

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: COMMUNITY FOUNDATION FOR MUSKEGON COUNTY
D Employer identification number: 38-6114135
E Telephone number: 231-722-4538
G Gross receipts \$: 27,197,837.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.MUSKEGONFOUNDATION.ORG
K Form of organization:
L Year of formation: 1961
M State of legal domicile: MI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer TODD JACOBS, PRESIDENT
Date
Paid: Print/Type preparer's name JEFFREY E. HERT, CPA
Preparer Use Only: Firm's name REHMANN ROBSON LLC, Firm's EIN 38-3567911

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 4,014,456. including grants of \$ 4,152,450.) (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 \$ 3,544,733. including grants of \$ 3,666,582.) (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 \$ 6,893,566. including grants of \$ 7,130,529.) (Revenue \$ 800,874.) 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 \$ 745,009. including grants of \$ 770,618.) (Revenue \$)

4e Total program service expenses 15,197,764.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 86	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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 charitable contributions.

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... 18; 1b Enter the number of voting members included on line 1a... 18; 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				184,839.	0.	8,548.
(2) ISRAEL VELEZ CFO	40.00			X				105,278.	0.	30,835.
(3) BRAD HILLEARY CHAIR	1.00	X		X				0.	0.	0.
(4) PRISCILLA WILCOX VICE CHAIR	1.00	X		X				0.	0.	0.
(5) KATIE HENSLEY TREASURER	1.00	X		X				0.	0.	0.
(6) ASALINE SCOTT SPECIAL ADVISOR TO THE BOA	1.00	X		X				0.	0.	0.
(7) DICK KAMPS, M.D. IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(8) DAVID HAZEKAMP TRUSTEE	1.00	X						0.	0.	0.
(9) HON. MARIA LADAS HOOPES TRUSTEE	1.00	X						0.	0.	0.
(10) ROZELIA PATINO TRUSTEE	1.00	X						0.	0.	0.
(11) GARY ALLORE TRUSTEE	1.00	X						0.	0.	0.
(12) ANTHONY WILSON TRUSTEE	1.00	X						0.	0.	0.
(13) JANE OTRHALEK TRUSTEE	1.00	X						0.	0.	0.
(14) TROYCIE NICHOLS TRUSTEE	1.00	X						0.	0.	0.
(15) DAVID SHAFER TRUSTEE	1.00	X						0.	0.	0.
(16) ANGELITA VALDEZ TRUSTEE	1.00	X						0.	0.	0.
(17) MICHELE VANDERLINDE 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) DUANE BENNETT TRUSTEE	1.00	X						0.	0.	0.
(19) DEIDRE BRIEGEL TRUSTEE	1.00	X						0.	0.	0.
(20) DWIGHT VINES TRUSTEE	1.00	X						0.	0.	0.
(21) EDWARD GARNER TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								290,117.	0.	39,383.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								290,117.	0.	39,383.

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 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,011,056.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 868,962.				
	h	Total. Add lines 1a-1f		9,011,056.				
Program Service Revenue	2 a	FRAUMENTHAL CENTER FOR THE PERFORM	Business Code	711190	900,685.	800,874.	99,811.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			900,685.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,345,515.		5345515.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross rents	6a	(i) Real				
				(ii) Personal				
					100,891.			
b		Less: rental expenses ...	6b		218,239.			
c		Rental income or (loss)	6c		-117,348.			
d		Net rental income or (loss)			-117,348.		-117,348.	
7 a		Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					11,020,299.			
b		Less: cost or other basis and sales expenses	7b		8,930,122.			
c		Gain or (loss)	7c		2,090,177.			
d		Net gain or (loss)			2,090,177.		2090177.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	561000	506,242.	10,920.	495,322.	
	b	COMMUNITY SERVICE/ENDOWMENT REVENUE		900003	313,149.		313,149.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			819,391.			
12	Total revenue. See instructions			18,049,476.	800,874.	110,731.	8126815.	

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	14,637,298.	14,637,298.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,082,882.	1,082,882.		
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	329,500.		329,500.	
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	1,512,325.	784,847.	136,173.	591,305.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,965.	36,540.	3,895.	27,530.
9 Other employee benefits	224,812.	80,332.	46,910.	97,570.
10 Payroll taxes	137,887.	60,041.	32,611.	45,235.
11 Fees for services (nonemployees):				
a Management				
b Legal	703.	247.	191.	265.
c Accounting	25,808.	9,746.	5,589.	10,473.
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.)	217,388.	99,497.	49,386.	68,505.
12 Advertising and promotion	31,504.	9,094.	9,388.	13,022.
13 Office expenses	39,258.	16,340.	9,601.	13,317.
14 Information technology	8,063.	911.	6,585.	567.
15 Royalties				
16 Occupancy	214,156.	163,539.	21,205.	29,412.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,132.	4,840.	1,798.	2,494.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	256,937.	2,351.	254,586.	
23 Insurance	34,961.	25,984.	3,760.	5,217.
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 PUBLIC RELATIONS / DEVE	183,546.	47,722.	56,900.	78,924.
b REPAIRS AND MAINTENANCE	178,062.	175,231.	1,186.	1,645.
c MISCELLANEOUS	96,770.	92,127.	2,030.	2,613.
d DUES SUBSCRIPTIONS	86,834.	77,700.		9,134.
e All other expenses	-2,127,112.	-2,209,505.	73,396.	8,997.
25 Total functional expenses. Add lines 1 through 24e	17,248,679.	15,197,764.	1,044,690.	1,006,225.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,217,383.	1	2,543,310.
	2 Savings and temporary cash investments	9,365,572.	2	8,291,292.
	3 Pledges and grants receivable, net	806,909.	3	551,700.
	4 Accounts receivable, net	363,974.	4	274,814.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,213,567.	7	5,696,278.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,724,893.		
	b Less: accumulated depreciation	10b 8,435,585.	10c	4,289,308.
	11 Investments - publicly traded securities	186,372,231.	11	209,612,930.
	12 Investments - other securities. See Part IV, line 11	2,268,590.	12	2,082,424.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	79,358.	15	71,561.
16 Total assets. Add lines 1 through 15 (must equal line 33)	209,235,541.	16	233,413,617.	
Liabilities	17 Accounts payable and accrued expenses	125,681.	17	150,427.
	18 Grants payable	620,318.	18	823,642.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	25,075,284.	21	24,837,032.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	532,591.	25	380,261.
	26 Total liabilities. Add lines 17 through 25	26,353,874.	26	26,191,362.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	182,881,667.	27	207,222,255.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	182,881,667.	32	207,222,255.
	33 Total liabilities and net assets/fund balances	209,235,541.	33	233,413,617.

