

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

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

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

425 W. WESTERN AVENUE

Room/suite

200

City or town, state or province, country, and ZIP or foreign postal code

MUSKEGON, MI 49440-1101**F** Name and address of principal officer: **TODD JACOBS****SAME AS C ABOVE****D** Employer identification number**38-6114135****E** Telephone number**231-722-4538****G** Gross receipts \$ **29,754,229.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MUSKEGONFOUNDATION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1961** **M** State of legal domicile: **MI****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BETTER THE LIVES OF AREA RESIDENTS THROUGH INVESTING AND ADMINISTERING GIFTS AND BEQUESTS AND
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 21
	4	Number of independent voting members of the governing body (Part VI, line 1b) 20
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 50
	6	Total number of volunteers (estimate if necessary) 249
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 12,872,364.
	9	Program service revenue (Part VIII, line 2g) 519,489.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,624,720.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 251,506.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,268,079.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,533,211.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,126,464.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 902,448.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,024,370.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,684,045.
19	Revenue less expenses. Subtract line 18 from line 12 3,584,034.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 209,766,411.
	21	Total liabilities (Part X, line 26) 24,020,601.
	22	Net assets or fund balances. Subtract line 21 from line 20 185,745,810.

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	TODD JACOBS, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JEFFREY E. HERT, CPA	JEFFREY E. HERT, CPA	11/03/21		P00066715
Firm's name	Firm's name ▶ REHMANN ROBSON LLC			Firm's EIN ▶ 38-3567911	
	Firm's address ▶ 570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444			Phone no. 231-739-9441	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:

THE MISSION OF THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY IS TO BUILD COMMUNITY ENDOWMENT, EFFECT POSITIVE CHANGE THROUGH GRANTMAKING AND PROVIDE LEADERSHIP ON KEY COMMUNITY ISSUES, ALL TO SERVE DONORS' DESIRES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF OUR REGION,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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 ☒ 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 \$ 3,575,527. including grants of \$ 4,053,330.) (Revenue \$)

EDUCATION - PROVIDE SCHOLARSHIP SUPPORT FOR MUSKEGON COUNTY STUDENTS PURSUING POST-SECONDARY EDUCATION; PROVIDE EDUCATION GRANTS TO SUPPORT THE INCREASING NUMBER OF CAREER AND COLLEGE READY HIGH SCHOOL GRADUATES; IMPROVE STUDENT ACCESS TO HIGH QUALITY EXTENDED LEARNING PROGRAMS AFTER SCHOOL AND DURING THE SUMMER.

4b (Code:) (Expenses \$ 2,989,614. including grants of \$ 2,723,658.) (Revenue \$)

HEALTH AND HUMAN SERVICES - ENCOURAGE PROGRAMS THAT MEET THE BASIC QUALITY OF LIFE NEEDS OF MUSKEGON COUNTY CHILDREN AND YOUTH; PROMOTE HEALTH PROGRAMS AND PROJECTS THAT INCREASE THE QUALITY OF HEALTH CARE AVAILABLE IN MUSKEGON COUNTY WITH EMPHASIS ON THE NEEDS OF LOW-INCOME FAMILIES AND CHILDREN; ENCOURAGE AND PROMOTE PROJECTS AND PROGRAMS THAT EMBRACE RACIAL DIVERSITY AND MULTICULTURALISM; PROMOTE HEALTHY LIFESTYLES THROUGH EDUCATION AND PREVENTION PROGRAMMING; SUPPORT EFFORTS THAT ADDRESS THE NEEDS OF CHILDREN FROM BIRTH THROUGH AGE SIX, INCLUDING QUALITY CHILD CARE; SUPPORT PROGRAMS THAT ENCOURAGE FAMILIES TO SUCCEED AND BECOME SELF-SUFFICIENT.

4c (Code:) (Expenses \$ 3,573,637. including grants of \$ 3,255,726.) (Revenue \$ 81,871.)

ARTS - PRESERVE AND SUPPORT THE FRAUENTHAL CENTER FOR THE PERFORMING ARTS AS A SIGNIFICANT COMMUNITY RESOURCE; ENCOURAGE QUALITY ARTS PROGRAMMING THAT BENEFITS A DIVERSE AUDIENCE; IMPROVE ACCESS TO YOUTH FOCUSED CULTURAL PROGRAMS; PROMOTE FINANCIAL STABILITY AND ORGANIZATIONAL DEVELOPMENT FOR ART ORGANIZATIONS.

4d Other program services (Describe on Schedule O.)(Expenses \$ 1,420,660. including grants of \$ 1,294,278.) (Revenue \$)**4e** Total program service expenses **11,559,438.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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	
25a 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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 "Yes," 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, 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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 48	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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 50		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
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
c 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).		
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	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a 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:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a 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	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b 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 excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	21			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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	X
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 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:				
a 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 organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a 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	X
11a 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 in Schedule O the process, if any, used by the organization to review this Form 990.		
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
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in 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	

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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 financial 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 **▶**
ISRAEL VELEZ, JR. - (231) 722-4538
425 W. WESTERN AVENUE, NO. 200, MUSKEGON, MI 49440-1101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD JACOBS SECRETARY/PRESIDENT	40.00 1.00	X		X				166,118.	0.	6,403.
(2) ISRAEL VELEZ CFO	40.00			X				99,827.	0.	14,119.
(3) DICK KAMPS, M.D. CHAIR	1.00	X		X				0.	0.	0.
(4) BRAD HILLEARY VICE CHAIR	1.00	X		X				0.	0.	0.
(5) JAN L DEUR TREASURER	1.00	X		X				0.	0.	0.
(6) ASALINE SCOTT IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(7) CHARLES E. JOHNSON III SPECIAL ADVISOR	1.00 1.00	X						0.	0.	0.
(8) GARY ALLORE TRUSTEE	1.00	X						0.	0.	0.
(9) JILL BATKA TRUSTEE	1.00	X						0.	0.	0.
(10) PASTOR DUANE E BENNETT TRUSTEE	1.00	X						0.	0.	0.
(11) PAT DONAHUE TRUSTEE	1.00	X						0.	0.	0.
(12) EDWARD GARNER TRUSTEE	1.00	X						0.	0.	0.
(13) DAVID HAZEKAMP TRUSTEE	1.00	X						0.	0.	0.
(14) KATIE HENSLEY TRUSTEE	1.00	X						0.	0.	0.
(15) HON. MARIA LADAS HOOPES TRUSTEE	1.00	X						0.	0.	0.
(16) STUART JONES TRUSTEE	1.00	X						0.	0.	0.
(17) MICHELLE LLOYD-PAIGE TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROZELIA PATINO TRUSTEE	1.00	X						0.	0.	0.
(19) KATHLEEN TYLER TRUSTEE	1.00	X						0.	0.	0.
(20) PRISCILLA WILCOX TRUSTEE	1.00	X						0.	0.	0.
(21) ANTHONY WILSON TRUSTEE	1.00	X						0.	0.	0.
(22) THOMAS G. WITT TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								265,945.	0.	20,522.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								265,945.	0.	20,522.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,364,882.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,858,353.				
	h Total. Add lines 1a-1f			11,364,882.			
Program Service Revenue	2 a FRAUNTAL CENTER FOR THE PERFORM	Business Code	711190	81,871.	81,871.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			81,871.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,093,172.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 87,246.				
b Less: rental expenses ...		6b	130,114.				
c Rental income or (loss)		6c	-42,868.				
d Net rental income or (loss)				-42,868.			-42,868.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 13,394,916.				
b Less: cost or other basis and sales expenses		7b	10,953,628.				
c Gain or (loss)		7c	2,441,288.				
d Net gain or (loss)				2,441,288.			2,441,288.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a COMMUNITY SERVICE/ENDOWMENT REVEN	Business Code	900099	373,615.			373,615.
	b OTHER REVENUE		561000	358,527.			358,527.
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			732,142.			
	12 Total revenue. See instructions			18,670,487.	81,871.	0.	7,223,734.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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	10,521,380.	10,521,380.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	805,612.	805,612.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	284,707.		284,707.	
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	1,313,196.	613,427.	138,611.	561,158.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,953.	23,014.	3,886.	21,053.
9 Other employee benefits	271,531.	95,043.	69,594.	106,894.
10 Payroll taxes	120,806.	46,928.	30,949.	42,929.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,935.	715.	511.	709.
c Accounting	20,675.	8,278.	4,191.	8,206.
d Lobbying				
e 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. O.)	172,925.	46,938.	52,778.	73,209.
12 Advertising and promotion	11,582.	3,487.	3,391.	4,704.
13 Office expenses	21,853.	7,848.	5,867.	8,138.
14 Information technology	2,255.	586.	699.	970.
15 Royalties				
16 Occupancy	145,166.	110,861.	14,370.	19,935.
17 Travel	1,730.	807.	387.	536.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	301,740.	2,502.	299,238.	
23 Insurance	33,207.	24,721.	3,555.	4,931.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	133,870.	103,343.	3,929.	26,598.
b DUES SUBSCRIPTIONS	113,469.	95,468.	7,541.	10,460.
c REPAIRS AND MAINTENANCE	97,271.	97,271.		
d PUBLIC RELATIONS / DEVE	19,871.	5,166.	6,160.	8,545.
e All other expenses	-331,788.	-1,053,957.	718,696.	3,473.
25 Total functional expenses. Add lines 1 through 24e	14,110,946.	11,559,438.	1,649,060.	902,448.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,204,982.	1	5,466,864.
	2 Savings and temporary cash investments	6,232,499.	2	5,936,574.
	3 Pledges and grants receivable, net		3	284,606.
	4 Accounts receivable, net	66,579.	4	75,153.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,899,646.	7	7,233,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,291,124.		
	b Less: accumulated depreciation	10b 8,102,501.	10c	5,188,623.
	11 Investments - publicly traded securities	187,222,956.	11	194,507,925.
	12 Investments - other securities. See Part IV, line 11	1,553,389.	12	1,225,008.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	87,144.	15	59,164.
16 Total assets. Add lines 1 through 15 (must equal line 33)	209,766,411.	16	219,976,917.	
Liabilities	17 Accounts payable and accrued expenses	84,689.	17	435,018.
	18 Grants payable	0.	18	308,653.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	434,800.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,935,912.	25	24,432,054.
	26 Total liabilities. Add lines 17 through 25	24,020,601.	26	25,610,525.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	185,745,810.	27	194,366,392.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	185,745,810.	32	194,366,392.
	33 Total liabilities and net assets/fund balances	209,766,411.	33	219,976,917.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	18,670,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,110,946.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,559,541.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	185,745,810.
5	Net unrealized gains (losses) on investments	5	17,867,162.
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	-13,806,121.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	194,366,392.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7430243.	5101361.	5571336.	12872364.	11364882.	42340186.
2 Tax revenues levied for the organization'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	7430243.	5101361.	5571336.	12872364.	11364882.	42340186.
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.						42340186.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7430243.	5101361.	5571336.	12872364.	11364882.	42340186.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4068600.	4414939.	4540496.	5040051.	4180418.	22244504.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		275,549.	791,704.	278,506.	732,142.	2077901.
11 Total support. Add lines 7 through 10						66662591.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	63.51	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.50	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	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 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, supervised, or controlled the supporting organization.		
2		

