

PUBLIC DISCLOSURE COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2566  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**  
 Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION FOR MUSKEGON COUNTY</b>		<b>D</b> Employer identification number <b>38-6114135</b>
	Doing business as		<b>E</b> Telephone number <b>231-722-4538</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>425 WESTERN AVENUE</b>	<b>200</b>	<b>G</b> Gross receipts \$ <b>24,287,502.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MUSKEGON, MI 49440-1101</b>		
<b>F</b> Name and address of principal officer: <b>TODD JACOBS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

**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**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BETTER THE LIVES OF AREA RESIDENTS THROUGH INVESTING AND ADMINISTERING GIFTS AND BEQUESTS AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>67</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>199</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>126,811.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>9,010.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>9,011,056.</b>	<b>8,670,225.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>900,685.</b>	<b>960,546.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,435,692.</b>	<b>9,111,175.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>702,043.</b>	<b>613,600.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,049,476.</b>	<b>19,355,546.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,720,180.</b>	<b>16,724,808.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,272,489.</b>	<b>2,427,831.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>909,323.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>-743,990.</b>	<b>-1,023,574.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,248,679.</b>	<b>18,129,065.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>800,797.</b>	<b>1,226,481.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>233,413,617.</b>	<b>End of Year</b> <b>250,516,358.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>26,191,362.</b>	<b>25,076,174.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>207,222,255.</b>	<b>225,440,184.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>TODD JACOBS, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name <b>JEFFREY E. HERT, CPA</b>	Preparer's signature <b>JEFFREY E. HERT, CPA</b>	Date <b>08/26/25</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00066715</b>
	Firm's name <b>REHMANN ROBSON LLC</b>	Firm's EIN <b>38-3567911</b>	Phone no. <b>231-739-9441</b>		
Firm's address <b>570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444</b>					

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 [X]

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,147,760. including grants of \$ 4,416,130. ) (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 \$ 3,799,457. including grants of \$ 4,045,291. ) (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 \$ 7,460,175. including grants of \$ 7,942,865. ) (Revenue \$ 843,745. ) 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 \$ 301,044. including grants of \$ 320,522. ) (Revenue \$ )

4e Total program service expenses 15,708,436.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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... X; b Other officers or key employees of the organization... X; 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? X; 16b 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? X

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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 WESTERN AVENUE, 200, MUSKEGON, MI 49440-1101

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD JACOBS SECRETARY/PRESIDENT	40.00 1.00	X		X				190,614.	0.	8,870.
(2) ISRAEL VELEZ CFO	40.00			X				111,198.	0.	30,311.
(3) JANELLE MAIR VP COMMUNITY INVESTMENT	40.00					X		102,693.	0.	30,971.
(4) AMY MOORE VP CAPACITY AND COMMUNITY	40.00					X		101,142.	0.	30,958.
(5) PRISCILLA WILCOX CHAIR	1.00	X		X				0.	0.	0.
(6) EDWARD GARNER VICE CHAIR	1.00	X		X				0.	0.	0.
(7) KATIE HENSLEY TREASURER	1.00	X		X				0.	0.	0.
(8) ASALINE SCOTT SPECIAL ADVISOR TO THE BOA	1.00	X		X				0.	0.	0.
(9) BRAD HILLEARY IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(10) DAVID HAZEKAMP TRUSTEE	1.00	X						0.	0.	0.
(11) HON. MARIA LADAS HOOPES TRUSTEE	1.00	X						0.	0.	0.
(12) ROZELIA PATINO TRUSTEE	1.00	X						0.	0.	0.
(13) GARY ALLORE TRUSTEE	1.00	X						0.	0.	0.
(14) ANTHONY WILSON TRUSTEE	1.00	X						0.	0.	0.
(15) JANE OTRHALEK TRUSTEE	1.00	X						0.	0.	0.
(16) TROYCIE NICHOLS TRUSTEE	1.00	X						0.	0.	0.
(17) DAVID SHAFER 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGELITA VALDEZ TRUSTEE	1.00	X						0.	0.	0.
(19) MICHELE VANDERLINDE TRUSTEE	1.00	X						0.	0.	0.
(20) DUANE BENNETT TRUSTEE	1.00	X						0.	0.	0.
(21) DEIDRE BRIEGEL TRUSTEE	1.00	X						0.	0.	0.
(22) DWIGHT VINES TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								505,647.	0.	101,110.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								505,647.	0.	101,110.

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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 Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	8,670,225.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,072,112.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		8,670,225.			
Program Service Revenue	<b>2 a</b>	FRAUMENTHAL CENTER FOR THE PERFORM	<b>Business Code</b>	711190	960,546.	843,745.	116,801.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			960,546.		
	Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			6,280,345.	
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	103,971.			
			(ii) Personal				
<b>b</b>		Less: rental expenses ...	<b>6b</b>	186,033.			
<b>c</b>		Rental income or (loss)	<b>6c</b>	-82,062.			
<b>d</b>		Net rental income or (loss) .....			-82,062.		-82,062.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	7,576,753.			
			(ii) Other				
<b>b</b>		Less: cost or other basis and sales expenses .....	<b>7b</b>	4,745,923.			
<b>c</b>		Gain or (loss) .....	<b>7c</b>	2,830,830.			
<b>d</b>		Net gain or (loss) .....			2,830,830.		2830830.
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	OTHER REVENUE	<b>Business Code</b>	561000	437,224.	10,010.	427,214.
	<b>b</b>	COMMUNITY SERVICE/ENDOWMENT REVENUE		900003	258,438.		258,438.
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			695,662.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			19,355,546.	843,745.	126,811.	9714765.