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	18,049,476.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,248,679.
3	Revenue less expenses. Subtract line 2 from line 1	3	800,797.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	182,881,667.
5	Net unrealized gains (losses) on investments	5	23,301,539.
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	238,252.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	207,222,255.

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 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12872364.	11364882.	13243730.	12506668.	9011056.	58998700.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12872364.	11364882.	13243730.	12506668.	9011056.	58998700.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						104,806.
6 Public support. Subtract line 5 from line 4.						58893894.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	12872364.	11364882.	13243730.	12506668.	9011056.	58998700.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5040051.	4180418.	5046583.	4739413.	5446406.	24452871.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				10,530.	10,920.	21,450.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	278,506.	732,142.	1655890.	925,770.	819,391.	4411699.
11 Total support. Add lines 7 through 10						87884720.
12 Gross receipts from related activities, etc. (see instructions)					12	1,646,937.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	67.01 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	66.24 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

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 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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).

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

Schedule B (Form 990) (2023)

Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	Employer identification number 38-6114135
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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	<u>MCGUIGAN, CHRIS A. AND NEAL, GARY T.</u> <u>1396 LAKESHORE COURT</u> <u>MUSKEGON, MI 49441</u>	\$ <u>223,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>OLTHOFF, MICHAEL K. AND KAY M.</u> <u>1499 MIDDLEBROOK DRIVE</u> <u>MUSKEGON, MI 49441</u>	\$ <u>682,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>PAUL C. JOHNSON FOUNDATION</u> <u>474 E. CIRCLE DR.</u> <u>MUSKEGON, MI 49445</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>VANVLECK, VIRGINIA</u> <u>1496 COLONIAL RD.</u> <u>MUSKEGON, MI 49441</u>	\$ <u>262,292.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>CRAIN, ORVILLE</u> <u>349 TERRACE POINT CIRCLE</u> <u>MUSKEGON, MI 49440</u>	\$ <u>221,498.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>HOUSE FAMILY FOUNDATION</u> <u>13340 OLD OAK WAY</u> <u>SARATOGA, CA 95070</u>	\$ <u>640,717.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	Employer identification number 38-6114135
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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	HOUSE OF FLAVORS INC 110 N. WILLIAM ST. LUDINGTON, MI 49431	\$ 268,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LANG, CLARA L. 145 COLUMBIA AVE. APT 531 HOLLAND, MI 49423	\$ 225,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	OLTHOFF HOLDINGS LLC 1499 MIDDLEBROOK DRIVE MUSKEGON, MI 49441	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	RESET VENTURES 700 TERRACE POINT DR. SUITE 200 MUSKEGON, MI 49440	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	VERPLANK, L.J. PO BOX 8 FERRYSBURG, MI 49409	\$ 190,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JOHNSON, JEFFREY LAKE 17852 BRAMER LANE SPRING LAKE, MI 49456	\$ 366,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	Employer identification number 38-6114135
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and compliance questions.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held easements, and various compliance questions.

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.

Form with sections for art and historical treasures, including questions about reporting and amounts for collections.

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	200,529,996.	240,588,147.	215,437,813.	205,363,742.	173,698,528.
b Contributions	5,708,630.	5,004,068.	5,399,620.	4,431,668.	5,386,713.
c Net investment earnings, gains, and losses	24,975,415.	-43,140,434.	23,368,517.	20,885,737.	29,557,139.
d Grants or scholarships	5,109,819.	1,921,785.	3,859,959.	1,860,084.	3,278,638.
e Other expenditures for facilities and programs			-242,156.	13,383,250.	
f Administrative expenses					
g End of year balance	226,104,222.	200,529,996.	240,588,147.	215,437,813.	205,363,742.

- 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 |
|---|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,000.		150,000.
b Buildings		11,097,961.	7,179,768.	3,918,193.
c Leasehold improvements				
d Equipment		1,476,932.	1,255,817.	221,115.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,289,308.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (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)	
Total. (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	380,261.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	380,261.

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

PART III, LINE 4:

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

PART X, LINE 2:

THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, THE PAUL C. JOHNSON FOUNDATION AND THE PENNIES FROM HEAVEN FOUNDATION ARE 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

Part XIII Supplemental Information (continued)

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 2020 THROUGH 2023, THE YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2023. 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 DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2023 AND 2022, AND THEY ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**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
ACCESS HEALTH 1200 RANSOM ST. MUSKEGON, MI 49442	38-3481152	501(C)(3)	7,537.	0.			HEALTH AND HUMAN SERVICES
AGEWELL SERVICES OF WEST MICHIGAN 275 W. CLAY AVE. #100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	68,856.	0.			HEALTH AND HUMAN SERVICES
AMERICAN CANCER SOCIETY MICHIGAN PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	9,103.	0.			HEALTH AND HUMAN SERVICES
AMERICAN RED CROSS 3886 BROADMOOR AVE. SE GRAND RAPIDS, MI 49512-3927	53-0196605	501(C)(3)	39,383.	0.			HEALTH AND HUMAN SERVICES
ANCHOR POINT BIBLE CHURCH 635 SEMINOLE ROAD MUSKEGON, MI 49441	38-1549124	501(C)(3)	15,754.	0.			RELIGIOUS RELATED
ANNIS WATER RESOURCE INSTITUTE 740 W. SHORELINE DR MUSKEGON, MI 49441	38-1684280	501(C)(3)	184,982.	0.			ENVIRONMENT & CONSERVATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 179.
- 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) 2023