Section 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		

Section 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 in 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
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 in 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.			
a 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 "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization	Employer identification number
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	38-6114135

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOYCE ANN MUSTON (DECEASED) 3911 E RIVER TWIN LAKE, MI 49457	\$ 296,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MICHAEL K. AND KAY M. OLTHOFF 1499 MIDDLEBROOK DR MUSKEGON, MI 49441	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DAVID MCLEOD 947 SHERWOOD RD MUSKEGON, MI 49441	\$ 497,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MUSKEGON MUSEUM OF ART FOUNDATION 296 W WEBSTER AVE MUSKEGON, MI 49440	\$ 405,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HOWMET AEROSPACE FOUNDATION 201 ISABELLA ST PITTSBURGE, PA 15212	\$ 595,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TOM PAINE 1205 KENOWA DR LUDINGTON, MI 49431	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	38-6114135

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HARRY AND MARJORIE PERKS (DECEASED) 6167 FARR RD FRUITPORT, MI 49415	\$ 475,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FRANK AND EMILY SMIDDY 18999 STANTON RD THOMPSONVILLE, MI 49683	\$ 1,030,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	LANEVA WESTGATE 3442 N WEBER RD MUSKEGON, MI 49445	\$ 455,813.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

38-6114135

Part II

[illegible]

Name of organization

Employer identification number

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**38-6114135****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2020Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	267	
2 Aggregate value of contributions to (during year)	4,121,467.	
3 Aggregate value of grants from (during year)	2,539,879.	
4 Aggregate value at end of year	47,285,175.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☒ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,622,992.	14,943,009.	16,327,456.	13,425,850.	12,953,350.
b Contributions	198,246.	457,186.	436,740.	1,395,188.	292,468.
c Net investment earnings, gains, and losses	1,378,189.	2,945,950.	-1,133,339.	1,998,681.	891,562.
d Grants or scholarships	735,535.	723,153.	687,848.	492,263.	443,623.
e Other expenditures for facilities and programs					
f Administrative expenses					267,907.
g End of year balance	18,463,892.	17,622,992.	14,943,009.	16,327,456.	13,425,850.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 8.5700 %
 b Permanent endowment ☐ %
 c Term endowment ☒ 91.4300 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,000.		150,000.
b Buildings		11,590,529.	6,917,459.	4,673,070.
c Leasehold improvements				
d Equipment		1,550,595.	1,185,042.	365,553.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,188,623.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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" 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.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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) CHARITABLE GIFT ANNUITIES	620,303.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	18,463,892.
(4) LIABILITY FOR FUNDS HELD AS	
(5) COMMUNITY SERVICE	5,347,859.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	24,432,054.

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) 2020

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.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	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.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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 III, LINE 4:

THE ORGANIZATION EXHIBITS THEIR COLLECTION OF ARTWORK FOR THE PUBLIC TO VIEW AND ENJOY.

PART X, LINE 2:

THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, THE PAUL C. JOHNSON FOUNDATION AND THE PENNIES FROM HEAVEN FOUNDATION ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE ALSO EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE ORGANIZATIONS WERE GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS AND NOT IN FURTHERANCE OF THE

Part XIII Supplemental Information (continued)

PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION.

THE ORGANIZATION ANALYZES ITS FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE THEY ARE REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS.

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS 2017 THROUGH 2020, THE YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2020. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S COMBINED 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 INCREASE IN THE NEXT 12 MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2020 AND 2019, AND THEY ARE 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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTIONQUEST DBA SEAMESTER PO BOX 5517 SARASOTA, FL 34277	47-2602583	501(C)(3)	6,250.	0.			THOMAS AND GERALDINE SEYFERTH SCHOLARSHIP :: GARRETSON, BENJAMIN
AGEWELL SERVICES OF WEST MICHIGAN 275 W. CLAY AVE. #100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	32,232.	0.			GENERAL SUPPORT; SUPPORT FOR MATCH DAY; TO BE USED FOR MEDICAL APPOINTMENT TRANSPORTATION FOR
ALBION COLLEGE FINANCIAL AID OFFICE ALBION, MI 49224	38-1359081	SCHOOL	5,538.	0.			SCHOLARSHIP FUNDS
ALMA COLLEGE FINANCIAL AID OFFICE ALMA, MI 48801	38-1359083	SCHOOL	20,600.	0.			SCHOLARSHIP FUNDS
AMERICAN CANCER SOCIETY MICHIGAN PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	8,386.	0.			GENERAL SUPPORT
AMERICAN ORGANIZATION FOR NURSING LEADERSHIP FOUNDATION - 155 NORTH WACKER DRIVE SUITE 400 - CHICAGO, IL 60606	27-2399044	501(C)(3)	33,334.	0.			NURSING LEADERSHIP RESEARCH AND EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 175.