**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	15,575,773.	15,575,773.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,149,035.	1,149,035.		
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	340,994.		340,994.	
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	1,637,577.	856,906.	327,198.	453,473.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,950.	38,741.	11,707.	20,502.
9 Other employee benefits	229,947.	87,604.	73,308.	69,035.
10 Payroll taxes	148,363.	65,553.	48,119.	34,691.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,314.	1,451.	1,664.	1,199.
c Accounting	27,587.	9,963.	9,387.	8,237.
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.)	335,505.	142,561.	112,116.	80,828.
12 Advertising and promotion	23,313.	7,002.	9,478.	6,833.
13 Office expenses	53,808.	20,991.	19,069.	13,748.
14 Information technology	3,297.	857.	1,418.	1,022.
15 Royalties				
16 Occupancy	266,101.	191,904.	43,114.	31,083.
17 Travel	4,298.	1,895.	1,396.	1,007.
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	245,702.	1,824.	243,878.	
23 Insurance	37,998.	29,027.	5,213.	3,758.
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 <b>MISCELLANEOUS</b>	601,068.	393,978.	99,011.	108,079.
b <b>REPAIRS AND MAINTENANCE</b>	227,317.	192,176.	20,420.	14,721.
c <b>PUBLIC RELATIONS / DEVE</b>	144,980.	37,695.	62,341.	44,944.
d <b>DUES SUBSCRIPTIONS</b>	91,790.	73,492.	10,633.	7,665.
e All other expenses	-3,090,652.	-3,169,992.	70,842.	8,498.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>18,129,065.</b>	<b>15,708,436.</b>	<b>1,511,306.</b>	<b>909,323.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,543,310.	<b>1</b>	2,868,411.
	<b>2</b> Savings and temporary cash investments .....	8,291,292.	<b>2</b>	7,111,468.
	<b>3</b> Pledges and grants receivable, net .....	551,700.	<b>3</b>	326,700.
	<b>4</b> Accounts receivable, net .....	274,814.	<b>4</b>	9,990.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	5,696,278.	<b>7</b>	5,053,525.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,724,892.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,682,999.	<b>10c</b>	4,041,893.
	<b>11</b> Investments - publicly traded securities .....	209,612,930.	<b>11</b>	229,021,276.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,082,424.	<b>12</b>	2,068,073.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	71,561.	<b>15</b>	15,022.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	233,413,617.	<b>16</b>	250,516,358.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	150,427.	<b>17</b>	288,082.
	<b>18</b> Grants payable .....	823,642.	<b>18</b>	1,038,265.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	24,837,032.	<b>21</b>	23,356,984.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	380,261.	<b>25</b>	392,843.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,191,362.	<b>26</b>	25,076,174.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	207,222,255.	<b>27</b>	225,440,184.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	207,222,255.	<b>32</b>	225,440,184.
<b>33</b> Total liabilities and net assets/fund balances .....	233,413,617.	<b>33</b>	250,516,358.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,355,546.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,129,065.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,226,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	207,222,255.
5	Net unrealized gains (losses) on investments	5	15,511,400.
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	1,480,048.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	225,440,184.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11364882.	13243730.	12506668.	9011056.	8670225.	54796561.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	11364882.	13243730.	12506668.	9011056.	8670225.	54796561.
<b>5</b> 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)						174,200.
<b>6 Public support.</b> Subtract line 5 from line 4.						54622361.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	11364882.	13243730.	12506668.	9011056.	8670225.	54796561.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4180418.	5046583.	4739413.	5446406.	6384316.	25797136.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			10,530.	10,920.	10,010.	31,460.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	732,142.	1655890.	925,770.	819,391.	695,662.	4828855.
<b>11 Total support.</b> Add lines 7 through 10						85454012.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,607,483.
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	63.92	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	67.01	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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.)

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

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 foundation

Check 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), 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), 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).

Name of organization  <b>COMMUNITY FOUNDATION FOR MUSKEGON COUNTY</b>	Employer identification number  <b>38-6114135</b>
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**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	<hr/> <hr/> <hr/>	\$ 233,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 210,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 291,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 341,843.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 190,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COMMUNITY FOUNDATION FOR MUSKEGON COUNTY</b>	Employer identification number  <b>38-6114135</b>
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**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	_____ _____ _____	\$ <u>347,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>274,605.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>251,009.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>203,000.</u>	Person <input checked="" 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.)

Name of organization  <b>COMMUNITY FOUNDATION FOR MUSKEGON COUNTY</b>	Employer identification number  <b>38-6114135</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PUBLIC SECURITIES _____ _____ _____	\$ 341,843.	10/09/24
6	PUBLIC SECURITIES _____ _____ _____	\$ 190,323.	11/13/24
8	PUBLIC SECURITIES _____ _____ _____	\$ 223,605.	04/24/24
10	PUBLIC SECURITIES _____ _____ _____	\$ 251,009.	11/05/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>COMMUNITY FOUNDATION FOR MUSKEGON COUNTY</b>	Employer identification number  <b>38-6114135</b>
---	---

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

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open 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	278	875
2 Aggregate value of contributions to (during year)	3,932,882.	2,081,546.
3 Aggregate value of grants from (during year)	3,530,348.	7,825,190.
4 Aggregate value at end of year	51,723,203.	192,823,981.
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?  Yes  No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation 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 \$ 673,000.

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 \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 in 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
<b>1a</b> Beginning of year balance	226,104,222.	200,529,996.	240,588,147.	215,437,813.	205,363,742.
<b>b</b> Contributions	6,465,099.	5,708,630.	5,004,068.	5,399,620.	4,431,668.
<b>c</b> Net investment earnings, gains, and losses	24,611,108.	24,975,415.	-43,140,434.	23,368,517.	20,885,737.
<b>d</b> Grants or scholarships	12,633,245.	5,109,819.	1,921,785.	3,859,959.	1,860,084.
<b>e</b> Other expenditures for facilities and programs				-242,156.	13,383,250.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	244,547,184.	226,104,222.	200,529,996.	240,588,147.	215,437,813.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100 %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- 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:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| <b>(i)</b> Unrelated organizations?   |     | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations?  |     | <input checked="" type="checkbox"/> |
| <b>b</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
<b>1a</b> Land		150,000.		150,000.
<b>b</b> Buildings		11,097,960.	7,386,939.	3,711,021.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		1,476,932.	1,296,060.	180,872.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,041,893.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	392,843.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	392,843.

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 ...

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**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 NOTFORPROFIT 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 PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION.

THE FOUNDATION 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 FOUNDATION HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS 2021 THROUGH 2024, THE YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2024. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FOUNDATION'S COMBINED FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGEWELL SERVICES OF WEST MICHIGAN 275 W. CLAY AVE. #100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	48,257.	0.			HEALTH AND HUMAN SERVICES
AMERICAN CANCER SOCIETY MICHIGAN PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	9,162.	0.			HEALTH AND HUMAN SERVICES
AMERICAN RED CROSS OF WEST MICHIGAN - 3886 BROADMOOR AVE SE - GRAND RAPIDS, MI 49512	53-0196605	501(C)(3)	31,810.	0.			HEALTH AND HUMAN SERVICES
ANCHOR POINT BIBLE CHURCH 635 SEMINOLE ROAD MUSKEGON, MI 49441	38-1549124	501(C)(3)	25,704.	0.			RELIGIOUS RELATED
ANNIS WATER RESOURCE INSTITUTE 740 W. SHORELINE DR MUSKEGON, MI 49441	38-1684280	501(C)(3)	96,238.	0.			ENVIRONMENT & CONSERVATION
ANNUNCIATION EASTERN ORTHODOX CHURCH - 185 E PONTALUNA RD - MUSKEGON, MI 49444	38-1705120	501(C)(3)	30,310.	0.			RELIGIOUS RELATED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **220.**