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
ANNUNCIATION EASTERN ORTHODOX CHURCH - 185 E PONTALUNA RD - MUSKEGON, MI 49444	38-1705120	501(C)(3)	29,607.	0.			RELIGIOUS RELATED
ARBOR CIRCLE CORPORATION 1115 BALL AVENUE NE GRAND RAPIDS, MI 49505	38-3263853	501(C)(3)	12,000.	0.			HEALTH AND HUMAN SERVICES
ARTS COUNCIL OF WHITE LAKE-NUVEEN CENTER - 106 E. COLBY ST. - WHITEHALL, MI 49461	38-2614596	501(C)(3)	167,375.	0.			ARTS & CULTURE
BEACHWOOD BLUFFTON NEIGHBORHOOD ASSOCIATION - 3066 KNOLLWOOD - MUSKEGON, MI 49441	26-1793251	501(C)(3)	8,745.	0.			COMMUNITY DEVELOPMENT
BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE STREET MUSKEGON, MI 49442	38-1422400	501(C)(3)	6,000.	0.			RELIGIOUS RELATED
BIG BROTHERS BIG SISTERS OF THE LAKESHORE - 4265 GRAND HAVEN RD STE 201 - MUSKEGON, MI 49441	38-1918631	501(C)(3)	12,584.	0.			YOUTH DEVELOPMENT
BIG LAKE HUMANE SOCIETY & COMMUNITY ANIMAL CLINIC (MUSKEGON HUMANE SOCIETY) - 2640 MARQUETTE AVE - MUSKEGON, MI 49442-2626	23-7198752	501(C)(3)	12,798.	0.			ANIMAL RELATED
BLUE HAT MINISTRIES PO BOX 709 LUDINGTON, MI 49431	87-3089981	501(C)(3)	50,100.	0.			HEALTH AND HUMAN SERVICES
BLUE LAKE FINE ARTS CAMP 300 E CRYSTAL LAKE RD TWIN LAKE, MI 49457	38-1811838	501(C)(3)	16,977.	0.			ARTS & CULTURE

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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
BOY SCOUTS OF AMERICA - MICHIGAN CROSSROADS COUNCIL (PRESIDENT FORD FIELD SERVIC - 3213 WALKER AVE NW - GRAND RAPIDS, MI 49544	45-4003240	501(C)(3)	5,656.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE MUSKEGON LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443	61-1736056	501(C)(3)	185,260.	0.			YOUTH DEVELOPMENT
CALVARY CHRISTIAN SCHOOLS 5873 KENDRA RD FRUITPORT, MI 49415	30-0713163	SCHOOL	39,484.	0.			EDUCATION
CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS, MI 49546-4387	38-3001876	501(C)(3)	6,000.	0.			RELIGIOUS RELATED
CENTRAL UNITED METHODIST CHURCH 1011 SECOND ST MUSKEGON, MI 49440	38-1598941	501(C)(3)	41,839.	0.			RELIGIOUS RELATED
CHILD ABUSE COUNCIL OF MUSKEGON 1781 PECK STREET, SUITE 1 MUSKEGON, MI 49441	38-2195091	501(C)(3)	16,959.	0.			HEALTH AND HUMAN SERVICES
CHILDHOOD CANCER CAMPAIGN 1011 MITCHELL LUDINGTON, MI 49431	87-4191520	501(C)(3)	6,600.	0.			HEALTH AND HUMAN SERVICES
CITY OF LUDINGTON PO BOX 311 LUDINGTON, MI 49431	38-6004706	GOVT	9,946.	0.			HEALTH AND HUMAN SERVICES
CITY OF MUSKEGON PO BOX 536 MUSKEGON, MI 49443-0536	38-6004522	GOVT	75,911.	0.			COMMUNITY DEVELOPMENT

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CITY OF NORTON SHORES 4814 HENRY ST MUSKEGON, MI 49441	38-6006141	GOVT	10,118.	0.			ENVIRONMENT & CONSERVATION
CITY OF SCOTTVILLE - CITY MANAGER 105 N MAIN ST SCOTTVILLE, MI 49454	38-6004734	GOVT	55,000.	0.			COMMUNITY DEVELOPMENT
CITY OF WHITEHALL 405 E COLBY ST WHITEHALL, MI 49461	38-6004748	GOVT	20,073.	0.			COMMUNITY DEVELOPMENT
CITY OF WHITEHALL - PLAYHOUSE OPERATIONS - 405 E. COLBY ST. - WHITEHALL, MI 49461	38-6004748	GOVT	155,305.	0.			ARTS & CULTURE
COREWELL HEALTH FOUNDATION WEST MICHIGAN - ONE ATKINSON DR. - LUDINGTON, MI 49431	38-2752328	501(C)(3)	19,100.	0.			YOUTH DEVELOPMENT
COVE 906 E LUDINTON AVE LUDINGTON, MI 49431	38-2243550	501(C)(3)	12,000.	0.			HEALTH AND HUMAN SERVICES
COVENANT LIFE CHURCH 101 COLUMBUS AVE GRAND HAVEN, MI 49417-1223	38-2794856	501(C)(3)	11,800.	0.			RELIGIOUS RELATED
DANA-FARBER CANCER INSTITUTE DIVISION OF DEVELOPMENT & THE JIMMY BROOKLINE, MA 02445	04-2263040	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
DISABILITY NETWORK WEST MI 27 E CLAY AVENUE MUSKEGON, MI 49442	38-3476797	501(C)(3)	14,072.	0.			DIVERSITY, EQUITY AND INCLUSION

