INTEREST PRIOR TO APPROVAL OF THE TRANSACTION. BOARD "CANDIDATES" ARE REQUIRED TO DISCLOSE POSSIBLE CONFLICTS OF INTEREST. ONCE SEATED, BOARD "MEMBERS" COMPLETE AND SIGN A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS. THEY ALSO HAVE A CONTINUING OBLIGATION TO DISCLOSE PROMPTLY AND FULLY ANY ACTUAL OR POTENTIAL CONFLICTS OF INTERESTS (REFERENCE CONFLICT OF INTEREST POLICY - BOARD). FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING BOARD OF DIRECTORS APPROVES THE SALARY/WAGE RATES OF ALL EMPLOYEES. THE PERSONNEL DEPARTMENT CONDUCTS PERIODIC WAGE COMPARABILITY STUDIES. FORM 990, PART VI, SECTION C, LINE 19: WE MAKE OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS FOR SELECTING AND OVERSEEING THE WORK OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM PRIOR YEARS.