3 Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMORY YOUTH PROJECT 555 1ST STREET MANISTEE, MI 49660	45-4756059	501(C)(3)	30,000.	0.			YOUTH DEVELOPMENT
ARTS COUNCIL OF WHITE LAKE-NUVEEN CENTER - 106 E COLBY ST. - WHITEHALL, MI 49461	38-2614596	501(C)(3)	73,270.	0.			ARTS & CULTURE
BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE STREET MUSKEGON, MI 49442	38-1422400	501(C)(3)	13,500.	0.			RELIGIOUS RELATED
BIG LAKE HUMANE SOCIETY & COMMUNITY ANIMAL CLINIC - 2640 MARQUETTE AVE - MUSKEGON, MI 49442-2626	23-7198752	501(C)(3)	11,270.	0.			ANIMAL RELATED
BLUE HAT MINISTRIES PO BOX 709 LUDINGTON, MI 49431	87-3089981	501(C)(3)	77,400.	0.			HEALTH AND HUMAN SERVICES
BLUE LAKE FINE ARTS CAMP 300 E CRYSTAL LAKE RD TWIN LAKE, MI 49457	38-1811838	501(C)(3)	23,645.	0.			ARTS & CULTURE
BOY SCOUTS OF AMERICA - MICHIGAN CROSSROADS COUNCIL (PRESIDENT FORD FIELD SERVIC - 3213 WALKER AVE NW - GRAND RAPIDS, MI 49544	45-4003240	501(C)(3)	7,600.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE MUSKEGON LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443	61-1736056	501(C)(3)	440,734.	0.			YOUTH DEVELOPMENT
CALVIN CHRISTIAN REFORMED CHURCH 973 W. NORTON MUSKEGON, MI 49441	38-1877021	501(C)(3)	25,000.	0.			RELIGIOUS RELATED

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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CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS, MI 49546-4387	38-3001876	501(C)(3)	6,750.	0.			RELIGIOUS RELATED
CENTRAL UNITED METHODIST CHURCH 1011 SECOND ST MUSKEGON, MI 49440	38-1598941	501(C)(3)	46,010.	0.			RELIGIOUS RELATED
CENTRO DE ESPERANZA-CENTER OF HOPE PO BOX 1588 MUSKEGON, MI 49443	93-3831778	501(C)(3)	15,249.	0.			HEALTH AND HUMAN SERVICES
CHAMBER ALLIANCE OF MASON COUNTY 119 S. RATH AVE. LUDINGTON, MI 49431	38-0775025	501(C)(3)	22,210.	0.			ENVIRONMENT & CONSERVATION
CHILD ABUSE COUNCIL OF MUSKEGON 1781 PECK STREET MUSKEGON, MI 49441	38-2195091	501(C)(3)	7,790.	0.			HEALTH AND HUMAN SERVICES
CHILDHOOD CANCER CAMPAIGN 1011 MITCHELL LUDINGTON, MI 49431	87-4191520	501(C)(3)	6,400.	0.			HEALTH AND HUMAN SERVICES
CITY OF MUSKEGON PO BOX 536 MUSKEGON, MI 49443-0536	38-6004522	GOVT	83,512.	0.			COMMUNITY DEVELOPMENT
CITY OF NORTH MUSKEGON 1502 RUDDIMAN AVE NORTH MUSKEGON, MI 49445	38-6004721	GOVT	30,000.	0.			COMMUNITY DEVELOPMENT
CITY OF NORTON SHORES 4814 HENRY ST MUSKEGON, MI 49441	38-6006141	GOVT	6,380.	0.			COMMUNITY DEVELOPMENT

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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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CITY OF SCOTTVILLE 105 N. MAIN ST. SCOTTVILLE, MI 49454	38-6004734	GOVT	46,500.	0.			COMMUNITY DEVELOPMENT
CITY OF WHITEHALL - PLAYHOUSE OPERATIONS - 405 E. COLBY ST. - WHITEHALL, MI 49461	38-6004748	501(C)(3)	101,578.	0.			ARTS & CULTURE
COMMUNITY FOUNDATION FOR MASON COUNTY - 119 S. RATH AVE. - LUDINGTON, MI 49431	38-6114135	501(C)(3)	338,090.	0.			COMMUNITY DEVELOPMENT
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY - 425 W. WESTERN AVE STE 200 - MUSKEGON, MI 49440	38-6114135	501(C)(3)	326,747.	0.			OTHER
COMMUNITY FOUNDATION FOR OCEANA COUNTY - PO BOX 902 - PENTWATER, MI 49449	83-1970895	501(C)(3)	66,969.	0.			OTHER
COMMUNITY UNITED METHODIST CHURCH 1614 RUDDIMAN DR. NORTH MUSKEGON, MI 49445	38-1844245	501(C)(3)	9,831.	0.			RELIGIOUS RELATED
COREWELL HEALTH FOUNDATION WEST MICHIGAN - ONE ATKINSON DR. - LUDINGTON, MI 49431	38-2752328	501(C)(3)	9,500.	0.			HEALTH AND HUMAN SERVICES
CORPORATE CHAPLAINS OF AMERICA 1300 CORPORATE CHAPLAIN DRIVE #301 WAKE FOREST, NC 27587	56-1966466	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
COUNTY OF MUSKEGON 173 E APPLE AVE # 104 MUSKEGON, MI 49442	38-6006063	GOVT	379,466.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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COVE 906 E LUDINTON AVE LUDINGTON, MI 49431	38-2243550	501(C)(3)	10,500.	0.			HEALTH AND HUMAN SERVICES
COVENANT CHRISTIAN SCHOOL 2980 W. US HIGHWAY 10 LUDINGTON, MI 49431	38-3375467	SCHOOL	15,500.	0.			EDUCATION
DALA DEVELOPMENT 2879 KEEBLER RD. MARYVILLE, IL 62062	27-0909405	501(C)(3)	6,000.	0.			HEALTH AND HUMAN SERVICES
DIVINE PROVIDENCE ACADEMY 3376 THOMAS STREET PO BOX 216 RAVENNA, MI 49451	38-1598955	SCHOOL	8,700.	0.			HEALTH AND HUMAN SERVICES
DOWNTOWN LUDINGTON BOARD (CITY OF LUDINGTON DOWNTOWN DEVELOPMENT AUTHORITY) - 119 S. RATH AVE. - LUDINGTON, MI 49431	20-0933961	GOVT	5,250.	0.			COMMUNITY DEVELOPMENT
ECHO HIS LOVE PO BOX 28 528 MICHAEL ST. MANISTEE, MI 49660	38-3089903	501(C)(3)	15,000.	0.			HEALTH AND HUMAN SERVICES
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON, MI 49441	38-2072675	501(C)(3)	46,295.	0.			HEALTH AND HUMAN SERVICES
FAITH LUTHERAN CHURCH 711 E. ALICE STREET WHITEHALL, MI 49461	23-7350106	501(C)(3)	8,000.	0.			RELIGIOUS RELATED
FAMILY PROMISE OF THE LAKESHORE 2160 CROZIER AVE NORTON SHORES, MI 49441	26-2655248	501(C)(3)	5,500.	0.			HEALTH AND HUMAN SERVICES