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DIVINE PROVIDENCE ACADEMY SAINT CATHERINE CAMPUS - 3376 THOMAS STREET - RAVENNA, MI 49451	38-1598955	SCHOOL	16,855.	0.			EDUCATION
DOWNTOWN LUDINGTON BOARD (CITY OF LUDINGTON DOWNTOWN DEVELOPMENT AUTHORITY) - 119 S. RATH AVE. - LUDINGTON, MI 49431	20-0933961	GOVT	10,000.	0.			COMMUNITY DEVELOPMENT
EMMANUEL FREE CHURCH - SPRING LAKE 17737 WEST SPRING LAKE RD SPRING LAKE, MI 49456	38-2723773	501(C)(3)	12,500.	0.			RELIGIOUS RELATED
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON, MI 49441	38-2072675	501(C)(3)	16,300.	0.			HEALTH AND HUMAN SERVICES
FAITH LUTHERAN CHURCH 711 E. ALICE STREET WHITEHALL, MI 49461	23-7350106	501(C)(3)	11,000.	0.			RELIGIOUS RELATED
FAMILY PROMISE OF THE LAKESHORE 2160 CROZIER AVE NORTON SHORES, MI 49441	26-2655248	501(C)(3)	7,000.	0.			HEALTH AND HUMAN SERVICES
FIRST CHURCH OF CHRIST, SCIENTIST 1065 4TH STREET MUSKEGON, MI 49440	04-2254742	501(C)(3)	9,779.	0.			RELIGIOUS RELATED
FIRST CONGREGATIONAL CHURCH - MUSKEGON - 1201 JEFFERSON - MUSKEGON, MI 49441-2089	38-1363563	501(C)(3)	262,411.	0.			RELIGIOUS RELATED
FIRST PRESBYTERIAN CHURCH - MUSKEGON - 2577 WICKHAM DRIVE - MUSKEGON, MI 49441	38-1712540	501(C)(3)	7,660.	0.			RELIGIOUS RELATED

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FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON, MI 49441	38-1415399	501(C)(3)	14,866.	0.			RELIGIOUS RELATED
FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE - 221 S QUARTERLINE RD #400 - MUSKEGON, MI 49442	38-2363598	501(C)(3)	22,381.	0.			EDUCATION
FRESH COAST ALLIANCE TRAINING CENTER MUSKEGON, MI 49442	46-1973615	501(C)(3)	9,500.	0.			HEALTH AND HUMAN SERVICES
FRUITPORT COMMUNITY SCHOOLS 3255 E. PONTALUNA ROAD FRUITPORT, MI 49415	38-6002931	SCHOOL	12,380.	0.			EDUCATION
GATEWAY TO SUCCESS ACADEMY 526 N. SCOTTVILLE RD. SCOTTVILLE, MI 49454	47-1487702	501(C)(3)	20,822.	0.			EDUCATION
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVE. NW - GRAND RAPIDS, MI 49544-9775	38-1366924	501(C)(3)	46,726.	0.			YOUTH DEVELOPMENT
GOODWILL INDUSTRIES OF WEST MICHIGAN INC - 271 E APPLE AVENUE - MUSKEGON, MI 49442	38-1357148	501(C)(3)	136,601.	0.			HEALTH AND HUMAN SERVICES
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 2846 3 MILE RD N - TRAVERSE CITY, MI 49686	38-2994229	501(C)(3)	20,000.	0.			ENVIRONMENT & CONSERVATION
GRAND VALLEY STATE UNIVERSITY - DIRECTOR OF ATHLETICS GIVING - ALUMNI HOUSE 207 - ALLENDALE, MI 49401	38-1684280	SCHOOL	10,000.	0.			EDUCATION

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GREATER MUSKEGON ECONOMIC DEVELOPMENT - 380 W. WESTERN AVE, STE 202 - MUSKEGON, MI 49440	38-3491274	501(C)(3)	99,529.	0.			COMMUNITY DEVELOPMENT
GULF COAST SYMPHONY ORCHESTRA 6314 CORPORATE COURT SUITE #100 FORT MYERS, FL 33919	65-0666748	501(C)(3)	6,000.	0.			ARTS & CULTURE
HABITAT FOR HUMANITY OF MASON COUNTY - 1916 W US HWY 10 31 - SCOTTVILLE, MI 49454	38-3027383	501(C)(3)	16,100.	0.			HEALTH AND HUMAN SERVICES
HACKLEY COMMUNITY CARE CENTER 2700 BAKER STREET, 3RD FLOOR MUSKEGON, MI 49444	38-3014011	501(C)(3)	11,475.	0.			HEALTH AND HUMAN SERVICES
HACKLEY PUBLIC LIBRARY 316 W. WEBSTER AVENUE MUSKEGON, MI 49440	38-3628257	501(C)(3)	56,494.	0.			EDUCATION
HARBOR HOSPICE 1050 W WESTERN AVE, STE 400 MUSKEGON, MI 49441	38-2415247	501(C)(3)	63,794.	0.			HEALTH AND HUMAN SERVICES
HARBOR HOSPICE FOUNDATION 1050 W. WESTERN AVE, STE 400 MUSKEGON, MI 49441-1666	47-2115941	501(C)(3)	53,762.	0.			HEALTH AND HUMAN SERVICES
HARBOR UNITARIAN UNIVERSALIST CONGREGATION - 1296 MONTGOMERY AVE - MUSKEGON, MI 49441	04-2103733	501(C)(3)	5,597.	0.			RELIGIOUS RELATED
HEALTH PROJECT 1675 LEAHY ST. MUSKEGON, MI 49441	91-1932918	501(C)(3)	20,619.	0.			HEALTH AND HUMAN SERVICES

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HELP MINISTRY PO BOX 97 LUDINGTON, MI 49431	38-3395360	501(C)(3)	65,771.	0.			HEALTH AND HUMAN SERVICES
HILLSDALE COLLEGE FINANCIAL AID OFFICE HILLSDALE, MI 49242	38-1374230	SCHOOL	12,500.	0.			EDUCATION
I STAND WITH MY PACK (ISWMP) 10736 JEFFERSON BLVD. CULVER CITY, CA 90230	81-4291281	501(C)(3)	10,000.	0.			ANIMAL RELATED
JUBILEE PO BOX 7758 GRAND RAPIDS, MI 49510	36-4851468	501(C)(3)	6,000.	0.			RELIGIOUS RELATED
KIDS' FOOD BASKET - MUSKEGON 1300 PLYMOUTH AVE. NE GRAND RAPIDS, MI 49505	04-3760991	501(C)(3)	127,070.	0.			HEALTH AND HUMAN SERVICES
LAKE COUNTY COMMUNITY FOUNDATION PO BOX 995 BALDWIN, MI 49304	38-1443367	501(C)(3)	8,484.	0.			HEALTH AND HUMAN SERVICES
LAKE HARBOR UNITED METHODIST CHURCH - 4861 HENRY ST. - MUSKEGON, MI 49441	38-2098774	501(C)(3)	52,445.	0.			RELIGIOUS RELATED
LAKESHORE CHILDREN'S ADVOCACY CENTER - POST OFFICE BOX 594 - MANISTEE, MI 49660-1718	37-1576459	501(C)(3)	39,600.	0.			HEALTH AND HUMAN SERVICES
LAKESHORE FLAVOR 200 VIRIDIAN DRIVE MUSKEGON, MI 49440	80-2974763	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT

