

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

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
425 WESTERN AVENUE NO 200

City or town, state or province, country, and ZIP or foreign postal code  
MUSKEGON, MI 494401101

**D** Employer identification number  
38-6114135

**E** Telephone number  
(231) 722-4538

**G** Gross receipts \$ 27,920,091

**F** Name and address of principal officer:  
TODD JACOBS  
425 WESTERN AVENUE NO 200  
MUSKEGON, MI 494401101

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.CFFMC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ 501(C)3

**L** Year of formation: 1961 **M** State of legal domicile: MI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
BETTER THE LIVES OF AREA RESIDENTS THROUGH INVESTING AND ADMINISTERING GIFTS AND BEQUESTS AND ISSUING GRANTS FOR SPECIFIC CHARITABLE AND EDUCATIONAL PROGRAMS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	66
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	271
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	8,435,994	12,872,364
<b>9</b> Program service revenue (Part VIII, line 2g)	500,999	519,489
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,570,547	5,624,720
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	880,716	251,506
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,388,256	19,268,079
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,592,427	11,533,211
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,117,403	2,126,464
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,004,267		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	599,073	2,024,370
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,308,903	15,684,045
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,079,353	3,584,034

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	177,562,945	209,766,411
<b>21</b> Total liabilities (Part X, line 26)	22,793,779	24,020,601
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	154,769,166	185,745,810

## Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2020-11-12

TODD JACOBS PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2020-11-12 Check  if self-employed PTIN P00066715

Firm's name ▶ REHMANN ROBSON LLC Firm's EIN ▶ 38-3567911

Firm's address ▶ 570 SEMINOLE RD STE 200 MUSKEGON, MI 49444 Phone no. (231) 739-9441

**Part III Statement of Program Service Accomplishments**

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

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

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

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

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 2,916,867 including grants of \$ 2,480,266 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 2,009,791 including grants of \$ 1,708,963 ) (Revenue \$ )  
See Additional Data





**4c** (Code: ) (Expenses \$ 3,497,392 including grants of \$ 2,973,898 ) (Revenue \$ 519,489 )  
See Additional Data

(Code: ) (Expenses \$ 5,139,348 including grants of \$ 4,370,084 ) (Revenue \$ )  
COMMUNITY DEVELOPMENT; ENVIRONMENT; EMERGING COMMUNITY NEEDS

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 5,139,348 including grants of \$ 4,370,084 ) (Revenue \$ )

**4e Total program service expenses** 13,563,398

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	Yes	
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	Yes	
<b>9</b>	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? If "Yes," complete Schedule D, Part IV 		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
<b>11c</b>	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? If "Yes," complete Schedule D, Part VIII 		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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 425 WESTERN AVENUE NO 200 MUSKEGON, MI 494401101 (231) 722-4538

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN STEINMAN PHD ..... TRUSTEE	1.00 .....	X						0	0	0
(2) ASALINE SCOTT ..... CHAIR	1.00 .....	X		X				0	0	0
(3) BRAD HILLEARY ..... TRUSTEE	1.00 .....	X						0	0	0
(4) CHARLES E JOHNSON III ..... TRUSTEE	1.00 .....	X						0	0	0
(5) DICK KAMPS MD ..... VICE CHAIR	1.00 .....	X		X				0	0	0
(6) ED GARNER ..... TRUSTEE	1.00 .....	X						0	0	0
(7) GARY ALLORE ..... TRUSTEE	1.00 .....	X						0	0	0
(8) HON MARIA LADAS HOOPEES ..... TRUSTEE	1.00 .....	X						0	0	0
(9) JILL BATKA ..... TRUSTEE	1.00 .....	X						0	0	0
(10) JOHN SYTSEMA ..... TRUSTEE	1.00 .....	X						0	0	0
(11) KATHLEEN TYLER ..... TRUSTEE	1.00 .....	X						0	0	0
(12) MARVIN NASH ..... TRUSTEE	1.00 .....	X						0	0	0
(13) PASTOR DUANE E BENNETT ..... TRUSTEE	1.00 .....	X						0	0	0
(14) PAT DONAHUE ..... TRUSTEE	1.00 .....	X						0	0	0
(15) PRISCILLA WILCOX ..... TRUSTEE	1.00 .....	X						0	0	0
(16) THOMAS G WITT ..... TRUSTEE	1.00 .....	X						0	0	0
(17) JAN L DEUR ..... TREASURER	1.00 .....	X		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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) KATIE HENSLEY TRUSTEE	1.00	X						0	0	0	
(19) STUART JONES TRUSTEE	1.00	X						0	0	0	
(20) SUSAN MESTON IMMEDIATE PAST CHAIR	1.00	X						0	0	0	
(21) ROZELIA PATINO TRUSTEE	1.00	X						0	0	0	
(22) TODD JACOBS SECRETARY/CEO	40.00 1.00			X				161,485	0	3,416	
(23) ISRAEL VELEZ CFO	40.00			X				64,265	0	5,644	
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>								225,750	0		9,060