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FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER DR. NE COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
FIRST CHURCH OF CHRIST, SCIENTIST 1065 4TH STREET MUSKEGON, MI 49440	04-2254742	501(C)(3)	9,840.	0.			RELIGIOUS RELATED
FIRST CONGREGATIONAL CHURCH - MUSKEGON - 1201 JEFFERSON - MUSKEGON, MI 49441-2089	38-1363563	501(C)(3)	57,229.	0.			RELIGIOUS RELATED
FIRST PRESBYTERIAN CHURCH - MUSKEGON - 2577 WICKHAM DRIVE - MUSKEGON, MI 49441	38-1712540	501(C)(3)	7,720.	0.			RELIGIOUS RELATED
FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON, MI 49441	38-1415399	501(C)(3)	11,980.	0.			RELIGIOUS RELATED
FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE - 221 S QUARTERLINE RD #400 - MUSKEGON, MI 49442	38-2363598	501(C)(3)	84,360.	0.			DIVERSITY, EQUITY AND INCLUSION
FRAUENTHAL CENTER 425 W. WESTERN - SUITE 200 MUSKEGON, MI 49440	38-6114135	501(C)(3)	402,460.	0.			ARTS & CULTURE
FRIENDS OF LUDINGTON POLICE PO BOX 311 LUDINGTON, MI 49431	36-5087051	501(C)(3)	34,795.	0.			COMMUNITY DEVELOPMENT
FRIENDS OF LUDINGTON STATE PARK PO BOX 123 LUDINGTON, MI 49431	38-3074447	501(C)(3)	13,885.	0.			ENVIRONMENT & CONSERVATION

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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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FRUITPORT COMMUNITY SCHOOLS 3255 E. PONTALUNA ROAD FRUITPORT, MI 49415	38-6002931	SCHOOL	9,937.	0.			EDUCATION
FRUITPORT EDUCATION FOUNDATION 3255 E. PONTALUNA ROAD FRUITPORT, MI 49415	38-6002931	501(C)(3)	8,100.	0.			EDUCATION
GILLETTE NATURE ASSOCIATION 6585 LAKE HARBOR ROAD MUSKEGON, MI 49441	38-2234477	501(C)(3)	5,488.	0.			ENVIRONMENT & CONSERVATION
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVE. NW - GRAND RAPIDS, MI 49544-9775	38-1366924	501(C)(3)	17,380.	0.			YOUTH DEVELOPMENT
GOODWILL INDUSTRIES OF WEST MICHIGAN - 271 E APPLE AVENUE - MUSKEGON, MI 49442	38-1357148	501(C)(3)	176,040.	0.			HEALTH AND HUMAN SERVICES
GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVENUE GRAND HAVEN, MI 49417	38-1467641	SCHOOL	60,000.	0.			EDUCATION
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 2846 3 MILE RD N - TRAVERSE CITY, MI 49686	38-2994229	501(C)(3)	15,000.	0.			ENVIRONMENT & CONSERVATION
GRAND VALLEY STATE UNIVERSITY - DIRECTOR OF ATHLETICS GIVING - ALUMNI HOUSE 207 1 CAMPUS DRIVE - ALLENDALE, MI 49401	38-1684280	SCHOOL	15,000.	0.			EDUCATION
GREATER MUSKEGON ECONOMIC DEVELOPMENT - 380 WEST WESTERN, SUITE 202 - MUSKEGON, MI 49440	38-3634571	501(C)(3)	100,000.	0.			COMMUNITY DEVELOPMENT

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GREATER MUSKEGON WOMAN'S CLUB 280 W WEBSTER AVE MUSKEGON, MI 49440	38-1363567	501(C)(3)	7,800.	0.			HEALTH AND HUMAN SERVICES
GROUNDWORK CENTER FOR RESILIENT COMMUNITIES - 414 EAST EIGHTH ST. SUITE 204 - TRAVERSE CITY, MI 49686	38-2314954	501(C)(3)	10,000.	0.			ENVIRONMENT & CONSERVATION
HACKLEY PUBLIC LIBRARY 316 W. WEBSTER AVENUE MUSKEGON, MI 49440	38-3628257	501(C)(3)	29,897.	0.			EDUCATION
HAND2HAND 306 CHICAGO DR. JENISON, MI 49428	27-2973348	501(C)(3)	13,400.	0.			HEALTH AND HUMAN SERVICES
HARBOR HOSPICE 1050 W WESTERN AVE, STE 400 MUSKEGON, MI 49441	38-2415247	501(C)(3)	64,392.	0.			HEALTH AND HUMAN SERVICES
HARBOR HOSPICE FOUNDATION 1050 W. WESTERN AVE, STE 400 MUSKEGON, MI 49441-1666	47-2115941	501(C)(3)	54,367.	0.			HEALTH AND HUMAN SERVICES
HEARTLAND INDEPENDENT FILM FORUM INCORPORATED - 2441 WESTWOOD ST. - MUSKEGON, MI 49441	46-2854941	501(C)(3)	13,749.	0.			ARTS & CULTURE
HELEN DEVOS CHILDREN'S HOSPITAL FOUNDATION - 100 MICHIGAN STREET, NE - GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
HELP MINISTRY PO BOX 97 LUDINGTON, MI 49431	38-3395360	501(C)(3)	69,083.	0.			HEALTH AND HUMAN SERVICES