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LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON, MI 49431	81-4673437	501(C)(3)	33,130.	0.			HEALTH AND HUMAN SERVICES
LAKESHORE MUSEUM CENTER 430 W. CLAY MUSKEGON, MI 49440	38-1367319	501(C)(3)	114,663.	0.			ARTS & CULTURE
LAKETON BETHEL REFORMED CHURCH 1568 W. GILES RD. N. MUSKEGON, MI 49445	38-6071384	501(C)(3)	21,191.	0.			RELIGIOUS RELATED
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW, STE 102 GRAND RAPIDS, MI 49504	38-2363129	501(C)(3)	9,800.	0.			ENVIRONMENT & CONSERVATION
LATINOS WORKING FOR THE FUTURE PO BOX 1557 MUSKEGON, MI 49443	38-3369111	501(C)(3)	8,000.	0.			DIVERSITY, EQUITY AND INCLUSION
LEADER DOGS FOR THE BLIND 1039 S. ROCHESTER RD ROCHESTER HILLS, MI 48307-3115	38-1366931	501(C)(3)	8,484.	0.			HEALTH AND HUMAN SERVICES
LEBANON LUTHERAN CHURCH 1101 S. MEARS AVENUE WHITEHALL, MI 49461	38-6066217	501(C)(3)	46,564.	0.			RELIGIOUS RELATED
LEGAL AID OF WESTERN MICHIGAN 25 DIVISION SOUTH GRAND RAPIDS, MI 49503	38-2156874	501(C)(3)	40,000.	0.			DIVERSITY, EQUITY AND INCLUSION
LIFE ALIGN INC 2508 GLADE ST MUSKEGON, MI 49444	87-2308614	501(C)(3)	13,250.	0.			HEALTH AND HUMAN SERVICES

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LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	49,000.	0.			ENVIRONMENT & CONSERVATION
LOVE INC 1051 PECK ST. MUSKEGON, MI 49440	38-2450507	501(C)(3)	9,450.	0.			HEALTH AND HUMAN SERVICES
LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION - C/O ST. SIMON'S CHURCH - LUDINGTON, MI 49431	38-2932594	501(C)(3)	121,085.	0.			EDUCATION
LUDINGTON AREA CENTER FOR THE ARTS 107 S. HARRISON ST. LUDINGTON, MI 49431	42-1625326	501(C)(3)	13,089.	0.			ARTS & CULTURE
LUDINGTON AREA SCHOOLS 809 E. TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612	SCHOOL	127,530.	0.			EDUCATION
LUDINGTON PETUNIA PARADE PO BOX 5 LUDINGTON, MI 49431	36-4815412	501(C)(3)	5,663.	0.			ARTS & CULTURE
LUDINGTON YOUTH SAILING SCHOOL 1472 N WASHINGTON AVE. LUDINGTON, MI 49431	46-3594743	SCHOOL	14,422.	0.			YOUTH DEVELOPMENT
MANISTEE SAINTS BASEBALL CLUB INC PO BOX 4 MANISTEE, MI 49660-0004	38-2901108	501(C)(3)	7,264.	0.			YOUTH DEVELOPMENT
MASON COUNTY CENTRAL SCHOOLS 300 W. BROADWAY SCOTTVILLE, MI 49454	38-6002616	SCHOOL	9,911.	0.			HEALTH AND HUMAN SERVICES

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MASON COUNTY HISTORICAL SOCIETY INC. - P.O. BOX 569 - LUDINGTON, MI 49431	38-1689000	501(C)(3)	62,822.	0.			ARTS & CULTURE
MASONIC PATHWAYS SENIOR LIVING SERVICES - 1200 WRIGHT AVE #1133 - ALMA, MI 48801	23-7259307	501(C)(3)	7,033.	0.			HEALTH AND HUMAN SERVICES
MEADE TOWNSHIP - TOWNSHIP SUPERVISOR - 7979 N. REID ROAD - FREESOIL, MI 49411	38-2413052	GOVT	10,000.	0.			COMMUNITY DEVELOPMENT
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 160 68TH ST SW STE 120 - GRAND RAPIDS, MI 49548	38-2822359	501(C)(3)	30,163.	0.			HEALTH AND HUMAN SERVICES
MICHIGAN WOMEN'S FOUNDATION (MICHIGAN WOMEN FORWARD) - 1155 BREWERY PARK BLVD - DETROIT, MI 48207	38-2689979	501(C)(3)	43,000.	0.			DIVERSITY, EQUITY AND INCLUSION
MICHIGAN YOUTH BALLET THEATRE 4897 WILLIAMS STREET MONTAGUE, MI 49437	47-2205308	501(C)(3)	16,000.	0.			ARTS & CULTURE
MIGRANT LEGAL AID, INC. 1104 FULLER AVE NE GRAND RAPIDS, MI 49503	38-2010346	501(C)(3)	7,500.	0.			DIVERSITY, EQUITY AND INCLUSION
MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON, MI 49444	38-3220964	501(C)(3)	15,104.	0.			HEALTH AND HUMAN SERVICES
MONA SHORES CHOIR 1121 SEMINOLE ROAD MUSKEGON, MI 49441	38-6321915	501(C)(3)	7,380.	0.			ARTS & CULTURE