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1050 FULLER AVE, NE GRAND RAPIDS, MI 49503	53-0196605	501(C)(3)	27,555.	0.			TO BE USED FOR MEDICAL APPOINTMENT TRANSPORTATION FOR MUSKEGON CLIENTS; SUPPORT ANNUAL DISBURSEMENT TO
ANNIS WATER RESOURCE INSTITUTE 740 W. SHORELINE DR MUSKEGON, MI 49441	38-1684280	501(C)(3)	73,640.	0.			SUPPORT THE ANNIS WATER RESOURCE INSTITUTE; W.G. JACKSON VESSEL SUPPORT
ANNUNCIATION EASTERN ORTHODOX CHURCH - 185 E PONTALUNA RD - MUSKEGON, MI 49444	38-1367320	501(C)(3)	25,010.	0.			GENERAL SUPPORT
AQUINAS COLLEGE FINANCIAL AID OFFICE GRAND RAPIDS, MI 49506	38-1367080	SCHOOL	14,450.	0.			GENERAL SUPPORT
ARTS COUNCIL OF WHITE LAKE 106 E. COLBY ST. WHITEHALL, MI 49461	38-2614596	501(C)(3)	49,168.	0.			SUPPORT FOR MATCH DAY, SUMMER CONCERT SERIES, YOUTH THEATRE EDUCATION, SPARK PROGRAM, THIRD
BAKER COLLEGE OF MUSKEGON 1903 MARQUETTE AVE. MUSKEGON, MI 49442-1490	38-1895805	SCHOOL	10,000.	0.			SCHOLARSHIP FUNDS
BENZIE AREA CHRISTIAN NEIGHBORS INC. - 2839 BENZIE HWY - BENZONIA, MI 49616	38-2792605	501(C)(3)	51,492.	0.			SUPPORT OF NEW BUILDING CAMPAIGN
BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE STREET MUSKEGON, MI 49442	38-1422400	501(C)(3)	24,565.	0.			MATCH DAY; GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF THE LAKESHORE - 4265 GRAND HAVEN RD STE 201 - MUSKEGON, MI 49441	38-1918631	501(C)(3)	19,205.	0.			MATCH DAY; GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE LAKE FINE ARTS CAMP 300 E CRYSTAL LAKE RD TWIN LAKE, MI 49457	38-1811838	501(C)(3)	14,420.	0.			TO EXPAND OR SUPPORT THE CAMP'S WORK RELATING TO BUILDING AN INCLUSIVE COMMUNITY, PROVIDING HOPE
BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE - 900 3RD STREET, SUITE 200 - MUSKEGON, MI 49443	61-1736056	501(C)(3)	285,086.	0.			INTERACTIVE STEM KITS; GENERAL OPERATING SUPPORT; MATCH DAY; GIVING TUESDAY; BUILDING
BSA - PRESIDENT FORD FIELD SERVICE COUNCIL - 3213 WALKER AVE NW - GRAND RAPIDS, MI 49544	45-4003240	501(C)(3)	7,452.	0.			CAMPERSHIPS FOR MUSKEGON CO. SCOUTS; MATCH DAY
CALVARY CHRISTIAN SCHOOLS 5873 KENDRA RD FRUITPORT, MI 49415	30-0713163	SCHOOL	37,820.	0.			GENERAL OPERATING SUPPORT; TEACHER MINI GRANTS; FOUR CHROMEBOOKS
CENTRAL MICHIGAN UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - MT. PLEASANT, MI 48859	38-6004447	SCHOOL	25,075.	0.			SCHOLARSHIP FUNDS
CENTRAL UNITED METHODIST CHURCH 1011 SECOND ST MUSKEGON, MI 49440	38-1598941	501(C)(3)	51,550.	0.			TO BENEFIT THE CHURCH'S MUSIC DEPARTMENT; ANNUAL DISBURSEMENT
CHILD ABUSE COUNCIL OF MUSKEGON 1781 PECK STREET, SUITE 1 MUSKEGON, MI 49441	38-2195091	501(C)(3)	13,730.	0.			GENERAL OPERATING SUPPORT; BENJAMIN LOEB FUND
CIRCLE ROCKING S CHILDRENS FARM 5487 N TUTTLE RD FREE SOIL, MI 49411-9706	38-3346106	501(C)(3)	7,066.	0.			GENERAL OPERATING SUPPORT
CITY OF LUDINGTON - CITY MANAGER 400 S HARRISON ST LUDINGTON, MI 49431	38-6004706	GOVT	10,334.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MUSKEGON PO BOX 536 MUSKEGON, MI 49443-0536	38-6004522	GOVT	69,922.	0.			TO SUPPORT ELECTRIC CHARGING STATIONS; ANNUAL IMPROVEMENTS AT MCGRAFT PARK; TO COVER EXPENSES
CITY OF MUSKEGON HEIGHTS 2724 PECK ST MUSKEGON HEIGHTS., MI 49444	38-6004639	GOVT	18,612.	0.			MONA LAKE PARK IMPROVEMENTS
CITY OF MUSKEGON HEIGHTS POLICE DEPARTMENT - 2715 BAKER STREET - MUSKEGON HTS., MI 49444	38-6004639	GOVT	6,500.	0.			G.U.N.S. - ADDRESSING THE TRIGGERS & MENTAL HEALTH IMPACT; 15 HEIGHTS STUDENTS HOLIDAY SHOP
CITY OF WHITEHALL - PLAYHOUSE OPERATIONS - 405 E. COLBY ST. - WHITEHALL, MI 49461	38-6004748	GOVT	197,707.	0.			SUPPORT FOR MATCH DAY, GENERAL OPERATING, PLAYHOUSE CAPITAL CAMPAIGN, WHITE LAKE
COALITION FOR COMMUNITY DEVELOPMENT - PO BOX 4618 - MUSKEGON, MI 49444	75-3204979	501(C)(3)	20,253.	0.			SUPPORT FOR MATCH DAY, GENERAL OPERATING, COMMUNITY EMPOWERMENT SMALL GRANT: UNITED
COMMUNITY ACCESS LINE OF THE LAKESHORE/CALL 211 - 1011 SECOND STREET - MUSKEGON, MI 49443	38-3171086	501(C)(3)	7,528.	0.			MI HOPE PORTAL EXPANSION; MATCH DAY
COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442	38-3279226	501(C)(3)	233,192.	0.			SUPPORT FOR GENERAL OPERATING, MATCH DAY, TOWARD HOME PURCHASE, HBCU CLUB SAT BOOTCAMP,
CONNEXION POINT INC 329 N JEBAVY DR. LUDINGTON, MI 49431	81-0742898	501(C)(3)	13,897.	0.			GENERAL OPERATING SUPPORT
COUNTY OF MASON - MASON COUNTY ADMINISTRATOR - 304 E. LUDINGTON AVENUE - LUDINGTON, MI 49431	38-6004870	GOVT	141,280.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF MUSKEGON 173 E APPLE AVE # 104 MUSKEGON, MI 49442	38-6006063	GOVT	7,000.	0.			YOUTH ARTS ALLIANCE
COVE 906 E LUDINGTON AVE LUDINGTON, MI 49431	38-2243550	501(C)(3)	21,491.	0.			GENERAL OPERATING SUPPORT
COVENANT ACADEMIES FOUNDATION 4770 8TH ST CALEDONIA, MI 49316-9201	47-5613722	501(C)(3)	74,280.	0.			COVENANT HALL RENOVATION LOAN
DIATRIBE INC 2645 MADISON AVE SE GRAND RAPIDS, MI 49507-3566	81-4131862	501(C)(3)	9,165.	0.			YOUTH ADVISORY COUNCIL FUND POETRY EMPOWERED
DISABILITY NETWORK WEST MICHIGAN 27 E CLAY AVENUE MUSKEGON, MI 49442	38-3476797	501(C)(3)	102,099.	0.			TABLETS FOR YOUTH CLIENTS; GENERAL OPERATING SUPPORT
DOWNTOWN LUDINGTON BOARD (CITY OF LUDINGTON DOWNTOWN DEVELOPMENT AUTHORITY) - 400 S HARRISON ST - LUDINGTON, MI 49431	20-0933961	GOVT	6,000.	0.			GENERAL OPERATING SUPPORT
EAST MUSKEGON LITTLE LEAGUE 1101 EVANSTON AVE MUSKEGON, MI 49442	38-2306776	501(C)(3)	10,000.	0.			BARRIER FREE T-BALL DIAMOND GENERAL OPERATING SUPPORT; FINANCIAL EMPOWERMENT FOR VICTIMS OF DOMESTIC VIOLENCE;
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON, MI 49441	38-2072675	501(C)(3)	40,039.	0.			
FAITH LUTHERAN CHURCH 711 E. ALICE STREET WHITEHALL, MI 49461	23-7350106	501(C)(3)	14,000.	0.			NEW ROOF; GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRIS STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - BIG RAPIDS, MI 49307	38-6005159	SCHOOL	46,640.	0.			SCHOLARSHIP FUNDS
FIRST CHURCH OF CHRIST, SCIENTIST 1065 4TH STREET MUSKEGON, MI 49440	04-2254742	501(C)(3)	9,010.	0.			ANNUAL DISTRIBUTION GENERAL OPERATING SUPPORT; SUPPORT FOR MATCH DAY AND SATURDAY BREAKFAST PROGRAM
FIRST CONGREGATIONAL CHURCH - MUSKEGON - 1201 JEFFERSON - MUSKEGON, MI 49441-2089	38-1363563	501(C)(3)	42,350.	0.			
FIRST PRESBYTERIAN CHURCH - MUSKEGON - 2577 WICKHAM DRIVE - MUSKEGON, MI 49441	38-2015052	501(C)(3)	19,010.	0.			GENERAL OPERATING SUPPORT
FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON, MI 49441	38-1415399	501(C)(3)	8,830.	0.			GENERAL OPERATING SUPPORT; TO SUPPORT SAFE HARBOR AND LOVE INC
FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE - 221 S QUARTERLINE RD #400 - MUSKEGON, MI 49442	38-2363598	501(C)(3)	29,010.	0.			TO SUPPORT THE STUDENT SUCCESS EMERGENCY FUND AT MCC, CAROLYN I. AND PETER STURRUS TECHNOLOGY
FRAUENTHAL CENTER 425 W. WESTERN - SUITE 200 MUSKEGON, MI 49440	38-6114135	501(C)(3)	10,173.	0.			SUPPORT FOR MATCH DAY
FREMONT AREA COMMUNITY FOUNDATION 4424 W. 48TH ST. FREMONT, MI 49412	38-1443367	501(C)(3)	12,700.	0.			CATCHAFIRE GRANTEE CAPACITY PARTICIPATION
FRUITPORT COMMUNITY SCHOOLS 3255 E. PONTALUNA ROAD FRUITPORT, MI 49415	38-6002931	SCHOOL	15,183.	0.			TINA VANDERWALL SALARY; TEACHER MINI-GRANTS; REIMBURSEMENT FOR SUPPLIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY TO SUCCESS ACADEMY 526 N. SCOTTVILLE RD. SCOTTVILLE, MI 49454	47-1487702	501(C)(3)	140,212.	0.			GENERAL OPERATING SUPPORT
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVENUE NW - GRAND RAPIDS, MI 49544	38-1366924	501(C)(3)	38,076.	0.			SUPPORT FOR COUNCIL OPERATIONS; GENERAL OPERATING SUPPORT FOR MUSKEGON COUNTY SCOUTING;
GOODWILL INDUSTRIES OF WEST MICHIGAN INC - 271 E APPLE AVENUE - MUSKEGON, MI 49442	38-1357148	501(C)(3)	126,838.	0.			GENERAL OPERATING SUPPORT; STAFF AND RELATED COSTS FOR GOODWILL INDUSTRIES OF
GRAND RAPIDS OPPORTUNITIES FOR WOMEN (GROW) - 25 SHELDON BLVD SE, SUITE #210 - GRAND RAPIDS, MI 49503	38-2886028	501(C)(3)	50,500.	0.			COVID-19 WORKING CAPITAL LOANS AND LOAN FUND FOR MUSKEGON COUNTY
GRAND VALLEY STATE UNIVERSITY - OFFICE OF FINANCIAL AID - OFFICE OF FINANCIAL AID - ALLENDALE, MI 49401	38-1684280	SCHOOL	90,393.	0.			SCHOLARSHIP FUNDS
GREATER MUSKEGON ECONOMIC DEVELOPMENT - 380 W. WESTERN AVE, STE 202 - MUSKEGON, MI 49440	38-3491274	501(C)(3)	10,000.	0.			REACHING NEW MUSKEGON HEIGHTS
GREATER MUSKEGON WOMAN'S CLUB 280 W WEBSTER AVE MUSKEGON, MI 49440	38-1363567	501(C)(3)	22,500.	0.			MONARCH SPONSORSHIP FOR THE WOMEN OF ACCOMPLISHMENT AWARDS EVENT; TOP OFF ROOF FUND
GREENWOOD MINISTRIES ASSOCIATION 13564 MACCLAIN ST GOWEN, MI 49326-9772	81-3213014	501(C)(3)	10,000.	0.			PRESBYTERIAN YOUTH CAMP
HABITAT FOR HUMANITY OF MASON COUNTY - 1916 W US HWY 10 31 - SCOTTVILLE, MI 49454	38-3027383	501(C)(3)	14,900.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HACKLEY COMMUNITY CARE CENTER 2700 BAKER STREET, 3RD FLOOR MUSKEGON, MI 49444	38-3014011	501(C)(3)	10,590.	0.			TO SUPPORT THE DENTAL PROGRAM AT HACKLEY COMMUNITY CARE CENTER; TO PROVIDE DENTAL SERVICES
HACKLEY PUBLIC LIBRARY 316 W. WEBSTER AVENUE MUSKEGON, MI 49440	38-3528257	501(C)(3)	26,156.	0.			PURCHASE OF BOOKS FOR THE CHILDREN'S DEPARTMENT; GENERAL OPERATING SUPPORT; NEW SIGN FOR
HANDS EXTENDED LOVING PEOPLE (HELP) - PO BOX 97 - LUDINGTON, MI 49431	38-3395360	501(C)(3)	15,916.	0.			GENERAL OPERATING SUPPORT
HARBOR HOSPICE 1050 W WESTERN AVE, STE 400 MUSKEGON, MI 49441	38-2415247	501(C)(3)	81,841.	0.			PATIENT CARE COSTS NOT COVERED THROUGH ROOM AND BOARD PAYMENTS FOR INSURANCE; GENERAL
HARBOR HOSPICE FOUNDATION 1050 W. WESTERN AVE, STE 400 MUSKEGON, MI 49441-1666	47-2115941	501(C)(3)	48,981.	0.			SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT; POPPEN HOUSE; 5 VIRTUAL PATIENT
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC - 3760 FOWLER ST - FORT MYERS, FL 33901-0930	59-2332120	501(C)(3)	19,500.	0.			GENERAL OPERATING SUPPORT
HEALTH PROJECT 565 WEST WESTERN AVE. MUSKEGON, MI 49440	91-1932918	501(C)(3)	8,000.	0.			COVID-19 RESPONSE WORK OF THE MUSKEGON HEALTH DISPARITIES COALITION; CULTURALLY COMPETENT &
HOPE COLLEGE OFFICE OF FINANCIAL AID HOLLAND, MI 49423	38-1381271	SCHOOL	30,370.	0.			SCHOLARSHIP FUNDS
HOSPITALITY INC 1516 IVANHOE RD LUDINGTON, MI 49431	32-0351951	501(C)(3)	9,537.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY & ANIMAL RESCUE OF MUSKEGON COUNTY - 2640 MARQUETTE AVE - MUSKEGON, MI 49442-2626	23-7198752	501(C)(3)	7,590.	0.			GENERAL OPERATING SUPPORT
KENDALL COLLEGE OF ART & DESIGN OFFICE OF FINANCIAL AID GRAND RAPIDS, MI 49503-3103	38-6005159	SCHOOL	7,000.	0.			SCHOLARSHIP FUNDS
KIDS' FOOD BASKET - MUSKEGON PO BOX 34 MUSKEGON, MI 49443	04-3760991	501(C)(3)	60,284.	0.			SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT; FOR THE DONAHUE MATCH; SUPPORT CHEF PRIZE
KWAME JAMES HARBOR UNITARIAN UNIVERSALIST CONGR MUSKEGON, MI 49441	04-2103733	501(C)(3)	7,585.	0.			GENERAL OPERATING SUPPORT
LAKE COUNTY COMMUNITY FOUNDATION PO BOX 995 BALDWIN, MI 49304	38-1443367	501(C)(3)	7,820.	0.			TO BE DISTRIBUTED TO THE UNITED WAY OF LAKE COUNTY
LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON, MI 49431	81-4673437	501(C)(3)	65,951.	0.			GENERAL OPERATING SUPPORT
LAKESHORE MUSEUM CENTER 430 W. CLAY MUSKEGON, MI 49440	38-1367319	501(C)(3)	87,891.	0.			THE SCIENCE RESOURCE CENTER AT THE LAKESHORE MUSEUM CENTER; SUPPORT OF EXPENSES ASSOCIATED WITH
LAKETON BETHEL REFORMED CHURCH 1568 W. GILES RD. N. MUSKEGON, MI 49445	38-6071384	501(C)(3)	8,980.	0.			GENERAL OPERATING SUPPORT
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW, STE 102 GRAND RAPIDS, MI 49504	38-2363129	501(C)(3)	44,750.	0.			FLOWER CREEK DUNE EXPANSION; GENERAL OPERATING SUPPORT; FOR NUGENT SAND ACQUISITION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADER DOGS FOR THE BLIND FOUNDATION - 1039 S. ROCHESTER RD - ROCHESTER HILLS, MI 48307-3115	38-1366931	501(C)(3)	7,820.	0.			GENERAL OPERATING SUPPORT
LEBANON LUTHERAN CHURCH 1101 S. MEARS AVENUE WHITEHALL, MI 49461	38-6066217	501(C)(3)	20,717.	0.			IN SUPPORT OF THE FOOD PANTRY; CUB SCOUT INITIAL REGISTRATION; GENERAL OPERATING SUPPORT
LITTLE TRAVERSE CONSERVANCY, INC. 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	25,500.	0.			JOHN J. HELSTROM NATURE PRESERVE AT MUD LAKE BOG
LOVE INC 2735 E APPLE AVE, STE A MUSKEGON, MI 49442	38-2450507	501(C)(3)	27,277.	0.			IN SUPPORT OF THE FOOD PANTRY; SUPPORT YOUR EFFORTS IN FINANCIAL LITERACY PROGRAMS;
LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION - ST. SIMON CATHOLIC CHURCH - LUDINGTON, MI 49431	38-2932594	501(C)(3)	104,590.	0.			GENERAL OPERATING SUPPORT
LUDINGTON AREA CENTER FOR THE ARTS 107 S. HARRISON ST LUDINGTON, MI 49431-2109	42-1625326	SCHOOL	38,347.	0.			GENERAL OPERATING SUPPORT
LUDINGTON AREA SCHOOLS 809 E. TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612	SCHOOL	40,490.	0.			GENERAL OPERATING SUPPORT
LUDINGTON PETUNIA PARADE PO BOX 5 LUDINGTON, MI 49431	36-4815412	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
MANISTEE COUNTY COMMUNITY FOUNDATION - 395 THIRD STREET - MANISTEE, MI 49660	38-2741723	501(C)(3)	57,816.	0.			FINAL TRANSFER TO CLOSE FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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MASON COUNTY EASTERN SCHOOLS 18 S MAIN STREET CUSTER, MI 49405-9624	38-6002621	SCHOOL	27,035.	0.			DTE COVID GRANT TO PROVIDE SUPPORT FOR MASON COUNTY SCHOOL FAMILIES AFFECTED BY THE PANDEMIC;
MASON COUNTY HISTORICAL SOCIETY INC. - 1687 S. LAKESHORE DR - LUDINGTON, MI 49431	38-1689000	501(C)(3)	55,555.	0.			GENERAL OPERATING SUPPORT
MASON COUNTY SPORTS HALL OF FAME 1687 S LAKESHORE DR LUDINGTON, MI 49431	20-1726004	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MASON-LAKE CONSERVATION DISTRICT 655 N. SCOTTVILLE ROAD SCOTTVILLE, MI 49454	38-1765942	501(C)(3)	7,082.	0.			GENERAL OPERATING SUPPORT
MCC EDUCATIONAL FOUNDATION 300 WEST BROADWAY SCOTTVILLE, MI 49454	38-2888820	501(C)(3)	96,488.	0.			GENERAL OPERATING SUPPORT
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 107 OAKES ST SE - GRAND RAPIDS, MI 49503	38-2822359	501(C)(3)	14,750.	0.			GENERAL OPERATING SUPPORT
MERCY HEALTH - OFFICE OF PHILANTHROPY - 1500 E SHERMAN BLVD - MUSKEGON, MI 49444	38-2589966	501(C)(3)	312,970.	0.			TO SUPPORT THE IMAGINE.BUILD.TRANSFORM CAMPAIGN; ANNUAL DISBURSEMENT TO SUPPORT
MICHIGAN STATE UNIVERSITY FINANCIAL AID OFFICE EAST LANSING, MI 48824	38-6005984	SCHOOL	64,028.	0.			SCHOLARSHIP FUNDS
MICHIGAN TECHNOLOGICAL UNIVERSITY OFFICE OF FINANCIAL AID HOUGHTON, MI 49931	38-6005955	SCHOOL	31,470.	0.			SCHOLARSHIP FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON, MI 49444	38-3220964	501(C)(3)	28,278.	0.			GENERAL OPERATING SUPPORT; MUSIC FOR MEDS; SUPPORT FOR MATCH DAY; FOR MEDICAL AND DENTAL
MSU - ADAPTIVE SPORTS AND RECREATION CLUB - 229 DEM HALL RD, EAST - LANSING, MI 48824	38-6005984	SCHOOL	10,000.	0.			GENERAL OPERATING SUPPORT
MT. ZION CHURCH OF GOD IN CHRIST 188 W. MUSKEGON AVENUE MUSKEGON, MI 49440	38-3715411	501(C)(3)	13,000.	0.			TRANSPORTATION AND ADMISSION TO BOULDER RIDGE WILD LIFE PARK; MOBILE FOOD PANTRY IN
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DRIVE TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	25,000.	0.			FIRST YEAR OF A TWO-YEAR COMMITMENT
MUSKEGON AREA DISTRICT LIBRARY 4845 AIRLINE ROAD, UNIT 5 MUSKEGON, MI 49444	02-0748132	501(C)(3)	130,010.	0.			NORTH MUSKEGON RENOVATION TO COVER WINTER AND SUMMER TUITION COSTS; WEST MICHIGAN GREAT LAKES STEWARDSHIP INITIATIVE -
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT - 630 HARVEY STREET - MUSKEGON, MI 49442-2398	38-1717461	SCHOOL	262,202.	0.			STUDENT SCHOLARSHIPS TO MUSKEGON CATHOLIC CENTRAL; TUITION SUPPORT; ANNUAL DISBURSEMENT
MUSKEGON CATHOLIC EDUCATION FOUNDATION - 1851 BARCLAY AVE - MUSKEGON, MI 49441	23-7019036	501(C)(3)	40,567.	0.			TEACHER MINI GRANTS; TO SUPPORT TUITION ASSISTANCE FOR NEEDY STUDENTS; TO COVER
MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE ST MUSKEGON, MI 49442	38-1515402	SCHOOL	21,123.	0.			GENERAL OPERATING SUPPORT; SUPPORT FOR MATCH DAY
MUSKEGON CIVIC THEATRE 425 W. WESTERN, SUITE 401 MUSKEGON, MI 49440	38-2335336	501(C)(3)	27,971.	0.			