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HOME TEAM HOUSING (FORMERLY HABITAT FOR HUMANITY OF MASON COUNTY) - 1916 W. US HWY 10 31 - SCOTTVILLE, MI 49454	38-3027383	501(C)(3)	32,341.	0.			HEALTH AND HUMAN SERVICES
HOSPITALITY INC PO BOX 477 LUDINGTON, MI 49431	32-0351951	501(C)(3)	10,500.	0.			HEALTH AND HUMAN SERVICES
HUME HOME 1244 W. SOUTHERN AVE. MUSKEGON, MI 49441	38-1387881	501(C)(3)	327,142.	0.			HEALTH AND HUMAN SERVICES
HUNGRY FOR CHRIST 4565 135TH AVE. HAMILTON, MI 49419	38-3676870	501(C)(3)	20,000.	0.			HEALTH AND HUMAN SERVICES
ICCF COMMUNITY HOMES 415 M.L.K. JR ST SE SUITE 100 GRAND RAPIDS, MI 49507	38-1903026	501(C)(3)	75,000.	0.			COMMUNITY DEVELOPMENT
J&J MISSIONS OF MASON COUNTY (FORMERLY WOMEN'S JERICHO HOUSE) - 912 E. LUDINGTON AVENUE - LUDINGTON, MI 49431	20-0638682	501(C)(3)	15,000.	0.			HEALTH AND HUMAN SERVICES
JUBILEE PO BOX 7758 GRAND RAPIDS, MI 49510	36-4851468	501(C)(3)	10,000.	0.			RELIGIOUS RELATED
KIDS BELONG 277 SHONAT ST. MUSKEGON, MI 49442	47-4117923	501(C)(3)	350,000.	0.			YOUTH DEVELOPMENT
KIDS' FOOD BASKET - MUSKEGON 1300 PLYMOUTH AVE. NE GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	20,850.	0.			HEALTH AND HUMAN SERVICES

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KINGDOM EMBASSY COVENANT CHURCH 3025 GLENSIDE BLVD. MUSKEGON, MI 49441	47-5319066	501(C)(3)	6,250.	0.			EDUCATION
KINGDOM HOMESTEAD DBA LOVE N GRACE HEALING CENTERS - 2735 E APPLE AVE, STE C - MUSKEGON, MI 49442	82-1745840	501(C)(3)	19,600.	0.			HEALTH AND HUMAN SERVICES
LAKE COUNTY COMMUNITY FOUNDATION PO BOX 995 BALDWIN, MI 49304	38-1443367	501(C)(3)	8,538.	0.			HEALTH AND HUMAN SERVICES
LAKE HARBOR UNITED METHODIST CHURCH - 4861 HENRY ST. - MUSKEGON, MI 49441	38-2098774	501(C)(3)	52,030.	0.			RELIGIOUS RELATED
LAKESHORE CHILDREN'S ADVOCACY CENTER - POST OFFICE BOX 594 385 3RD ST, SUITE B - MANISTEE, MI 49660-1718	37-1576459	501(C)(3)	25,000.	0.			HEALTH AND HUMAN SERVICES
LAKESHORE FOOD CLUB 920 E TINKAM AVE LUDINGTON, MI 49431	81-4673437	501(C)(3)	81,600.	0.			HEALTH AND HUMAN SERVICES
LAKESHORE MUSEUM CENTER 430 W. CLAY MUSKEGON, MI 49440	38-1367319	501(C)(3)	109,311.	0.			ARTS & CULTURE
LAKESHORE NONPROFIT ALLIANCE 96 WEST 15TH ST. SUITE #105 HOLLAND, MI 49423	20-4328927	501(C)(3)	6,000.	0.			COMMUNITY DEVELOPMENT
LAKETON BETHEL REFORMED CHURCH 1568 W. GILES RD. N. MUSKEGON, MI 49445	38-6071384	501(C)(3)	11,030.	0.			RELIGIOUS RELATED

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LAND CONSERVANCY OF WEST MICHIGAN 237 STEELE ST. NW STE. A GRAND RAPIDS, MI 49534	38-2363129	501(C)(3)	8,501.	0.			ENVIRONMENT & CONSERVATION
LEADER DOGS FOR THE BLIND 1039 S. ROCHESTER RD ROCHESTER HILLS, MI 48307-3115	38-1366931	501(C)(3)	8,538.	0.			HEALTH AND HUMAN SERVICES
LEBANON LUTHERAN CHURCH 1101 S. MEARS AVENUE WHITEHALL, MI 49461	38-6066217	501(C)(3)	46,568.	0.			RELIGIOUS RELATED
LIFE ALIGN INC 2508 GLADE ST MUSKEGON, MI 49444	87-2308614	501(C)(3)	7,170.	0.			HEALTH AND HUMAN SERVICES
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	67,500.	0.			ENVIRONMENT & CONSERVATION
LORI'S VOICE PO BOX 66 COOPERSVILLE, MI 49404	45-3966631	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
LOVE INC 1051 PECK ST. MUSKEGON, MI 49440	38-2450507	501(C)(3)	8,950.	0.			HEALTH AND HUMAN SERVICES
LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION - C/O ST. SIMON'S CHURCH 702 E. BRYANT ROAD - LUDINGTON, MI 49431	38-2932594	501(C)(3)	122,710.	0.			EDUCATION
LUDINGTON AREA CATHOLIC SCHOOL 700 E. BRYANT ROAD LUDINGTON, MI 49431	38-2932594	SCHOOL	11,750.	0.			EDUCATION

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LUDINGTON AREA CENTER FOR THE ARTS 107 S. HARRISON ST. LUDINGTON, MI 49431	42-1625326	501(C)(3)	35,000.	0.			ARTS & CULTURE
LUDINGTON AREA SCHOOLS 809 E. TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612	SCHOOL	124,571.	0.			EDUCATION
LUDINGTON PETUNIA PARADE PO BOX 5 LUDINGTON, MI 49431	36-4815412	501(C)(3)	6,400.	0.			ARTS & CULTURE
LUDINGTON RECREATION SOCCER BOARD PO BOX 455 LUDINGTON, MI 49431	38-2727686	501(C)(3)	5,256.	0.			COMMUNITY DEVELOPMENT
MANISTEE COUNTY COMMUNITY FOUNDATION - 400 RIVER ST, STE 50 - MANISTEE, MI 49660	38-2741723	501(C)(3)	10,000.	0.			EDUCATION
MANISTEE SAINTS BASEBALL CLUB INC PO BOX 4 MANISTEE, MI 49660-0004	38-2901108	501(C)(3)	6,000.	0.			YOUTH DEVELOPMENT
MASON COUNTY HISTORICAL SOCIETY INC. - P.O. BOX 569 - LUDINGTON, MI 49431	38-1689000	501(C)(3)	28,770.	0.			ARTS & CULTURE
MASON COUNTY REFORMED CHURCH 45 S. AMBER RD. SCOTTVILLE, MI 49454	23-7090724	501(C)(3)	19,998.	0.			HEALTH AND HUMAN SERVICES
MASON COUNTY SPORTS HALL OF FAME PO BOX 553 LUDINGTON, MI 49431	20-1726004	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT