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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

**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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for various contribution types and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Includes rows 2a-f and 9 Total.

Main revenue table with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-11d for investment, rental, gaming, and other revenue, and 12 Total revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	11,036,208	11,036,208		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	497,003	497,003		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	234,810		234,810	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,416,426	649,231	184,949	582,246
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	56,754	29,082	4,840	22,832
<b>9</b> Other employee benefits . . . . .	289,160	107,940	81,927	99,293
<b>10</b> Payroll taxes . . . . .	129,314	51,385	33,387	44,542
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	16,705	4,343	5,179	7,183
<b>c</b> Accounting . . . . .	19,483	7,898	3,898	7,687
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .	15,670	5,905	4,090	5,675
<b>13</b> Office expenses . . . . .	49,724	17,649	13,437	18,638
<b>14</b> Information technology . . . . .	1,408	366	437	605
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	194,623	138,494	23,514	32,615
<b>17</b> Travel . . . . .	10,425	3,531	2,888	4,006
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	289,278	2,408	286,870	
<b>23</b> Insurance . . . . .	28,060	20,126	3,324	4,610
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMUNITY SERVICE AND E	984,884	886,955	97,929	
<b>b</b> CONTRACTED SERVICES	184,468	59,330	52,423	72,715
<b>c</b> REPAIRS AND MAINTENANCE	117,752	116,332	595	825
<b>d</b> DUES SUBSCRIPTIONS	110,139	28,835	34,059	47,245
<b>e</b> All other expenses	1,751	-99,623	47,824	53,550
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,684,045	13,563,398	1,116,380	1,004,267
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,117,351	<b>1</b>	2,204,982
	<b>2</b> Savings and temporary cash investments . . . . .	5,550,864	<b>2</b>	6,232,499
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	53,224	<b>4</b>	66,579
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	8,070,335	<b>7</b>	6,899,646
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,296,545		
	<b>b</b> Less: accumulated depreciation	7,797,329		
	<b>11</b> Investments—publicly traded securities . . . . .	148,027,310	<b>11</b>	187,222,956
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,540,934	<b>12</b>	1,553,389
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	92,647	<b>15</b>	87,144
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	177,562,945	<b>16</b>	209,766,411	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	77,825	<b>17</b>	84,689
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	22,715,954	<b>25</b>	23,935,912
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	22,793,779	<b>26</b>	24,020,601
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	154,769,166	<b>27</b>	185,745,810
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	154,769,166	<b>32</b>	185,745,810	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	177,562,945	<b>33</b>	209,766,411	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,268,079
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,684,045
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,584,034
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	154,769,166
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	28,985,052
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,592,442
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	185,745,810

**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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 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 in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-6114135

**Name:** COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

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.

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**Form 990, Part III, Line 4b:**

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.