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MONA SHORES ORCHESTRA PARENTS ASSOCIATION - 1121 SEMINOLE ROAD - MUSKEGON, MI 49441	20-0958489	501(C)(3)	7,000.	0.			EDUCATION
MSU EXTENSION BUSINESS OFFICE JUSTIN S. MORRILL HALL OF AGRICULTURE - EAST LANSING, MI 48824	38-6005984	501(C)(3)	88,395.	0.			COMMUNITY DEVELOPMENT
MT. ZION CHURCH OF GOD IN CHRIST 188 W. MUSKEGON AVENUE MUSKEGON, MI 49440	38-3715411	501(C)(3)	8,000.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT - 630 HARVEY STREET - MUSKEGON, MI 49442-2398	38-1717461	SCHOOL	133,255.	0.			EDUCATION
MUSKEGON BIG RED ATHLETIC FOUNDATION - C/O MUSKEGON HIGH SCHOOL - MUSKEGON, MI 49441-2574	38-3056451	SCHOOL	8,900.	0.			EDUCATION
MUSKEGON CATHOLIC EDUCATION FOUNDATION - 1851 BARCLAY AVE - MUSKEGON, MI 49441	23-7019036	501(C)(3)	13,456.	0.			EDUCATION
MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE ST MUSKEGON, MI 49442	38-1515402	SCHOOL	71,410.	0.			EDUCATION
MUSKEGON CIVIC THEATRE 425 W. WESTERN, SUITE 401 MUSKEGON, MI 49440	38-2335336	501(C)(3)	20,297.	0.			ARTS & CULTURE
MUSKEGON COMMUNITY COLLEGE 221 S. QUARTERLINE RD. MUSKEGON, MI 49442	38-1717800	SCHOOL	50,564.	0.			DIVERSITY, EQUITY AND INCLUSION

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MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE, MI 49457	38-2333068	501(C)(3)	39,158.	0.			ENVIRONMENT & CONSERVATION
MUSKEGON ELKS LODGE #274 513 W. PONTALUNA RD. MUSKEGON, MI 49444-7848	36-0793011	501(C)(3)	5,670.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY - 2441 SANFORD STREET - MUSKEGON, MI 49444	46-0557412	SCHOOL	11,839.	0.			EDUCATION
MUSKEGON MUSEUM OF ART 296 W. WEBSTER MUSKEGON, MI 49440	38-3402560	501(C)(3)	1,618,142.	0.			ARTS & CULTURE
MUSKEGON PUBLIC SCHOOLS - FINANCE DEPARTMENT - CHARLES POOLE SR. ADMINISTRATION BUILDING - MUSKEGON, MI 49441	38-6002960	SCHOOL	103,940.	0.			EDUCATION
MUSKEGON PUBLIC SCHOOLS - POPPEN PROGRAMS - POPPEN PROGRAMS, INC. - MUSKEGON, MI 49441	38-6002960	501(C)(3)	86,266.	0.			EDUCATION
MUSKEGON RAILROAD HISTORICAL SOCIETY - 2371 MARQUETTE AVE. - MUSKEGON, MI 49443-0173	38-2445957	501(C)(3)	7,000.	0.			ARTS & CULTURE
MUSKEGON RESCUE MISSION 2735 E. APPLE AVE. MUSKEGON, MI 49442-4482	38-3525239	501(C)(3)	214,847.	0.			HEALTH AND HUMAN SERVICES
MUSKEGON ROTARY FOUNDATION PO BOX 0066 MUSKEGON, MI 49443-0066	38-1616283	501(C)(3)	17,800.	0.			COMMUNITY DEVELOPMENT

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MUSKEGON WINTER SPORTS COMPLEX / LUGE ADVENTURE SPORTS PARK (MUSKEGON SPORTS COU - PO BOX 5085 - MUSKEGON, MI 49445	38-2639291	501(C)(3)	501,500.	0.			COMMUNITY DEVELOPMENT
MUSKEGON YMCA PO BOX 1667 MUSKEGON, MI 49443	38-2000172	501(C)(3)	210,082.	0.			YOUTH DEVELOPMENT
MUSKEGON YOUNG BLACK PROFESSIONALS P.O. BOX 1268 MUSKEGON, MI 49440	86-2674976	501(C)(3)	5,499.	0.			DIVERSITY, EQUITY AND INCLUSION
NATIONAL CHRISTIAN FOUNDATION OF WEST MICHIGAN - 4670 E. FULTON STREET - ADA, MI 49301	80-0846573	501(C)(3)	120,580.	0.			RELIGIOUS RELATED
NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION - PO BOX 1224 - MUSKEGON, MI 49443	38-1969959	501(C)(3)	19,026.	0.			COMMUNITY DEVELOPMENT
NORTHERN INITIATIVES 101 W. WASHINGTON STREET MARQUETTE, MI 49855	47-3130767	501(C)(3)	25,000.	0.			DIVERSITY, EQUITY AND INCLUSION
NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445	38-6002922	SCHOOL	49,781.	0.			EDUCATION
NORTON SHORES BRANCH MADL 705 SEMINOLE MUSKEGON, MI 49441	02-0748132	501(C)(3)	12,418.	0.			EDUCATION
ORCHARD VIEW PUBLIC SCHOOLS 35 S. SHERIDAN DRIVE MUSKEGON, MI 49442-1498	38-6002949	SCHOOL	13,369.	0.			EDUCATION

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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
OTTAWA COUNTY PARKS AND RECREATION 12220 FILLMORE ST. WEST OLIVE, MI 49460	38-6004883	501(C)(3)	40,000.	0.			ENVIRONMENT & CONSERVATION
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	GOVT	18,448.	0.			COMMUNITY DEVELOPMENT
PIONEER RESOURCES 1145 WESLEY AVE MUSKEGON, MI 49442	38-1367329	501(C)(3)	10,499.	0.			HEALTH AND HUMAN SERVICES
PLANNED PARENTHOOD OF MICHIGAN 425 CHERRY STREET SE GRAND RAPIDS, MI 49503-4601	13-1644147	501(C)(3)	15,392.	0.			YOUTH DEVELOPMENT
PORT CITY CHURCH - CLOVERVILLE CAMPUS - 3387 HEIGHTS RAVENNA - MUSKEGON, MI 49444	38-2880981	SCHOOL	10,000.	0.			RELIGIOUS RELATED
POUND BUDDIES 3279 E LAKETON AVE MUSKEGON, MI 49442	38-3590598	501(C)(3)	17,450.	0.			ANIMAL RELATED
RAVENNA PUBLIC SCHOOLS 12322 STAFFORD RAVENNA, MI 49451	38-6002961	SCHOOL	12,622.	0.			EDUCATION
READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443-1312	41-2176728	501(C)(3)	64,400.	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.)