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MASONIC PATHWAYS SENIOR LIVING SERVICES - 1200 WRIGHT AVE #1133 - ALMA, MI 48801	23-7259307	501(C)(3)	6,779.	0.			HEALTH AND HUMAN SERVICES
MERES - MUSKEGON LAKE NATURE PRESERVE - PO BOX 5038 - N. MUSKEGON, MI 49445	38-3330000	501(C)(3)	29,162.	0.			ENVIRONMENT & CONSERVATION
MICHIGAN IRISH MUSIC FESTIVAL 2743 HENRY STREET #231 MUSKEGON, MI 49441	38-3547788	501(C)(3)	11,367.	0.			COMMUNITY DEVELOPMENT
MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON, MI 49444	38-3220964	501(C)(3)	8,215.	0.			HEALTH AND HUMAN SERVICES
MOMENTUM CENTER 714 COLUMBUS AVE GRAND HAVEN, MI 49417	61-1766666	501(C)(3)	7,900.	0.			HEALTH AND HUMAN SERVICES
MONA SHORES CHOIR 1121 SEMINOLE ROAD MUSKEGON, MI 49441	38-6321915	501(C)(3)	5,293.	0.			EDUCATION
MONTAGUE AREA PUBLIC SCHOOLS 4882 STANTON BLVD. MONTAGUE, MI 49437	38-6002940	SCHOOL	6,079.	0.			EDUCATION
MSU EXTENSION BUSINESS OFFICE 446 WEST CIRCLE DEIVE ROOM 160 EAST LANSING, MI 48824	38-6005984	501(C)(3)	90,420.	0.			COMMUNITY DEVELOPMENT
MT. ZION CHURCH OF GOD IN CHRIST 188 W. MUSKEGON AVENUE MUSKEGON, MI 49440	38-3715411	501(C)(3)	10,500.	0.			YOUTH DEVELOPMENT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DRIVE TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	20,000.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON AREA DISTRICT LIBRARY 4845 AIRLINE ROAD, UNIT 5 MUSKEGON, MI 49444	02-0748132	501(C)(3)	20,492.	0.			EDUCATION
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT - 630 HARVEY STREET - MUSKEGON, MI 49442-2398	38-1717461	SCHOOL	162,236.	0.			EDUCATION
MUSKEGON BIG RED ATHLETIC FOUNDATION - C/O MUSKEGON HIGH SCHOOL 80 W SOUTHERN AVE - MUSKEGON, MI 49441-2574	38-3056451	501(C)(3)	9,200.	0.			YOUTH DEVELOPMENT
MUSKEGON CATHOLIC EDUCATION FOUNDATION - 1851 BARCLAY AVE - MUSKEGON, MI 49441	23-7019036	501(C)(3)	65,094.	0.			EDUCATION
MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE ST MUSKEGON, MI 49442	38-1515402	SCHOOL	26,100.	0.			EDUCATION
MUSKEGON CIVIC THEATRE 425 W. WESTERN, SUITE 401 MUSKEGON, MI 49440	38-2335336	501(C)(3)	26,460.	0.			ARTS & CULTURE
MUSKEGON COMMUNITY COLLEGE 221 S. QUARTERLINE RD. MUSKEGON, MI 49442	38-1717800	SCHOOL	56,698.	0.			DIVERSITY, EQUITY AND INCLUSION
MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE, MI 49457	38-2333068	501(C)(3)	44,015.	0.			ENVIRONMENT & CONSERVATION

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 COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) - 2700 BAKER ST. PO BOX 4290 - MUSKEGON, MI 49444-0290	38-6000134	GOVT	5,600.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON COUNTY ENVIRONMENTAL COORDINATING COUNCIL - 316 MORRIS AVE. SUITE 340 - MUSKEGON, MI 49440	38-3511291	GOVT	10,000.	0.			ENVIRONMENT & CONSERVATION
MUSKEGON ELKS LODGE #274 513 W. PONTALUNA RD. MUSKEGON, MI 49444-7848	36-0793011	501(C)(3)	5,740.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON MUSEUM OF ART 296 W. WEBSTER MUSKEGON, MI 49440	38-3402560	501(C)(3)	2,648,856.	0.			ARTS & CULTURE
MUSKEGON PREGNANCY SERVICES 1775 WELLS ST. MUSKEGON, MI 49442	38-2611744	501(C)(3)	6,500.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON PRIDE 1854 5TH STREET MUSKEGON, MI 49441	82-4068905	501(C)(3)	10,000.	0.			DIVERSITY, EQUITY AND INCLUSION
MUSKEGON PUBLIC SCHOOLS - FINANCE DEPARTMENT - CHARLES POOLE SR. ADMINISTRATION BUILDING 1458 5TH STREET - MUSKEGON, MI 49441	38-6002960	SCHOOL	308,646.	0.			EDUCATION
MUSKEGON RAILROAD HISTORICAL SOCIETY - 2371 MARQUETTE AVE. - MUSKEGON, MI 49443-0173	38-2445957	501(C)(3)	23,000.	0.			ARTS & CULTURE
MUSKEGON RESCUE MISSION 2735 E. APPLE AVE. STE D MUSKEGON, MI 49442-4482	38-3525239	501(C)(3)	166,504.	0.			HEALTH AND HUMAN SERVICES

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 1009 CAMPUS DRIVE - BIG RAPIDS, MI 49307-2280	38-3523819	501(C)(3)	11,480.	0.			ENVIRONMENT & CONSERVATION
MUSKEGON WINTER SPORTS COMPLEX / LUGE ADVENTURE SPORTS PARK (MUSKEGON SPORTS COU - PO BOX 5085 - MUSKEGON, MI 49445	38-2639291	501(C)(3)	24,500.	0.			ENVIRONMENT & CONSERVATION
NATIONAL CHRISTIAN FOUNDATION OF WEST MICHIGAN - 4670 E. FULTON STREET SUITE 204 - ADA, MI 49301	38-3544621	501(C)(3)	88,610.	0.			RELIGIOUS RELATED
NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION - PO BOX 1224 - MUSKEGON, MI 49443	38-1969959	501(C)(3)	19,280.	0.			COMMUNITY DEVELOPMENT
NORTHERN INITIATIVES 101 W. WASHINGTON STREET SUITE 9 MARQUETTE, MI 49855	47-3130767	501(C)(3)	85,000.	0.			DIVERSITY, EQUITY AND INCLUSION
NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445	38-6002922	SCHOOL	76,173.	0.			EDUCATION
NORTON SHORES BRANCH MADL 705 SEMINOLE MUSKEGON, MI 49441	02-0748132	501(C)(3)	12,500.	0.			EDUCATION
OAKTREE ACADEMY, INC 6498 W. DECKER RD LUDINGTON, MI 49431	46-5611781	501(C)(3)	200,000.	0.			EDUCATION
PATHFINDERS 2603 LEAHY ST MUSKEGON, MI 49444-2121	45-2445595	501(C)(3)	15,500.	0.			YOUTH DEVELOPMENT