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**Form 990, Part III, Line 4c:**

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.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

**Employer identification number**  
38-6114135

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,831,346	7,430,243	5,101,361	5,571,336	12,872,364	45,806,650
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	14,831,346	7,430,243	5,101,361	5,571,336	12,872,364	45,806,650
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						45,806,650

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	14,831,346	7,430,243	5,101,361	5,571,336	12,872,364	45,806,650
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	3,621,945	4,068,600	4,414,939	4,540,496	5,040,051	21,686,031
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	46,525		275,549	791,704	278,506	1,392,284
<b>11 Total support.</b> Add lines 7 through 10						68,884,965

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	66.500 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	68.190 %

**16a 33 1/3% support test—2019.** 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 . . . . .

**b 33 1/3% support test—2018.** 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 . . . . .

**17a 10%-facts-and-circumstances test—2019.** 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 . . . . .

**b 10%-facts-and-circumstances test—2018.** 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 . . . . .

**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 . . . . .

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b>	Add lines 10a and 10b. . . . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</b>	Did the activities described in (a) 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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>Provide details in Part VI.</i>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-6114135

**Name:** COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

**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).

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with columns: Line number, Held at the End of the Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.



**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 are a 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 programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	14,943,009	16,327,456	13,425,850	12,953,350	11,909,583
<b>b</b> Contributions . . . . .	457,186	436,740	1,395,188	292,468	1,622,790
<b>c</b> Net investment earnings, gains, and losses	2,945,950	-1,133,339	1,998,681	891,562	-128,606
<b>d</b> Grants or scholarships . . . . .	723,153	687,848	492,263	443,623	450,417
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .				267,907	
<b>g</b> End of year balance . . . . .	17,622,992	14,943,009	16,327,456	13,425,850	12,953,350

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 9.000 %
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶ 91.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		237,785		237,785
<b>b</b> Buildings . . . . .		11,499,181	6,640,784	4,858,397
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,559,579	1,156,545	403,034
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,499,216

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	23,935,912

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-6114135  
**Name:** COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, THE PAUL C. JOHNSON FOUNDATION AND THE PENNI ES FROM HEAVEN FOUNDATION ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXE S UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE ALSO EXEMPT FROM SIMILAR ST ATE AND LOCAL TAXES. ALTHOUGH THE ORGANIZATIONS WERE GRANTED INCOME TAX EXEMPTION BY THE I NTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO ANY NET INCOME THAT IS DERIVED F ROM A TRADE OR BUSINESS AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXE MPTION. THE ORGANIZATION ANALYZES ITS FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTI ONS WHERE THEY ARE REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN T HESE JURISDICTIONS TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS EVA LUATED ITS INCOME TAX POSITIONS FOR THE YEARS 2016 THROUGH 2019, THE YEARS THAT REMAIN SUB JECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2019. THE ORGANIZATION C ONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN TH E ORGANIZATION'S COMBINED FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS. THE OR GANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2019 AND 2018, AND THEY ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDER AL OR STATE INCOME TAX AUTHORITIES.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 195
3 Enter total number of other organizations listed in the line 1 table 4