(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
REETHS PUFFER SCHOOL DISTRICT 991 W. GILES ROAD N. MUSKEGON, MI 49445	38-1816725	SCHOOL	31,982.	0.			EDUCATION
RIVERTON FIREFIGHTERS ASSOCIATION 4622 S. MORTON RD. LUDINGTON, MI 49431	38-2679823	501(C)(3)	10,200.	0.			COMMUNITY DEVELOPMENT
ROTARY CLUB OF LUDINGTON CHARITIES PO BOX 149 LUDINGTON, MI 49431-0149	27-4860991	501(C)(3)	14,266.	0.			EDUCATION
SABLE POINTS LIGHTHOUSE KEEPERS ASSOCIATION - 905 E. LUDINGTON AVE - LUDINGTON, MI 49431	38-3248067	501(C)(3)	84,900.	0.			ARTS & CULTURE
SALVATION ARMY OF MUSKEGON COUNTY PO BOX 1116 MUSKEGON, MI 49442	36-2167910	501(C)(3)	18,773.	0.			HEALTH AND HUMAN SERVICES
SANDCASTLES CHILDREN'S MUSEUM 129 E. LUDINGTON AVENUE LUDINGTON, MI 49431	35-2340348	501(C)(3)	6,400.	0.			YOUTH DEVELOPMENT
SCOTTVILLE CLOWN BAND PO BOX 21 SCOTTVILLE, MI 49454	27-0277984	501(C)(3)	5,964.	0.			ARTS & CULTURE
SINGLE MOMM 3210 RACQUET CLUB DR, STE B TRAVERSE CITY, MI 49684-4704	26-3544089	501(C)(3)	50,000.	0.			HEALTH AND HUMAN SERVICES
SOLID ROCK HOUSING SUPPORT 280 OTTAWA ST MUSKEGON, MI 49442-1011	38-2938902	501(C)(3)	6,010.	0.			COMMUNITY 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
ST. CATHERINE'S CATHOLIC CHURCH PO BOX 217 RAVENNA, MI 49451	38-3605677	501(C)(3)	9,660.	0.			RELIGIOUS RELATED
STEP UP PO BOX 1626 MUSKEGON, MI 49443-1626	32-0469895	501(C)(3)	166,000.	0.			HEALTH AND HUMAN SERVICES
ST. JAMES LUTHERAN CHURCH 8945 STEBBINS MONTAGUE, MI 49437	38-1794184	501(C)(3)	5,113.	0.			RELIGIOUS RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,100.	0.			HEALTH AND HUMAN SERVICES
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 1716 SIXTH STREET - MUSKEGON, MI 49441	38-3605677	501(C)(3)	6,659.	0.			RELIGIOUS RELATED
ST. SIMON CHURCH 702 E. BRYANT STREET LUDINGTON, MI 49431	38-1851004	501(C)(3)	5,500.	0.			RELIGIOUS RELATED
TALENT FIRST 833 KENMOOR AVE SE GRAND RAPIDS, MI 49546	27-0193853	501(C)(3)	27,500.	0.			COMMUNITY DEVELOPMENT
TEMPLE B'NAI ISRAEL 391 W. WEBSTER MUSKEGON, MI 49440	38-1549121	501(C)(3)	86,230.	0.			RELIGIOUS RELATED
TEMPLE UNITED METHODIST CHURCH 2500 JEFFERSON MUSKEGON HEIGHTS, MI 49444	38-1369616	501(C)(3)	26,000.	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.)

(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
THE ARC MUSKEGON 601 TERRACE ST, STE 101 MUSKEGON, MI 49440-1192	38-1586705	501(C)(3)	16,327.	0.			HEALTH AND HUMAN SERVICES
THE HOPE PROJECT INC. 1516 PECK ST. MUSKEGON, MI 49441	35-2270341	501(C)(3)	11,159.	0.			YOUTH DEVELOPMENT
THE NAVIGATORS P.O. BOX 50500 COLORADO SPGS, CO 80949	84-6007896	501(C)(3)	10,000.	0.			RELIGIOUS RELATED
TOWNSHIP OF SUMMIT 4879 W DEREN RD LUDINGTON, MI 49431	38-2078182	GOVT	7,500.	0.			COMMUNITY DEVELOPMENT
TRINITY HEALTH MUSKEGON - OFFICE OF PHILANTHROPY - 1500 E SHERMAN BLVD - MUSKEGON, MI 49444	38-2589966	501(C)(3)	309,351.	0.			HEALTH AND HUMAN SERVICES
TRINITY HOME HEALTH SERVICES 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-3321856	501(C)(3)	16,773.	0.			HEALTH AND HUMAN SERVICES
TRINITY LUTHERAN CHURCH 3225 ROOSEVELT RD MUSKEGON, MI 49441	38-1603620	501(C)(3)	26,548.	0.			RELIGIOUS RELATED
UNITED WAY OF MANISTEE COUNTY 449 RIVER ST. MANISTEE, MI 49660	38-6032839	501(C)(3)	9,256.	0.			HEALTH AND HUMAN SERVICES
UNITED WAY OF MASON COUNTY 920 E. TINKHAM LUDINGTON, MI 49431	38-2943115	501(C)(3)	164,164.	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.)

(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
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443-0207	38-1426895	501(C)(3)	229,641.	0.			HEALTH AND HUMAN SERVICES
VILLAGE OF CUSTER PO BOX 153 CUSTER, MI 49405	38-2514466	GOVT	9,522.	0.			ARTS & CULTURE
VOLUNTEER FOR DENTAL 31 E. CLAY AVENUE MUSKEGON, MI 49442	83-1299804	501(C)(3)	8,500.	0.			HEALTH AND HUMAN SERVICES
WATER AND ENVIRONMENTAL HUMANITARIAN OUTREACH PROJECTS - 3586 TIMBER CREEK DR NW - COMSTOCK PARK, MI 49321	38-3318371	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL - 455 E. ELLIS RD. - MUSKEGON, MI 49441	38-3488222	SCHOOL	32,780.	0.			EDUCATION
WESTERN MICHIGAN FAIR ASSOCIATION PO BOX 153 SCOTTVILLE, MI 49454	38-1849651	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
WEST MICHIGAN CEC, INC. 1279 E. APPLE AVE. MUSKEGON, MI 49442-3745	47-1337406	501(C)(3)	10,000.	0.			HEALTH AND HUMAN SERVICES
WEST MICHIGAN CONCERT WINDS 1862 FAR HILLS COURT GRAND HAVEN, MI 49417	38-2370939	501(C)(3)	15,000.	0.			ARTS & CULTURE
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440	38-6092131	501(C)(3)	724,620.	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.)