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MUSKEGON COMMUNITY COLLEGE 221 S QUARTERLINE RD MUSKEGON, MI 49442	90-0810376	SCHOOL	147,957.	0.			SCHOLARSHIP FUNDS
MUSKEGON COMMUNITY CONCERT ASSOCIATION, INC. - 711 RUDDIMAN DR - NORTH MUSKEGON, MI 49445	38-2812739	501(C)(3)	6,888.	0.			STUDENT CONCERTS; GENERAL OPERATING SUPPORT
MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE, MI 49457	38-2333068	501(C)(3)	36,612.	0.			GENERAL OPERATING SUPPORT; MATCH DAY; ANNUAL DISTRIBUTION
MUSKEGON ELKS LODGE #274 513 W. PONTALUNA RD. MUSKEGON, MI 49444-7848	36-0793011	501(C)(3)	5,195.	0.			ANNUAL DISTRIBUTION OF CHRISTMAS BASKETS
MUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY - 2441 SANFORD STREET - MUSKEGON, MI 49444	46-0557412	SCHOOL	9,000.	0.			300 STUDENT CARE KITS; CHROMEBOOKS FOR MUSKEGON HEIGHTS STUDENTS
MUSKEGON LAKESHORE CHAMBER OF COMMERCE FOUNDATION - 380 WEST WESTERN, SUITE 202 - MUSKEGON, MI 49440	38-3634571	501(C)(3)	8,870.	0.			SUPPORT OF THE WEST MICHIGAN SHORELINE FOOD PROCESSING INITIATIVE; ANNUAL SOFTWARE UPDATES
MUSKEGON MUSEUM OF ART 296 W. WEBSTER MUSKEGON, MI 49440	38-3402560	501(C)(3)	520,807.	0.			SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT; FESTIVAL OF WREATHS; ACQUISITION OF
MUSKEGON PUBLIC SCHOOLS - POPPEN PROGRAMS - POPPEN PROGRAMS, INC. - MUSKEGON, MI 49441	38-6002960	501(C)(3)	76,208.	0.			GENERAL OPERATING SUPPORT
MUSKEGON RESCUE MISSION 1715 PECK STREET MUSKEGON, MI 49441	38-3525239	501(C)(3)	69,383.	0.			GENERAL OPERATING SUPPORT; SUPPORT FOR MATCH DAY; IN SUPPORT OF THE FORESHORE ADVENTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MUSKEGON RIVER WATERSHED ASSEMBLY C/O FERRIS STATE UNIVERSITY BIG RAPIDS, MI 49307-2280	38-3523819	501(C)(3)	6,005.	0.			MATCH DAY; PURCHASE 2 MARINE BATTERIES AND 3 SPOTLIGHTS
MUSKEGON ROTARY FOUNDATION PO BOX 0066 MUSKEGON, MI 49443-0066	38-1616283	501(C)(3)	46,999.	0.			SPONSORSHIP FOR THE 2020 SEAWAY RUN; COOPERATING CHURCHES MOBILE FOOD PANTRY; REIMBURSEMENT FOR
MUSKEGON SPORTS COUNCIL PO BOX 5085 MUSKEGON, MI 49445	38-2639291	501(C)(3)	13,864.	0.			INSTALL 12 SAFE WARMING SPACES AT THE COMPLEX; SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT
MUSKEGON YMCA PO BOX 1667 MUSKEGON, MI 49443	38-2000172	501(C)(3)	73,438.	0.			MY-GIWM CHILDCARE CENTER; SUPPORT FOR MATCH DAY; COVID 19 SAFE TOYS AND SUPPLIES FOR THE NEW
NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION - PO BOX 1224 - MUSKEGON, MI 49443	38-1969959	501(C)(3)	16,980.	0.			ANNUAL DISBURSEMENT
NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445	38-6002922	SCHOOL	21,200.	0.			REIMBURSE FOR NEF DIRECTOR SALARY; NORTH MUSKEGON HIGH SCHOOL CHOIR CONCERT;SUPPORT FOR
NORTHWESTERN UNIVERSITY OFFICE OF FINANCIAL AID EVANSTON, IL 60208-1270	36-2167817	SCHOOL	6,000.	0.			SCHOLARSHIP FUNDS
NORTON SHORES BRANCH MADL 705 SEMINOLE MUSKEGON, MI 49441	02-0748132	501(C)(3)	11,448.	0.			THE PURCHASE OF BOOKS IN MEMORY OF FRED AND FLORENCE KISKEY; GENERAL OPERATING SUPPORT;
OAKTREE ACADEMY 6498 W. DECKER RD LUDINGTON, MI 49431	46-5611781	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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OLIVET COLLEGE FINANCIAL AID OFFICE OLIVET, MI 49076	38-1459365	SCHOOL	7,000.	0.			SCHOLARSHIP FUNDS
ORCHARD VIEW SCHOOLS 35 S. SHERIDAN DRIVE MUSKEGON, MI 49442-1498	38-6002949	SCHOOL	8,703.	0.			TEACHER MINI-GRANTS; OV ELEMENTARY SCHOOL FOR PPE; MASKS; SANITIZER & STATIONS; WATER BOTTLE
OTTAWA COUNTY PARKS AND RECREATION 12220 FILMORE ST. WEST OLIVE, MI 49460	38-6004883	501(C)(3)	20,100.	0.			TO ESTABLISH A NEW COUNTY PARK THROUGH THE STEARNS CREEK ACQUISITION PROJECT
PATHFINDERS 2500 JEFFERSON STREET MUSKEGON, MI 49444	45-2445595	501(C)(3)	17,140.	0.			TRAINING FOR YOUTH ON HOW TO DEAL WITH LAW ENFORCEMENT; HELP WITH PROGRAMMING COST FOR
PEOPLE'S CHURCH UNITARIAN UNIVERSALIST - 115 W. LOOMIS STREET - LUDINGTON, MI 49431	04-2103733	501(C)(3)	98,202.	0.			GENERAL OPERATING SUPPORT
PERE MARQUETTE MEMORIAL ASSOCIATION - 202 S HARRISON ST - LUDINGTON, MI 49431-2110	82-5321829	501(C)(3)	17,000.	0.			GENERAL OPERATING SUPPORT
PIONEER RESOURCES 601 TERRACE ST MUSKEGON, MI 49440-1192	38-1367329	501(C)(3)	19,412.	0.			ACTIVITIES AND SUPPORT FOR RESIDENTS; NATURE INTEGRATION FOR INDIVIDUALS WITH SEVERE
PLANNED PARENTHOOD OF MICHIGAN 425 CHERRY STREET SE GRAND RAPIDS, MI 49503-4601	13-1644147	501(C)(3)	7,270.	0.			GENERAL OPERATING SUPPORT; MAKING PROUD CHOICES PROGRAM
PORT CITY CHURCH - CLOVERVILLE CAMPUS - 3387 HEIGHTS RAVENNA - MUSKEGON, MI 49444	38-2880981	SCHOOL	36,000.	0.			SUPPORT FOR WHAT-IF CAMPAIGN; GENERAL OPERATING SUPPORT