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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PEOPLE'S CHURCH UNITARIAN UNIVERSALIST - 115 W. LOOMIS STREET - LUDINGTON, MI 49431	04-2103733	501(C)(3)	52,000.	0.			RELIGIOUS RELATED
PERE MARQUETTE CHARTER TOWNSHIP 1699 S PERE MARQUETTE HIGHWAY LUDINGTON, MI 49431	38-1977397	501(C)(3)	9,650.	0.			ENVIRONMENT & CONSERVATION
PIONEER RESOURCES 1145 WESLEY AVE MUSKEGON, MI 49442	38-1367329	501(C)(3)	33,240.	0.			HEALTH AND HUMAN SERVICES
PLANNED PARENTHOOD OF MICHIGAN 425 CHERRY STREET SE GRAND RAPIDS, MI 49503-4601	13-1644147	501(C)(3)	6,930.	0.			HEALTH AND HUMAN SERVICES
PORT CITY CHURCH - CLOVERVILLE CAMPUS - 3387 HEIGHTS RAVENNA - MUSKEGON, MI 49444	38-2880981	501(C)(3)	22,000.	0.			RELIGIOUS RELATED
POUND BUDDIES 3279 E LAKETON AVE MUSKEGON, MI 49442	38-3590598	501(C)(3)	16,450.	0.			ANIMAL RELATED
RAVENNA PUBLIC SCHOOLS 12322 STAFFORD RAVENNA, MI 49451	38-6002961	SCHOOL	12,432.	0.			EDUCATION
READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443-1312	41-2176728	501(C)(3)	78,885.	0.			EDUCATION
REETHS PUFFER SCHOOL DISTRICT 991 W. GILES ROAD N. MUSKEGON, MI 49445	38-1816725	SCHOOL	36,078.	0.			EDUCATION

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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RESTORATION: RESTORE A GENERATION 2124 HOYT STREET MUSKEGON HEIGHTS, MI 49444	38-3728312	501(C)(3)	7,000.	0.			YOUTH DEVELOPMENT
RIVERTON FIREFIGHTERS ASSOCIATION 4622 S. MORTON RD. LUDINGTON, MI 49431	38-2679823	501(C)(3)	10,440.	0.			HEALTH AND HUMAN SERVICES
ROTARY CLUB OF LUDINGTON CHARITIES PO BOX 149 LUDINGTON, MI 49431-0149	27-4860991	501(C)(3)	14,580.	0.			EDUCATION
SALVATION ARMY OF MASON COUNTY PO BOX 681 LUDINGTON, MI 49431	36-2167910	501(C)(3)	15,000.	0.			HEALTH AND HUMAN SERVICES
SALVATION ARMY OF MUSKEGON COUNTY 1221 SHONAT ST MUSKEGON, MI 49442	36-2167910	501(C)(3)	17,890.	0.			HEALTH AND HUMAN SERVICES
SAMUEL OMOGO FOUNDATION 1751 28TH ST SW WYOMING, MI 49519-2585	45-4872020	501(C)(3)	5,500.	0.			RELIGIOUS RELATED
SANDCASTLES CHILDREN'S MUSEUM 129 EAST LUDINGTON AVENUE PO BOX 59 LUDINGTON, MI 49431	35-2340348	501(C)(3)	10,500.	0.			YOUTH DEVELOPMENT
SECOND CHRISTIAN REFORMED CHURCH - GRAND HAVEN - 2021 SHELDON RD - GRAND HAVEN, MI 49417	38-1747900	501(C)(3)	6,000.	0.			RELIGIOUS RELATED
SENIOR RESOURCES OF WEST MICHIGAN 560 SEMINOLE RD NORTON SHORES, MI 49444	38-2048765	501(C)(3)	25,513.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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SHRINERS CHILDREN'S - SALT LAKE CITY - PROCESSING CENTER PO BOX 947765 - ATLANTA, GA 30394	36-2193608	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
SINGLE MOMM 3210 RACQUET CLUB DR, STE B TRAVERSE CITY, MI 49684-4704	26-3544089	501(C)(3)	150,000.	0.			HEALTH AND HUMAN SERVICES
STAIRCASE YOUTH SERVICES INC. 920 E. TINKHAM AVENUE LUDINGTON, MI 49431	38-2709547	501(C)(3)	10,825.	0.			HEALTH AND HUMAN SERVICES
ST. CATHERINE'S CATHOLIC CHURCH PO BOX 217 RAVENNA, MI 49451	38-3605677	501(C)(3)	20,000.	0.			RELIGIOUS RELATED
STEP UP PO BOX 1626 MUSKEGON, MI 49443-1626	32-0469895	501(C)(3)	17,000.	0.			HEALTH AND HUMAN SERVICES
ST. JAMES LUTHERAN CHURCH 8945 STEBBINS MONTAGUE, MI 49437	38-1794184	501(C)(3)	5,160.	0.			RELIGIOUS RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	14,000.	0.			HEALTH AND HUMAN SERVICES
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 1716 SIXTH STREET - MUSKEGON, MI 49441	38-3605677	501(C)(3)	6,771.	0.			RELIGIOUS RELATED
ST. PAUL'S EPISCOPAL CHURCH 1006 3RD STREET #1206 MUSKEGON, MI 49440	38-1568900	501(C)(3)	32,000.	0.			RELIGIOUS RELATED

Schedule I (Form 990)