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	540	497,003			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART III, COLUMN B	SCHOLARSHIPS PROVIDED TO INDIVIDUALS VIA COLLEGES/UNIVERSITIES.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-6114135  
**Name:** COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGEWELL SERVICES OF WEST MICHIGAN TANGLEWOOD PARK 560 SEMINOLE ROAD MUSKEGON, MI 49444	38-2033822	501(C)(3)	7,011				GENERAL OPERATING SUPPORT
ALMA COLLEGE FINANCIAL AID OFFICE 614 W SUPERIOR ST ALMA, MI 48801		501(C)(3)	16,950				GENERAL OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	8,334				GENERAL OPERATING SUPPORT
AMERICAN HEART ASSOCIATION - CHICAGO 300 S RIVERSIDE PLAZA SUITE 1200 CHICAGO, IL 60606	13-5613797	501(C)(3)	25,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS OF MUSKEGON 1050 FULLER AVE NE GRAND RAPIDS, MI 49503	53-0196605	501(C)(3)	27,458				GENERAL OPERATING SUPPORT
ANNUNCIATION EASTERN ORTHODOX CHURCH TREASURER PARISH COUNCIL 185 E PONTALUNA MUSKEGON, MI 49444		501(C)(3)	19,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ARBOR CIRCLE CORPORATION 1101 BALL AVENUE NE GRAND RAPIDS, MI 49505	38-3263853	501(C)(3)	14,000				GENERAL OPERATING SUPPORT
ARTS COUNCIL OF WHITE LAKE 106 E COLBY ST WHITEHALL, MI 49461	38-2614596	501(C)(3)	38,200				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAKER COLLEGE OF MUSKEGON 1903 MARQUETTE AVE MUSKEGON, MI 49442	38-1895805	501(C)(3)	11,250				GENERAL OPERATING SUPPORT
BETHANY CHRISTIAN SERVICES 175 WEST APPLE AVENUE MUSKEGON, MI 49440	38-1405282	501(C)(3)	7,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE LAKESHORE 4265 GRAND HAVEN RD SUITE 201 MUSKEGON, MI 49441	38-1918631	501(C)(3)	5,790				GENERAL OPERATING SUPPORT
BLUE LAKE FINE ARTS CAMP 300 E CRYSTAL LAKE ROAD TWIN LAKE, MI 49457	38-1811838	501(C)(3)	11,768				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTS OF AMERICA PRESIDENT FORD FIELD SERVICE COUNCIL 3213 WALKER AVENUE NW GRAND RAPIDS, MI 49544	45-4003240	501(C)(3)	9,355				GENERAL OPERATING SUPPORT
BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE 900 3RD STREET SUITE 200 PO BOX 1018 MUSKEGON, MI 49443	61-1736056	501(C)(3)	310,100				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGE TO LIFE MINISTRIES 17194 VAN WAGONER RD SPRING LAKE, MI 49456	38-2473833	501(C)(3)	5,500				GENERAL OPERATING SUPPORT
CALVARY CHRISTIAN SCHOOLS 5873 KENDRA ROAD FRUITPORT, MI 49415	30-0713163	501(C)(3)	40,440				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CALVIN CHRISTIAN REFORMED CHURCH 973 W NORTON MUSKEGON, MI 49441	38-1877021	501(C)(3)	90,000				GENERAL OPERATING SUPPORT
CAMPUS CRUSADES FOR CHRIST INC 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501(C)(3)	7,000				GENERAL OPERATING SUPPORT



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CENTRAL MICHIGAN UNIVERSITY OFFICE OF SCHOLARSHIPS FINANCIAL AID WARRINER 202 MT PLEASANT, MI 48859		501(C)(3)	29,880				GENERAL OPERATING SUPPORT
CENTRAL UNITED METHODIST CHURCH 1011 SECOND ST MUSKEGON, MI 49440	38-1598941	501(C)(3)	47,387				GENERAL OPERATING SUPPORT

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CITY OF LUDINGTON 400 S HARRISON STREET LUDINGTON, MI 49431	38-6004706	GOVERNMENTAL UNIT	164,440				GENERAL OPERATING SUPPORT
CITY OF MUSKEGON PO BOX 536 MUSKEGON, MI 49443	38-6004522	GOVERNMENTAL UNIT	117,222				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CITY OF MUSKEGON HEIGHTS 2724 PECK STREET MUSKEGON HTS, MI 49444	38-6004639	GOVERNMENTAL UNIT	12,000				GENERAL OPERATING SUPPORT
CITY OF MUSKEGON HEIGHTS POLICE DEPARTMENT 2715 BAKER STREET MUSKEGON HTS, MI 49444		GOVERNMENTAL UNIT	10,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF NORTH MUSKEGON 1502 RUDDIMAN AVE NORTH MUSKEGON, MI 49445	38-6004721	GOVERNMENTAL UNIT	6,886				GENERAL OPERATING SUPPORT
CITY OF NORTON SHORES 4814 HENRY STREET MUSKEGON, MI 49441		GOVERNMENTAL UNIT	10,950				GENERAL OPERATING SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF WHITEHALL ATTN THE PLAYHOUSE OPERATIONS 405 E COLBY ST WHITEHALL, MI 49461	38-6004748	GOVERNMENTAL UNIT	10,000				GENERAL OPERATING SUPPORT
CITY OF WHITEHALL 405 E COLBY WHITEHALL, MI 49461	38-6004748	GOVERNMENTAL UNIT	254,446				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COALITION FOR COMMUNITY DEVELOPMENT PO BOX 4618 MUSKEGON, MI 49444	75-3204979	501(C)(3)	6,400				GENERAL OPERATING SUPPORT
COGIC COMMUNITY CENTER 2140 VALLEY STREET MUSKEGON, MI 49444	38-2929137	501(C)(3)	10,200				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COLLEGE OF WOOSTER FINANCIAL AID OFFICE 1189 BEALL AVENUE WOOSTER, OH 44691		501(C)(3)	6,250				GENERAL OPERATING SUPPORT
COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION OF MI (CEDAM) 1118 S WASHINGTON AVE LANSING, MI 48910	38-3445097	501(C)(3)	12,000				GENERAL OPERATING SUPPORT