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POUND BUDDIES 1300 E. KEATING AVE MUSKEGON, MI 49442	38-3590598	501(C)(3)	31,576.	0.			DONATION TO PAY FOR KENNEL; FULFILLMENT ITEM FOR EQUIPMENT; IN MEMORY OF JOEY HEKKEMA; GENERAL
RAVENNA AREA HISTORICAL SOCIETY 12278 STAFFORD STREET RAVENNA, MI 49451	38-2549597	501(C)(3)	20,000.	0.			SUPPORT FOR REPLICA TRAIN DEPOT PROJECT
RAVENNA PUBLIC SCHOOLS 12322 STAFFORD RAVENNA, MI 49451	38-6002961	SCHOOL	6,490.	0.			2020 GRANT AWARDS; TEACHER MINI-GRANTS; AFTER-SCHOOL SCIENCE ACTIVITIES
READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443-1312	41-2176728	501(C)(3)	39,957.	0.			SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT; COMPLETION OF 2017 FIVE-YEAR PLEDGE;
REETHS PUFFER SCHOOL DISTRICT 991 W. GILES ROAD N. MUSKEGON, MI 49445	38-1816725	SCHOOL	12,563.	0.			TWIN LAKE ELEMENTARY; SUPPORT FOR GIRLS VARSITY BASKETBALL PROGRAM; GENERAL OPERATING SUPPORT
RIVERTON FIREFIGHTERS ASSOCIATION INC. - 4622 S. MORTON RD. - LUDINGTON, MI 49431	38-2679823	501(C)(3)	5,400.	0.			GENERAL OPERATING SUPPORT
ROTARY CLUB OF LUDINGTON CHARITIES PO BOX 149 LUDINGTON, MI 49431-0149	27-4860991	501(C)(3)	8,300.	0.			GENERAL OPERATING SUPPORT
SABLE POINTS LIGHTHOUSE KEEPERS ASSOCIATION - 905 E. LUDINGTON AVE - LUDINGTON, MI 49431	38-3248067	501(C)(3)	32,377.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY OF MASON COUNTY PO BOX 681 LUDINGTON, MI 49431	36-2167910	501(C)(3)	21,390.	0.			GENERAL OPERATING SUPPORT