(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
WEST SHORE COMMUNITY COLLEGE 3000 N. STILES ROAD SCOTTVILLE, MI 49454	38-1852447	SCHOOL	14,000.	0.			EDUCATION
WEST SHORE COMMUNITY COLLEGE FOUNDATION - 3000 N. STILES ROAD, BOX 277 - SCOTTVILLE, MI 49454	23-7128810	501(C)(3)	16,484.	0.			EDUCATION
WEST SHORE EDUCATIONAL SERVICE DISTRICT - 2130 WEST US-10 - LUDINGTON, MI 49431	38-1722100	SCHOOL	10,500.	0.			EDUCATION
WGVU PUBLIC MEDIA ACCOUNTS RECEIVABLE GRAND RAPIDS, MI 49501-1668	38-1684280	501(C)(3)	6,000.	0.			DIVERSITY, EQUITY AND INCLUSION
WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL, MI 49461	38-6002973	SCHOOL	27,784.	0.			EDUCATION
WHITEHALL TOWNSHIP 7644 DURHAM RD WHITEHALL, MI 49461-9513	23-3061016	GOVT	18,000.	0.			COMMUNITY DEVELOPMENT
WHITE LAKE COMMUNITY LIBRARY 3900 WHITE LAKE DRIVE WHITEHALL, MI 49461	38-3469904	501(C)(3)	8,300.	0.			YOUTH DEVELOPMENT
WHITE LAKE UNITED METHODIST CHURCH - WHITEHALL PRAISE CENTER - 117 SOUTH DIVISION ST. - WHITEHALL, MI 49461	38-1945285	501(C)(3)	6,000.	0.			HEALTH AND HUMAN SERVICES
WINGS OF MERCY INC. 100 SOUTH PINE ST ZEELAND, MI 49464	38-2998695	501(C)(3)	7,750.	0.			HEALTH AND HUMAN SERVICES

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	405	1,082,882.	0.		

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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)	184,839.	0.	0.	8,548.	0.	193,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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	46	868,961.	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 ()				
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 in 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) 2023

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

SCHEDULE M, LINE 32B:

INVESTMENT SECURITIES ARE HELD AT AN UNRELATED BROKERAGE FIRM.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 \$ 745,009. INCLUDING GRANTS OF \$ 770,618. 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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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

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

FUNDS HELD AS ORGANIZATION ENDOWMENT - DECREASE IN ASSETS	-1,330,177.
FUNDS HELD AS COMMUNITY SERVICE - INCREASE IN ASSETS	1,568,429.
TOTAL TO FORM 990, PART XI, LINE 9	238,252.

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)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

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) 2023

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PENNIES FROM HEAVEN FOUNDATION	Q	50,149.	ACTUAL
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION

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

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

2024

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1		2	
3	Alternative minimum tax for trusts		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits		5	
6	Subtract line 5 from line 4		6	
7	Other taxes		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a		
b	Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,083.	
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c		ADJUSTED TO	10c 2,120.

		(a)	(b)	(c)	(d)
11	Installment due dates	11		09/16/24	12/16/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12		1,590.	530.
13	2023 Overpayment	13		151.	
14	Payment due (Subtract line 13 from line 12)	14		1,439.	530.

Form **990-W**

ESTIMATED TAX	2,120.
OVERPAYMENT APPLIED	151.
AMOUNT DUE	1,969.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury Internal Revenue Service

Form 990-T header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 233,413,617, D Employer identification number 38-6114135, E Group exemption number, F Check box if an amended return.

Form 990-T middle section including: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 2, K During the tax year, was the corporation a subsidiary, L The books are in care of ISRAEL VELEZ, JR. Telephone number (231) 722-4538.

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 2 columns (description and amount).

Table for Part II Tax Computation with 7 rows and 2 columns (description and amount).

Table for Part III Tax and Payments with 5 main rows and sub-rows (1a-1d, 3a-3e) and 2 columns (description and amount).

Part III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	2,234.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	2,234.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	151.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 151. Refunded	11	0.

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

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
			PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JEFFREY E. HERT, CPA	JEFFREY E. HERT, CPA	10/07/24	PTIN
	Firm's name	REHMANN ROBSON LLC		Firm's EIN
	Firm's address	570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444		38-3567911
			Phone no.	231-739-9441

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

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

Department of the Treasury
Internal Revenue Service

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

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

1
OMB No. 1545-0047

2023

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

A Name of the organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY	B Employer identification number 38-6114135
C Unrelated business activity code (see instructions) 900003	D Sequence: 1 of 2

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>99,811.</u>				
b Less returns and allowances _____ c Balance	1c	99,811.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	99,811.		99,811.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	99,811.		99,811.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)		SEE STATEMENT 1		14 99,811.
15 Total deductions. Add lines 1 through 14				15 99,811.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			0.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
--	--	--	--	--

5 Readership costs				
--------------------------	--	--	--	--

6 Circulation income				
----------------------------	--	--	--	--

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
---	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.
---	--	--	--	----

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

DIRECT EXPENSES

99,811.

TOTAL TO SCHEDULE A, PART II, LINE 14

99,811.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

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

A Name of the organization: COMMUNITY FOUNDATION FOR MUSKEGON COUNTY
B Employer identification number: 38-6114135
C Unrelated business activity code (see instructions): 532000
D Sequence: 2 of 2

E Describe the unrelated trade or business: CELL TOWER RENTAL

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (10,920), Less returns and allowances, Cost of goods sold, Gross profit (10,920), and Total (10,920).

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

Table with 2 columns: Deduction description and amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions (0); Unrelated business income before net operating loss deduction (10,920); Deduction for net operating loss (0); Unrelated business taxable income (10,920).

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

- 5 Readership costs
- 6 Circulation income
- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)