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COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442	38-3279226	501(C)(3)	147,723				GENERAL OPERATING SUPPORT
CONNEXION POINT INC 329 N JEBAVY DR LUDINGTON, MI 49431	81-0742898	501(C)(3)	37,400				GENERAL OPERATING SUPPORT



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CORNERSTONE UNIVERSITY FINANCIAL AID OFFICE 1001 E BELTLINE NE GRAND RAPIDS, MI 49525	38-1443369	501(C)(3)	11,600				GENERAL OPERATING SUPPORT
CORNERSTONE WORLD OUTREACH 1603 GLEN ELLEN RD SIOUX CITY, IA 51106	47-0648126	501(C)(3)	5,750				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNTY OF MASON MASON COUNTY ADMINISTRATOR 304 E LUDINGTON AVENUE LUDINGTON, MI 49431		GOVERNMENTAL UNIT	257,741				GENERAL OPERATING SUPPORT
COUNTY OF MUSKEGON 173 E APPLE AVE 104 MUSKEGON, MI 49442		GOVERNMENTAL UNIT	21,350				GENERAL OPERATING SUPPORT

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COVE (COMMUNITIES OVERCOMING VIOLENT ENCOUNTERS) 906 E LUDINGTON AVENUE LUDINGTON, MI 49431	38-2243550	501(C)(3)	8,188				GENERAL OPERATING SUPPORT
COVENANT ACADEMIES FOUNDATION 4770 8TH ST CALEDONIA, MI 49316	47-5613722	501(C)(3)	129,908				GENERAL OPERATING SUPPORT

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COVENANT LIFE CHURCH 101 COLUMBUS AVE GRAND HAVEN, MI 49417	38-2794856	501(C)(3)	10,400				GENERAL OPERATING SUPPORT
DAVENPORT UNIVERSITY FINANCIAL AID OFFICE 6191 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-1945965	501(C)(3)	7,420				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DWELLING PLACE OF GRAND RAPIDS 101 SHELDON BLVD S E SUITE 2 GRAND RAPIDS, MI 49503	38-2313832	501(C)(3)	11,500				GENERAL OPERATING SUPPORT
EVERY WOMAN'S PLACE 1221 W LAKETON AVENUE MUSKEGON, MI 49441	38-2072675	501(C)(3)	47,098				GENERAL OPERATING SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAITH LUTHERAN CHURCH 711 E ALICE STREET WHITEHALL, MI 49461		501(C)(3)	11,000				GENERAL OPERATING SUPPORT
FERRIS STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID 1201 S STATE STREET C BIG RAPIDS, MI 49307	38-6005159	501(C)(3)	67,170				GENERAL OPERATING SUPPORT

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FIRST CHURCH OF CHRIST SCIENTIST 1065 4TH STREET MUSKEGON, MI 49440		501(C)(3)	8,920				GENERAL OPERATING SUPPORT
FIRST CONGREGATIONAL CHURCH 1201 JEFFERSON MUSKEGON, MI 49441	38-1363563	501(C)(3)	33,109				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FIRST PRESBYTERIAN CHURCH 2577 WICKHAM DRIVE MUSKEGON, MI 49441		501(C)(3)	6,940				GENERAL OPERATING SUPPORT
FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON, MI 49441	38-1415399	501(C)(3)	13,490				GENERAL OPERATING SUPPORT



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FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE 221 S QUARTERLINE RD 400 MUSKEGON, MI 49442	38-2363598	501(C)(3)	24,650				GENERAL OPERATING SUPPORT
FRENCH ACADEMY OF COSMETOLOGY FINANCIAL AID OFFICE 111 W EXCHANGE ST SUITE A SPRING LAKE, MI 49456		501(C)(3)	5,455				GENERAL OPERATING SUPPORT