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SALVATION ARMY OF MUSKEGON PO BOX 1116 MUSKEGON, MI 49442	36-2167910	501(C)(3)	22,517.	0.			GENERAL OPERATING SUPPORT; FOR ONGOING EFFORTS IN ASSISTING THE HUNGRY AND HOMELESS; FOR
SANDCASTLES, A LAKE MICHIGAN CHILDREN'S MUSEUM - 129 E. LUDINGTON AVENUE - LUDINGTON, MI 49431	35-2340348	501(C)(3)	33,478.	0.			GENERAL OPERATING SUPPORT
SHIELD 616 13395 VOYAGER PKWY COLORADO SPRINGS, CO 80921	47-4347589	501(C)(3)	31,250.	0.			GENERAL SUPPORT
SINGLE MOMM 3210 RACQUET CLUB DR, STE B TRAVERSE CITY, MI 49684-4704	26-3544089	501(C)(3)	36,000.	0.			GENERAL OPERATING SUPPORT
SPECTRUM HEALTH FOUNDATION LUDINGTON HOSPITAL - ONE ATKINSON DR. - LUDINGTON, MI 49431	38-2752328	501(C)(3)	6,250.	0.			GENERAL OPERATING SUPPORT
ST. CATHERINE'S CHURCH - DIOCESES OF GRAND RAPIDS - PO BOX 217 - RAVENNA, MI 49451	38-3505677	SCHOOL	20,000.	0.			BASEMENT PROJECT; ANNUAL SUPPORT FOR ST. CATHERINE SCHOOL
ST. GREGORY'S EPISCOPAL CHURCH 1200 SEMINOLE ROAD MUSKEGON, MI 49441-4375	38-6062728	501(C)(3)	5,020.	0.			GENERAL OPERATING SUPPORT; ANNUAL DISTRIBUTION; FOR RE-CARPETING THE PARISH
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - DIOCESE OF GRAND RAPIDS - 1716 SIXTH STREET - MUSKEGON, MI 49441	38-3505677	501(C)(3)	6,190.	0.			GENERAL OPERATING SUPPORT; TO SUPPORT TUITION AND COSTS FOR THE CHILDREN OF MEMBERS OF
ST. PAUL'S EPISCOPAL CHURCH 1006 3RD STREET #1206 MUSKEGON, MI 49440	38-1568900	501(C)(3)	11,500.	0.			MAKE A SUBSTANTIAL IMPACT ON THE PROJECTS OR PROGRAMS LIKELY TO HAVE A LONG-TERM BENEFIT TO ST.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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STEP UP PO BOX 1626 MUSKEGON, MI 49443-1626	32-0469895	501(C)(3)	110,600.	0.			GENERAL OPERATING SUPPORT
SUMMIT TOWNSHIP 4879 W DEREN RD LUDINGTON, MI 49431	38-2078182	GOVT	10,329.	0.			GENERAL OPERATING SUPPORT
TALENT 2025 INC 48 LOGAN ST SW SUITE 124 GRAND RAPIDS, MI 49503-5124	27-0193853	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
THE ARC MUSKEGON 601 TERRACE ST, STE 101 MUSKEGON, MI 49440-1192	38-1586705	501(C)(3)	102,675.	0.			GENERAL OPERATING SUPPORT; MATCH DAY
THE RAMSDELL THEATRE AND COMMUNITY ARTS CENTER - 101 MAPLE ST - MANISTEE, MI 49660	38-3117557	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE UNIVERSITY OF MICHIGAN DEPARTMENT OF CHEMISTRY ANN ARBOR, MI 48109	38-6006309	SCHOOL	80,000.	0.			SUPPORT FOR PFAS RESEARCH
TRINITY HOME HEALTH SERVICES 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-3321856	501(C)(3)	15,060.	0.			USED TO SUPPORT PROGRAMS AND PROJECTS THAT BENEFIT MUSKEGON COUNTY RESIDENTS
TRINITY LUTHERAN CHURCH 3225 ROOSEVELT RD MUSKEGON, MI 49441	38-1603620	501(C)(3)	22,650.	0.			ANNUAL DISBURSEMENT
UNITED WAY OF MANISTEE COUNTY 449 RIVER ST. MANISTEE, MI 49660	38-6032839	501(C)(3)	6,080.	0.			UNITED WAY COMPANY CONTRIBUTION (2020 DRIVE)

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UNITED WAY OF MASON COUNTY 920 E. TINKHAM LUDINGTON, MI 49431	38-2943115	501(C)(3)	341,381.	0.			COVID-19 RELIEF FUND; CORPORATE MATCH; GENERAL OPERATING SUPPORT
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443-0207	38-1426895	501(C)(3)	179,321.	0.			GENERAL OPERATING SUPPORT; SUPPORT FOR COVID-19 RELIEF FUND (DTE MATCH); DOLLY PARTON
UNIVERSITY OF MICHIGAN OFFICE OF FINANCIAL AID ANN ARBOR, MI 48109-1382	38-6006309	SCHOOL	92,451.	0.			SCHOLARSHIP FUNDS
USS SILVERSIDES SUBMARINE MUSEUM 1346 BLUFF MUSKEGON, MI 49443	38-2899689	501(C)(3)	5,500.	0.			MULTIMEDIA PRODUCTION EQUIPMENT TO IMPROVE VIDEO QUALITY OF VIRTUAL EDUCATION PROGRAMS;
VILLAGE OF CUSTER PO BOX 153 CUSTER, MI 49405	38-2514466	GOVT	5,428.	0.			GENERAL OPERATING SUPPORT
VOLUNTEER FOR DENTAL 31 E. CLAY AVENUE MUSKEGON, MI 49442	83-1299804	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
WEST MICHIGAN CONCERT WINDS 17 SOUTH 2ND ST., SUITE 1 GRAND HAVEN, MI 49417	38-2370939	501(C)(3)	5,557.	0.			SUPPORT FOR MATCH DAY FOUR VIRTUAL CLASSROOM
WEST MICHIGAN SYMPHONY - CEO 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440	38-6092131	501(C)(3)	136,652.	0.			VISITS WITH WMS MUSICIANS WITH LOCAL ELEMENTARY SCHOOLS; PLAY YOUR PART
WEST SHORE COMMUNITY COLLEGE OFFICE OF FINANCIAL AID SCOTTVILLE, MI 49454	23-7128810	SCHOOL	26,500.	0.			SCHOLARSHIP FUNDS

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WEST SHORE COMMUNITY COLLEGE FOUNDATION - 3000 N. STILES ROAD, BOX 277 - SCOTTVILLE, MI 49454	23-7128810	501(C)(3)	21,820.	0.			ASSISTANCE TO NEEDY AND DESERVING STUDENTS
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL - 455 E. ELLIS RD. - MUSKEGON, MI 49441	38-3488222	SCHOOL	110,220.	0.			GENERAL OPERATING SUPPORT; FAITH WORKS RENEWAL; CAMPUS AND COMMUNITY CAMPAIGN; TO
WESTERN MICHIGAN FAIR ASSOCIATION PO BOX 153 SCOTTVILLE, MI 49454	38-1849651	501(C)(3)	11,399.	0.			GENERAL OPERATING SUPPORT
WESTERN MICHIGAN UNIVERSITY OFFICE OF FINANCIAL AID KALAMAZOO, MI 49008	38-6007327	SCHOOL	40,965.	0.			SCHOLARSHIP FUNDS
WHITE LAKE COMMUNITY LIBRARY 3900 WHITE LAKE DRIVE WHITEHALL, MI 49461	38-3469904	501(C)(3)	64,050.	0.			DAN YAKES BOOK PROJECT; AUDIO-VISUAL EQUIPMENT; BLONDAHL READING LOUNGE FURNITURE REFRESH;
WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL, MI 49461	31-6402660	SCHOOL	38,111.	0.			2020 GRADUATING SENIOR AWARD; WHITE LAKE ROBOTICS REBRANDING; TEACHER AND STUDENT
YMCA CAMP PENDALOUAN 1243 FRUITVALE RD. MONTAGUE, MI 49437-9540	38-2000172	501(C)(3)	86,116.	0.			SUPPORT FOR MATCH DAY; OFFICE WINDOW PROJECT; TO SUPPORT CAMPER SCHOLARSHIPS FOR THE

Schedule I (Form 990)

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.

(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
SCHOLARSHIPS	523	805,612.	0.		

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H) :

NAME OF ORGANIZATION OR GOVERNMENT: AGEWELL SERVICES OF WEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; SUPPORT FOR MATCH DAY; TO BE USED FOR MEDICAL APPOINTMENT TRANSPORTATION FOR MUSKEGON CLIENTS; MEALS ON WHEELS PROGRAM; SENIOR TRANSPORTATION

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR MEDICAL APPOINTMENT TRANSPORTATION FOR MUSKEGON CLIENTS; SUPPORT FOR WORK IN MUSKEGON COUNTY;

Part IV Supplemental Information

TO SUPPORT SPECIAL PROJECTS AND PROGRAMS FOR AMERICAN RED CROSS IN
MUSKEGON COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ANNIS WATER RESOURCE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISBURSEMENT TO SUPPORT THE
ANNIS WATER RESOURCE INSTITUTE; W.G. JACKSON VESSEL SUPPORT FUND

NAME OF ORGANIZATION OR GOVERNMENT: ARTS COUNCIL OF WHITE LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY, SUMMER
CONCERT SERIES, YOUTH THEATRE EDUCATION, SPARK PROGRAM, THIRD COAST
TROMBONE RETREAT, AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BLUE LAKE FINE ARTS CAMP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND OR SUPPORT THE CAMP'S WORK
RELATING TO BUILDING AN INCLUSIVE COMMUNITY, PROVIDING HOPE AND
OPPORTUNITY FOR OUR CHILDREN, AND/OR SUPPORTING MORE COLLABORATIVE
COMMUNITY GOALS AND DECISION-MAKING.; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERACTIVE STEM KITS; GENERAL
OPERATING SUPPORT; MATCH DAY; GIVING TUESDAY; BUILDING FUND; PROGRAM
SALARIES AND WAGES

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ELECTRIC CHARGING
STATIONS; ANNUAL IMPROVEMENTS AT MCGRAFT PARK; TO COVER EXPENSES KIDS'
POWER OF PRODUCE; FOR MONET GARDEN; "CELEBRATING MUSKEGON" SCULPTURE; LC