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ST. SIMON CHURCH 702 E. BRYANT STREET LUDINGTON, MI 49431	38-1851004	501(C)(3)	7,500.	0.			RELIGIOUS RELATED
STUDENT MOBILIZATION P.O. BOX 567 CONWAY, AR 72033	71-0629392	501(C)(3)	6,000.	0.			RELIGIOUS RELATED
TEMPLE B'NAI ISRAEL 391 W. WEBSTER MUSKEGON, MI 49440	38-1549121	501(C)(3)	48,643.	0.			RELIGIOUS RELATED
TEMPLE UNITED METHODIST CHURCH 2500 JEFFERSON MUSKEGON HEIGHTS, MI 49444	38-1369616	501(C)(3)	44,000.	0.			RELIGIOUS RELATED
THE ARC MUSKEGON 601 TERRACE STREET, SUITE 101 MUSKEGON, MI 49440	38-1586705	501(C)(3)	115,890.	0.			DIVERSITY, EQUITY AND INCLUSION
THE HOPE PROJECT 1516 PECK ST. MUSKEGON, MI 49441	35-2270341	501(C)(3)	6,520.	0.			HEALTH AND HUMAN SERVICES
THE NAVIGATORS P.O. BOX 50500 COLORADO SPGS, CO 80949	84-6007896	501(C)(3)	15,000.	0.			RELIGIOUS RELATED
THOMPSONVILLE AREA REVITALIZATION PROJECT - PO BOX 522 - THOMPSONVILLE, MI 49683	87-3637300	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
TRAVERSE CITY AREA PUBLIC SCHOOLS 1009 S. OAK STREET TRAVERSE CITY, MI 49684	38-6018970	SCHOOL	8,499.	0.			HEALTH AND HUMAN SERVICES

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TRI CITIES YMCA 1 Y DRIVE GRAND HAVEN, MI 49417	38-1717502	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
TRINITY HEALTH MUSKEGON - OFFICE OF PHILANTHROPY - 1500 E. SHERMAN - MUSKEGON, MI 49444	38-2589966	501(C)(3)	343,317.	0.			HEALTH AND HUMAN SERVICES
TRINITY HOME HEALTH SERVICES 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-3321856	501(C)(3)	16,970.	0.			HEALTH AND HUMAN SERVICES
TRINITY LUTHERAN CHURCH 3225 ROOSEVELT RD MUSKEGON, MI 49441	38-1603620	501(C)(3)	26,910.	0.			RELIGIOUS RELATED
UNITED WAY OF MANISTEE COUNTY 449 RIVER ST. MANISTEE, MI 49660	38-6032839	501(C)(3)	9,551.	0.			HEALTH AND HUMAN SERVICES
UNITED WAY OF MASON COUNTY 920 E. TINKHAM LUDINGTON, MI 49431	38-2943115	501(C)(3)	174,769.	0.			HEALTH AND HUMAN SERVICES
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443-0207	38-1426895	501(C)(3)	157,386.	0.			HEALTH AND HUMAN SERVICES
UNIVERSITY OF MICHIGAN HEALTH-WEST FOUNDATION - 5900 BYRON CENTER AVE. SW - WYOMING, MI 49519	38-3033329	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
USS SILVERSIDES SUBMARINE MUSEUM 1346 BLUFF MUSKEGON, MI 49443	38-2899689	501(C)(3)	77,250.	0.			ARTS & CULTURE

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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VOLUNTEER FOR DENTAL 31 E. CLAY AVENUE MUSKEGON, MI 49442	83-1299804	501(C)(3)	6,000.	0.			HEALTH AND HUMAN SERVICES
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL - 455 E. ELLIS RD. - MUSKEGON, MI 49441	38-3488222	501(C)(3)	38,539.	0.			EDUCATION
WEST MICHIGAN COMMUNITY MENTAL HEALTH - 920 DIANA ST - LUDINGTON, MI 49431	38-3260070	501(C)(3)	7,370.	0.			HEALTH AND HUMAN SERVICES
WEST MICHIGAN SHORELINE REGIONAL DEV COMM - 316 MORRIS AVENUE, SUITE 340 - MUSKEGON, MI 49440	38-1957127	501(C)(3)	13,500.	0.			ENVIRONMENT & CONSERVATION
WEST MICHIGAN SYMPHONY 360 W. WESTERN AVENUE SUITE 200 MUSKEGON, MI 49440	38-6092131	501(C)(3)	340,907.	0.			ARTS & CULTURE
WEST SHORE COMMUNITY COLLEGE FOUNDATION - 3000 N. STILES ROAD, BOX 277 - SCOTTVILLE, MI 49454	23-7128810	501(C)(3)	16,538.	0.			EDUCATION
WEST SHORE EDUCATIONAL SERVICE DISTRICT - 2130 WEST US-10 - LUDINGTON, MI 49431	38-1722100	GOVT	27,800.	0.			EDUCATION
WEST SHORE FAMILY SUPPORT 603 E TINKHAM AVE LUDINGTON, MI 49431	31-1437532	501(C)(3)	11,500.	0.			HEALTH AND HUMAN SERVICES
WGVU PUBLIC MEDIA PO BOX 1668 GRAND RAPIDS, MI 49501-1668	38-1684280	501(C)(3)	15,709.	0.			DIVERSITY, EQUITY AND INCLUSION

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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WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL, MI 49461	38-6002973	SCHOOL	128,521.	0.			EDUCATION
WHITE LAKE ASSOCIATION BOX 151 MONTAGUE, MI 49437	38-3297354	501(C)(3)	18,250.	0.			HEALTH AND HUMAN SERVICES
WHITE LAKE JUNIOR GOLF FOUNDATION 6777 SOUTH SHORE DR. WHITEHALL, MI 49461	86-1282472	501(C)(3)	9,603.	0.			YOUTH DEVELOPMENT
WHITE LAKE MUSIC SOCIETY PO BOX 234 MONTAGUE, MI 49437	82-2832809	501(C)(3)	8,000.	0.			ARTS & CULTURE
WINGS OF MERCY INC. 100 SOUTH PINE ST SUITE #393 ZEELAND, MI 49464	38-2998695	501(C)(3)	15,750.	0.			HEALTH AND HUMAN SERVICES
YMCA CAMP PENDALOUAN 1243 FRUITVALE RD. MONTAGUE, MI 49437-9540	38-2000172	501(C)(3)	57,924.	0.			YOUTH DEVELOPMENT
ZIVA NETWORK INC. 916 SEMINOLE DR. LUDINGTON, MI 49431	92-0949413	501(C)(3)	24,000.	0.			HEALTH AND HUMAN SERVICES



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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
<b>1a</b> 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>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TODD JACOBS SECRETARY/PRESIDENT	(i)	190,614.	0.	0.	8,870.	0.	199,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	57	2,071,612.	STOCK INDEX VALUE
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 ( <u>SCULPTURE</u> )	X	1	900.	FMV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
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? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 \$ 301,044. INCLUDING GRANTS OF \$ 320,522. 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:  
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 - DECREASE IN ASSETS	-741,582.
FUNDS HELD AS COMMUNITY SERVICE - INCREASE IN ASSETS	2,221,630.
TOTAL TO FORM 990, PART XI, LINE 9	1,480,048.

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.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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) (Rev. 1-2025)



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	50,203.	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.**