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FRUITPORT COMMUNITY SCHOOLS 3255 E PONTALUNA ROAD FRUITPORT, MI 49415		501(C)(3)	14,263				GENERAL OPERATING SUPPORT
GATEWAY TO SUCCESS ACADEMY 526 N SCOTTVILLE RD SCOTTVILLE, MI 49454	47-1487702	501(C)(4)	34,370				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS OF MICHIGAN SHORE TO SHORE 3275 WALKER AVENUE NW GRAND RAPIDS, MI 49544	38-1366924	501(C)(3)	35,680				GENERAL OPERATING SUPPORT
GOLDEN TOWNSHIP PO BOX 26 MEARS, MI 49436	38-1982488	GOVERNMENTAL UNIT	7,150				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOODWILL INDUSTRIES OF WEST MICHIGAN INC 271 E APPLE AVENUE MUSKEGON, MI 49442	38-1357148	501(C)(3)	125,320				GENERAL OPERATING SUPPORT
GRAND HAVEN AREA COMMUNITY FOUNDATION 1 S HARBOR DRIVE GRAND HAVEN, MI 49417	23-7108776	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND RAPIDS OPPORTUNITIES FOR WOMEN (GROW) 25 SHELDON BLVD SE SUITE 210 GRAND RAPIDS, MI 49503	38-2886028	501(C)(3)	12,500				GENERAL OPERATING SUPPORT
GRAND TRAVERSE REGIONAL LAND CONSERVANCY 3860 NORTH LONG LAKE RD SUITE D TRAVERSE CITY, MI 49684	38-2994229	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND VALLEY STATE ANNIS WATER RESOURCE INSTITUTE 740 W SHORELINE DRIVE MUSKEGON, MI 49441	38-1684280	501(C)(3)	74,590				GENERAL OPERATING SUPPORT
GRAND VALLEY STATE UNIVERSITY OFFICE OF FINANCIAL AID 1 CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	501(C)(3)	50,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND VALLEY STATE UNIVERSITY 3035 JAMES H ZUMBERGE HALL 1 CAMPUS DRIVE ALLENDALE, MI 49401	38-1684280	501(C)(3)	126,323				GENERAL OPERATING SUPPORT
HABITAT FOR HUMANITY OF MASON COUNTY 1916 W US HWY 10 31 SCOTTVILLE, MI 49454	38-3027383	501(C)(3)	14,300				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HACKLEY COMMUNITY CARE CENTER 2700 BAKER STREET 3RD FLOOR MUSKEGON, MI 49444	38-3014011	501(C)(3)	10,140				GENERAL OPERATING SUPPORT
HACKLEY PUBLIC LIBRARY 316 W WEBSTER AVENUE MUSKEGON, MI 49440	38-3628257	GOVERNMENTAL UNIT	29,263				GENERAL OPERATING SUPPORT