Part IV Supplemental Information

WALKER ARENA; LIFE RING CABINET; BIKE RACKS AT PERE MARQUETTE PARK; TASTE
OF MUSKEGON EVENT

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF MUSKEGON HEIGHTS POLICE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: G.U.N.S. - ADDRESSING THE TRIGGERS &
MENTAL HEALTH IMPACT; 15 HEIGHTS STUDENTS HOLIDAY SHOP WITH A COP AT
LOCAL STORE

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF WHITEHALL - PLAYHOUSE OPERATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY, GENERAL
OPERATING, PLAYHOUSE CAPITAL CAMPAIGN, WHITE LAKE YOUTH THEATER, AND
VIRTUAL THEATRE 2020-21

NAME OF ORGANIZATION OR GOVERNMENT: COALITION FOR COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY, GENERAL
OPERATING, COMMUNITY EMPOWERMENT SMALL GRANT: UNITED PARENTS AND
NEIGHBORHOOD ASSOCIATION BOARD OF PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ENCOMPASS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR GENERAL OPERATING, MATCH
DAY, TOWARD HOME PURCHASE, HBCU CLUB SAT BOOTCAMP, 2020 NIMS FARM,
NEIGHBORHOOD CHRISTMAS STORE 2020, EVICTION PREVENTION PROGRAM, FOR
HOMELESSNESS PROGRAM, HEADSETS FOR AT-HOME LEARNING FOR MPS GEOMETRY AND
CONSTRUCTION STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: EVERY WOMAN'S PLACE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; FINANCIAL EMPOWERMENT FOR VICTIMS OF DOMESTIC VIOLENCE; GIVING TUESDAY GRANT; SUPPORT FOR MATCH DAY; BASKETS OF HOUSEHOLD AND PERSONAL ITEMS

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STUDENT SUCCESS EMERGENCY FUND AT MCC, CAROLYN I. AND PETER STURRUS TECHNOLOGY CENTER; SARNICOLA ENTREPRENEUR GRANT AWARD; MCC SOCIAL SCIENCES DEPARTMENT

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF MICHIGAN SHORE TO SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR COUNCIL OPERATIONS; GENERAL OPERATING SUPPORT FOR MUSKEGON COUNTY SCOUTING; MAINTENANCE OF THE KISKEY SCIENCE CENTER; MATCH DAY

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF WEST MICHIGAN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; STAFF AND RELATED COSTS FOR GOODWILL INDUSTRIES OF WEST MICHIGAN'S MISSION SERVICES; FOR WORKFORCE SUPPORTS; MATCH DAY

NAME OF ORGANIZATION OR GOVERNMENT: GREATER MUSKEGON WOMAN'S CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: MONARCH SPONSORSHIP FOR THE WOMEN OF ACCOMPLISHMENT AWARDS EVENT; TOP OFF ROOF FUND TO REPLACE OUR LEAKING TILE ROOF

NAME OF ORGANIZATION OR GOVERNMENT: HACKLEY COMMUNITY CARE CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DENTAL PROGRAM AT
HACKLEY COMMUNITY CARE CENTER; TO PROVIDE DENTAL SERVICES FOR UNINSURED
PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: HACKLEY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF BOOKS FOR THE CHILDREN'S
DEPARTMENT; GENERAL OPERATING SUPPORT; NEW SIGN FOR SHAKESPEARE'S GARDEN;
TO BE USED TO INCREASE THE NUMBER OF VOLUMES OF BOOKS HELD IN HACKLEY
PUBLIC LIBRARY AS WELL AS THE NUMBER OF COPIES OF EACH BOOK

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOSPICE

(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT CARE COSTS NOT COVERED
THROUGH ROOM AND BOARD PAYMENTS FOR INSURANCE; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOSPICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY; GENERAL
OPERATING SUPPORT; POPPEN HOUSE; 5 VIRTUAL PATIENT MONITORING SYSTEMS/
MASKS AND PROTECTIVE EYEWEAR; 14 BIRDHOUSES PLACED OUTSIDE PATIENT
WINDOWS

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE WORK OF THE
MUSKEGON HEALTH DISPARITIES COALITION; CULTURALLY COMPETENT & EQUITABLE
COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: KIDS' FOOD BASKET - MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY; GENERAL
OPERATING SUPPORT; FOR THE DONAHUE MATCH; SUPPORT CHEF PRIZE MATCH FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAKESHORE MUSEUM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SCIENCE RESOURCE CENTER AT THE LAKESHORE MUSEUM CENTER; SUPPORT OF EXPENSES ASSOCIATED WITH THE TRANSFER OF THE LEASE ON HILT'S LANDING TO WHITEHALL DISTRICT SCHOOLS; SUPPORT FOR MATCH DAY; ANNUAL DISTRIBUTION; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LOVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE FOOD PANTRY; SUPPORT YOUR EFFORTS IN FINANCIAL LITERACY PROGRAMS; GENERAL OPERATING SUPPORT; MATCH DAY; THREE CHROMEBOOKS FOR ONLINE FINANCIAL LITERACY CLASSES; SUPPORT FOR THE APPLIANCE REPAIR MINISTRY

NAME OF ORGANIZATION OR GOVERNMENT: MASON COUNTY EASTERN SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: DTE COVID GRANT TO PROVIDE SUPPORT FOR MASON COUNTY SCHOOL FAMILIES AFFECTED BY THE PANDEMIC; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH - OFFICE OF PHILANTHROPY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMAGINE.BUILD.TRANSFORM CAMPAIGN; ANNUAL DISBURSEMENT TO SUPPORT THE HOSPITAL'S MISSION THROUGH NURSING EDUCATION; WOMEN FOR HEALTH; GENERAL OPERATING SUPPORT; COVID 19 RESPONSE FUND; ANNUAL DISBURSEMENT FOR CHARITABLE PURPOSES OF MERCY HOSPITAL; ANNUAL DISBURSEMENT FOR CAPITAL IMPROVEMENTS AND/OR EQUIPMENT FOR THE PROVISION AND/OR SUPPORT OF CRITICAL CARE AT MERCY HOSPITAL;

NAME OF ORGANIZATION OR GOVERNMENT: MISSION FOR AREA PEOPLE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; MUSIC FOR MEDS; SUPPORT FOR MATCH DAY; FOR MEDICAL AND DENTAL PROGRAMS; IN SUPPORT OF THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: MT. ZION CHURCH OF GOD IN CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION AND ADMISSION TO BOULDER RIDGE WILD LIFE PARK; MOBILE FOOD PANTRY IN MAY, JUNE, AND JULY; CLUB 188 SUMMER ACADEMY OF ARTS AND ACADEMICS

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER WINTER AND SUMMER TUITION COSTS; WEST MICHIGAN GREAT LAKES STEWARDSHIP INITIATIVE - CONNECTING STUDENTS TO THEIR PLACE; SUPPORT AND MAINTAIN MAPLE RIDGE SCHOOL; TEACHER MINI GRANTS; TO SUPPORT KICKSTART TO CAREER POSITION

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER MINI GRANTS; TO SUPPORT TUITION ASSISTANCE FOR NEEDY STUDENTS; TO COVER TECHNOLOGY EXPENSES; GENERAL OPERATING SUPPORT; SUPPORT OF MUSKEGON CHRISTIAN ELEMENTARY SCHOOL; MATCH DAY

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKEGON LAKESHORE CHAMBER OF COMMERCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE WEST MICHIGAN SHORELINE FOOD PROCESSING INITIATIVE; ANNUAL SOFTWARE UPDATES FOR THE SILENT OBSERVER'S P3 SOFTWARE PROGRAM; THE ART OF RECYCLING - PADNOS PUBLIC PROJECT; GENERAL OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT; FESTIVAL OF WREATHS; ACQUISITION OF ART PIECES; FLOOR RESTORATION PROJECT; TO SUPPORT EDUCATIONAL PROGRAMS FOR YOUTH; TO COVER COSTS ASSOCIATED WITH MUSEUM EXPANSION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; SUPPORT FOR MATCH DAY; IN SUPPORT OF THE FORESHORE ADVENTURE 2019; 199 BUS PASSES FOR OUR GUESTS STAYING WITHIN THE SHELTER TO GO TO WORK AND JOB INTERVIEWS; SELF-SUFFICIENCY PROGRAMMING; THANKSGIVING; IN SUPPORT OF THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON ROTARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR THE 2020 SEAWAY RUN; COOPERATING CHURCHES MOBILE FOOD PANTRY; REIMBURSEMENT FOR MIDSTATE RECREATION INVOICE; REIMBURSEMENT FOR INVOICE FOR HARMONY PARK SIGNAGE

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: MY-GIWM CHILDCARE CENTER; SUPPORT FOR MATCH DAY; COVID 19 SAFE TOYS AND SUPPLIES FOR THE NEW GOODWILL/YMCA CHILDCARE CENTER; LIVESTRONG PROGRAM; GENERAL OPERATING SUPPORT; FOR DAYCARE SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: NORTH MUSKEGON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSE FOR NEF DIRECTOR SALARY; NORTH MUSKEGON HIGH SCHOOL CHOIR CONCERT; SUPPORT FOR THE GIRLS SOCCER

Part IV Supplemental Information

TEAM TO PURCHASE NEW UNIFORMS

NAME OF ORGANIZATION OR GOVERNMENT: NORTON SHORES BRANCH MADL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURCHASE OF BOOKS IN MEMORY OF
FRED AND FLORENCE KISKEY; GENERAL OPERATING SUPPORT; SUPPORT OF THE
NORTON SHORES BRANCH OF THE MUSKEGON AREA DISTRICT LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: ORCHARD VIEW SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER MINI-GRANTS; OV ELEMENTARY
SCHOOL FOR PPE; MASKS; SANITIZER & STATIONS; WATER BOTTLE FILLING
STATIONS, FILTERS & INSTALLATION

NAME OF ORGANIZATION OR GOVERNMENT: PATHFINDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING FOR YOUTH ON HOW TO DEAL
WITH LAW ENFORCEMENT; HELP WITH PROGRAMMING COST FOR PATHFINDERS SAFE
SUMMER PROGRAM; MATCH DAY; TO SUPPORT THE WORK BEING DONE IN MUSKEGON
COUNTY; YEAR-END CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: PIONEER RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: ACTIVITIES AND SUPPORT FOR
RESIDENTS; NATURE INTEGRATION FOR INDIVIDUALS WITH SEVERE EMOTIONAL
CHALLENGES; MATCH DAY; GENERAL DONATION; TO SUPPORT THE WORK BEING DONE
IN MUSKEGON COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: POUND BUDDIES

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO PAY FOR KENNEL;
FULFILLMENT ITEM FOR EQUIPMENT; IN MEMORY OF JOEY HEKKEMA; GENERAL
OPERATING SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: READ MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY; GENERAL OPERATING SUPPORT; COMPLETION OF 2017 FIVE-YEAR PLEDGE; HEAL TRAINING; 20 KINDLE FIRE TABLETS FOR REMOTE LEARNING; HOLIDAY VILLAGE IN A BOX: HOLIDAY FAMILY LITERACY EVENT; TO ASSIST IN ONGOING EFFORTS TO SUPPORT AND BOOST LITERACY IN OUR COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: REETHS PUFFER SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TWIN LAKE ELEMENTARY; SUPPORT FOR GIRLS VARSITY BASKETBALL PROGRAM; GENERAL OPERATING SUPPORT OF THE ROCKET CENTER; TO COVER EXPENSES INCURRED FOR THE FUND RAISING EVENT AND AP TESTS; REETHS PUFFER ELEMENTARY ADOPT-A-READER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY OF MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; FOR ONGOING EFFORTS IN ASSISTING THE HUNGRY AND HOMELESS; FOR CLIENTS' UTILITIES; IN SUPPORT OF THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: ST. GREGORY'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; ANNUAL DISTRIBUTION; FOR RE-CARPETING THE PARISH HALL OR FOR A NEW SECURITY SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - DIOCESE OF GRAND RAPIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; TO SUPPORT TUITION AND COSTS FOR THE CHILDREN OF MEMBERS OF ST. MICHAEL'S

Part IV Supplemental Information

CATHOLIC CHURCH TO ATTEND CATHOLIC SCHOOLS; CATHOLIC SERVICES APPEAL;

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: MAKE A SUBSTANTIAL IMPACT ON THE PROJECTS OR PROGRAMS LIKELY TO HAVE A LONG-TERM BENEFIT TO ST. PAUL'S EPISCOPAL CHURCH; TO SUPPORT THE "FEEDING THE SOUL OF THE CITY" CONCERT SERIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE LAKESHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; SUPPORT FOR COVID-19 RELIEF FUND (DTE MATCH); DOLLY PARTON IMAGINATION LIBRARY IN THE WHITE LAKE AREA; SUPPORT FOR MATCH DAY

NAME OF ORGANIZATION OR GOVERNMENT: USS SILVERSIDES SUBMARINE MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: MULTIMEDIA PRODUCTION EQUIPMENT TO IMPROVE VIDEO QUALITY OF VIRTUAL EDUCATION PROGRAMS; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WEST MICHIGAN SYMPHONY - CEO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOUR VIRTUAL CLASSROOM VISITS WITH WMS MUSICIANS WITH LOCAL ELEMENTARY SCHOOLS; PLAY YOUR PART CAMPAIGN; SUPPORT FOR THE 2020-2021 SEASON; GENERAL OPERATING SUPPORT; LINK UP PROGRAM; KEEP THE MUSIC PLAYING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; FAITH WORKS RENEWAL; CAMPUS AND COMMUNITY CAMPAIGN; TO SUPPORT TUITION

Part IV Supplemental Information

ASSISTANCE FOR NEEDY STUDENTS; TEACHER MINI GRANTS; DISBURSEMENT FROM THE
GENERAL AND TUITION ASSISTANCE FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: WHITE LAKE COMMUNITY LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: DAN YAKES BOOK PROJECT; AUDIO-VISUAL
EQUIPMENT; BLOMDAHL READING LOUNGE FURNITURE REFRESH; CURBSIDE SERVICE
BOX TO MOUNT IN PARKING LOT FOR CONTACTLESS BOOK PICK UP; FURNITURE AND
SCRUBBERS

NAME OF ORGANIZATION OR GOVERNMENT: WHITEHALL DISTRICT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 GRADUATING SENIOR AWARD; WHITE
LAKE ROBOTICS REBRANDING; TEACHER AND STUDENT AWARDS; QUIZ BOWL TEAM
CREATION; TO OPERATE OUTDOOR LEARNING CENTER AT HILT'S LANDING; TEACHER
MINI GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: YMCA CAMP PENDALOUAN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MATCH DAY; OFFICE WINDOW
PROJECT; TO SUPPORT CAMPER SCHOLARSHIPS FOR THE SUMMER; ADOPT-A-CABIN
(OTTAWA); 15 NEW LIFE JACKETS FOR CAMPERS; ADOPT - A - FACILITY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	55	1,858,353.	MKT CLOSE - DATE OF
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

INVESTMENT SECURITIES ARE HELD AT AN UNRELATED BROKERAGE FIRM.

CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD VIA
THIS 3RD PARTY.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ISSUING GRANTS FOR SPECIFIC CHARITABLE AND EDUCATIONAL PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NOW AND FOR GENERATIONS TO COME

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY DEVELOPMENT; ENVIRONMENT; EMERGING COMMUNITY NEEDS

EXPENSES \$ 1,420,660. INCLUDING GRANTS OF \$ 1,294,278. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE AND
PROVIDED TO THE BOARD DIRECTORS FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND TOP MANAGEMENT ANNUALLY COMPLETE CONFLICT OF INTEREST
QUESTIONNAIRES WHICH ARE REVIEWED BY THE CHAIRMAN FOR COMPLIANCE WITH
FOUNDATION POLICY.

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

THE PERSONNEL COMMITTEE CONSISTING OF FOUNDATION TRUSTEES ANNUALLY REVIEWS
THE WAGES OF ALL EMPLOYEES UTILIZING COMPARABILITY DATA FROM THIRD PARTY
SOURCES FOR PURPOSES OF RECOMMENDING TO THE BOARD ANY COMPENSATION
ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

INFORMATION REGARDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FUNDS HELD AS ORGANIZATION ENDOWMENT - INCREASE IN ASSETS -840,900.

FUNDS HELD AS COMMUNITY SERVICE - DECREASE IN ASSETS 418,029.

TRANSFER OF ASSETS TO COMMUNITY FOUNDATION OF OCEANA COUNTY -13,383,250.

TOTAL TO FORM 990, PART XI, LINE 9 -13,806,121.

FORM 990, PART XI, LINE 2C

THE AUDIT COMMITTEE OF THE FOUNDATION IS RESPONSIBLE FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND REVIEW OF THE AUDITORS' REPORT, MEETING AS NECESSARY DURING THE YEAR.

FORM 990, PART X, LINE 24

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY RECEIVED A PPP LOAN APRIL 19, 2020 FROM THE SBA IN THE AMOUNT OF \$434,800. AS OF 12/31/20, THE LOAN WAS NOT FORGIVEN, THEREFORE THE ENTIRE AMOUNT IS RECORDED A LIABILTY ON THEIR FINANCIAL STATEMENTS. THE FOUNDATION APPLIED FOR LOAN FORGIVENESS, WHICH WAS APPROVED BY THE SBA ON MARCH 30, 2021.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MORRIS STREET LLC					
425 W. WESTERN AVE, SUITE 200					
MUSKEGON, MI 49440	REAL PROPERTY OWNERSHIP	MICHIGAN		404,312.	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PENNIES FROM HEAVEN FOUNDATION - 46-1452866							
425 W. WESTERN AVE, SUITE 200							
MUSKEGON, MI 49440	SUPPORTING ORGANIZATION	MICHIGAN	501(C)(3)	LINE 12A, I			X
THE PAUL C JOHNSON FOUNDATION - 38-2919769							
425 W. WESTERN AVE, SUITE 200							
MUSKEGON, MI 49440	SUPPORTING ORGANIZATION	MICHIGAN	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PENNIES FROM HEAVEN FOUNDATION	Q	65,638 • ACTUAL	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION

PRIMARY ACTIVITY: SALE OF DOWNTOWN MUSKEGON, MI PARCELS FOR REDEVELOPMENT
OF CITY CORE.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**38-6114135**

Name and title of officer or person subject to tax

**TODD JACOBS
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **REHMANN ROBSON LLC** to enter my PIN **22002**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

40428549444**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **REHMANN ROBSON LLC**Date ▶ **11/03/21**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

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

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

A <input type="checkbox"/> Check box if address changed.		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	D Employer identification number 38-6114135
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S			Number, street, and room or suite no. If a P.O. box, see instructions. 425 W. WESTERN AVENUE, NO. 200	E Group exemption number (see instructions)
			City or town, state or province, country, and ZIP or foreign postal code MUSKEGON, MI 49440-1101	F <input type="checkbox"/> Check box if an amended return.
			C Book value of all assets at end of year 219,976,917.	
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity				
H Check if filing only to ► <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ► <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ►				
L The books are in care of ► ISRAEL VELEZ, JR. Telephone number ► (231) 722-4538				

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	PRESIDENT Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEFFREY E. HERT, CPA	JEFFREY E. HERT, CPA	11/03/21		P00066715
	Firm's name ▶ REHMANN ROBSON LLC			Firm's EIN ▶ 38-3567911	
	Firm's address ▶ 570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444			Phone no. 231-739-9441	

Form 990-T (2020)

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

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

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	B Employer identification number 38-6114135
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **FACILITY USE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	8,431.			
b Less returns and allowances		1 c 8,431.		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3 8,431.		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4 a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 8,431.		8,431.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8 a	8 b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	8,431.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020