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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HANDS EXTENDED LOVING PEOPLE (HELP) PO BOX 97 LUDINGTON, MI 49431	38-3395360	501(C)(3)	11,989				GENERAL OPERATING SUPPORT
HARBOR HOSPICE 1050 W WESTERN AVE STE 400 MUSKEGON, MI 49441	38-2415247	501(C)(3)	80,664				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARBOR HOSPICE FOUNDATION 1050 W WESTERN AVE STE 400 MUSKEGON, MI 49441	47-2115941	501(C)(3)	15,104				GENERAL OPERATING SUPPORT
HARBOR UNITARIAN UNIVERSALIST CONGREGATION HUUC ENDOWMENT FUND 1296 MONTGOMERY AVE MUSKEGON, MI 49441		501(C)(3)	31,697				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HART PUBLIC SCHOOLS 301 W JOHNSON STREET HART, MI 49420	38-6003143	501(C)(3)	5,817				GENERAL OPERATING SUPPORT
HEALTH PROJECT 565 WEST WESTERN AVE MUSKEGON, MI 49440	91-1932918	501(C)(3)	57,106				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEALTHWEST 376 APPLE AVENUE MUSKEGON, MI 49442		501(C)(3)	15,000				GENERAL OPERATING SUPPORT
HISTORIC VOGUE THEATRE OF MANISTEE PO BOX 291 383 RIVER STREET MANISTEE, MI 49660	45-2281053	501(C)(3)	7,500				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOPE COLLEGE OFFICE OF FINANCIAL AID PO BOX 9000 HOLLAND, MI 49423	38-1381271	501(C)(3)	30,830				GENERAL OPERATING SUPPORT
HUMANE SOCIETY AND ANIMAL RESCUE OF MUSKEGON COUNTY 2640 MARQUETTE AVE MUSKEGON, MI 49442	23-7198752	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANA UNIVERSITY-SOUTH BEND FINANCIAL AID OFFICE 1700 MISHAWAKA AVE SOUTH BEND, MI 46634		501(C)(3)	7,000				GENERAL OPERATING SUPPORT
JOHN BALL ZOO SOCIETY 1300 W FULTON ST GRAND RAPIDS, MI 49504	38-6076879	501(C)(3)	11,250				GENERAL OPERATING SUPPORT

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KENDALL COLLEGE OF ART & DESIGN OFFICE OF FINANCIAL AID 111 DIVISION AVE N GRAND RAPIDS, MI 49503		501(C)(3)	14,880				GENERAL OPERATING SUPPORT
KIDS' FOOD BASKET PO BOX 34 MUSKEGON, MI 49443	04-3760991	501(C)(3)	9,366				GENERAL OPERATING SUPPORT

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LAKE COUNTY COMMUNITY FOUNDATION PO BOX 995 BALDWIN, MI 49304		501(C)(3)	7,738				GENERAL OPERATING SUPPORT
LAKESHORE ANIMAL FRIENDS PO BOX 503 LUDINGTON, MI 49431	38-3049812	501(C)(3)	5,500				GENERAL OPERATING SUPPORT



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LAKESHORE ETHNIC DIVERSITY ALLIANCE PO BOX 2945 HOLLAND, MI 49422	38-3360686	501(C)(3)	26,600				GENERAL OPERATING SUPPORT
LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON, MI 49431	81-4673437	501(C)(3)	13,625				GENERAL OPERATING SUPPORT

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LAKESHORE MUSEUM CENTER 430 W CLAY MUSKEGON, MI 49440	38-1367319	501(C)(3)	142,710				GENERAL OPERATING SUPPORT
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW STE 102 GRAND RAPIDS, MI 49504	38-2363129	501(C)(3)	31,150				GENERAL OPERATING SUPPORT

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LEADER DOGS FOR THE BLIND FOUNDATION 1039 S ROCHESTER RD ROCHESTER HILLS, MI 48307	38-1366931	501(C)(3)	7,738				GENERAL OPERATING SUPPORT
LEBANON LUTHERAN CHURCH 1101 S MEARS AVENUE WHITEHALL, MI 49461	38-6066217	501(C)(3)	17,560				GENERAL OPERATING SUPPORT

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LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	15,500				GENERAL OPERATING SUPPORT
LOVE INC 2735 E APPLE AVE STE A MUSKEGON, MI 49442	38-2450507	501(C)(3)	12,788				GENERAL OPERATING SUPPORT

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LUDINGTON & SCOTTVILLE AREA CHAMBER OF COMMERCE 5300 WEST US 10 LUDINGTON, MI 49431	38-0775025	501(C)(6)	7,000				GENERAL OPERATING SUPPORT
LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION ST SIMON CATHOLIC CHURCH 702 E BRYANT ROAD LUDINGTON, MI 49431	38-2932594	501(C)(3)	100,840				GENERAL OPERATING SUPPORT

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LUDINGTON AREA CENTER FOR THE ARTS 107 S HARRISON ST LUDINGTON, MI 49431	42-1625326	501(C)(3)	8,950				GENERAL OPERATING SUPPORT
LUDINGTON AREA SCHOOLS 809 E TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612	501(C)(3)	71,569				GENERAL OPERATING SUPPORT

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LUDINGTON RECREATION SOCCER PO BOX 455 LUDINGTON, MI 49431	38-2727686	501(C)(3)	8,385				GENERAL OPERATING SUPPORT
MANISTEE COUNTY COMMUNITY FOUNDATION 395 THIRD STREET MANISTEE, MI 49660	38-2741723	501(C)(3)	2,337,052				GENERAL OPERATING SUPPORT

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MANISTEE COUNTY COUNCIL ON AGING 457 RIVER STREET MANISTEE, MI 49660	38-1949993	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
MASON COUNTY DISTRICT LIBRARY 217 E LUDINGTON AVENUE LUDINGTON, MI 49431	38-3199023	GOVERNMENTAL UNIT	5,500				GENERAL OPERATING SUPPORT



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MASON COUNTY EASTERN SCHOOLS 18 SOUTH MAIN STREET CUSTER, MI 49405		501(C)(3)	6,140				GENERAL OPERATING SUPPORT
MASON COUNTY HISTORICAL SOCIETY INC 1687 S LAKESHORE DRIVE LUDINGTON, MI 49431	38-1689000	501(C)(3)	19,001				GENERAL OPERATING SUPPORT

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MENTAL HEALTH FOUNDATION OF WEST MICHIGAN 107 OAKES ST SE GRAND RAPIDS, MI 49503	38-2822359	501(C)(3)	16,750				GENERAL OPERATING SUPPORT
MERCY HEALTH OFFICE OF PHILANTHROPY 1500 E SHERMAN BLVD MUSKEGON, MI 49444	38-2589966	501(C)(3)	353,842				GENERAL OPERATING SUPPORT

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MERCY HEALTH LAKESHORE CAMPUS 72 S STATE STREET SHELBY, MI 49455		501(C)(3)	11,992				GENERAL OPERATING SUPPORT
MICHIGAN NATURE ASSOCIATION 2310 SCIENCE PARKWAY SUITE A OKEMOS, MI 48864	38-6093404	501(C)(3)	13,630				GENERAL OPERATING SUPPORT

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MICHIGAN STATE UNIVERSITY ACCOUNTING OFFICE 426 AUDITORIUM RD ROOM 360 EAST LANSING, MI 48824		501(C)(3)	78,761				GENERAL OPERATING SUPPORT
MICHIGAN TECHNOLOGICAL UNIVERSITY OFFICE OF FINANCIAL AID 1400 TOWNSEND DRIVE HOUGHTON, MI 49931		501(C)(3)	62,020				GENERAL OPERATING SUPPORT

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MICHIGAN'S EDGE MOUNTAIN BIKING ASSOCIATION (MEMBA) 140 BAY CIRCLE DR HOLLAND, MI 49424	46-1098779	501(C)(3)	25,500				GENERAL OPERATING SUPPORT
MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON, MI 49444	38-3220964	501(C)(3)	7,000				GENERAL OPERATING SUPPORT

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MONTAGUE AREA PUBLIC SCHOOLS 4882 STANTON BLVD MONTAGUE, MI 49437	38-6002940	501(C)(3)	15,030				GENERAL OPERATING SUPPORT
MT ZION CHURCH OF GOD IN CHRIST 188 W MUSKEGON AVENUE MUSKEGON, MI 49440	38-3715411	501(C)(3)	11,500				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MUNSON HEALTHCARE MANISTEE HOSPITAL FOUNDATION 1465 E PARKDALE AVE MANISTEE, MI 49660	38-3565083	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
MUSKEGON AREA DISTRICT LIBRARY 4845 AIRLINE ROAD UNIT 5 MUSKEGON, MI 49444	02-0748132	GOVERNMENTAL UNIT	599,839				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MUSKEGON AREA FIRST 380 W WESTERN AVE STE 202 MUSKEGON, MI 49440	38-3491274	501(C)(6)	30,000				GENERAL OPERATING SUPPORT
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT 630 HARVEY STREET MUSKEGON, MI 49442	38-1717461	501(C)(3)	858,409				GENERAL OPERATING SUPPORT



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MUSKEGON BIG RED ATHLETIC FOUNDATION C/O MUSKEGON HIGH SCHOOL 80 W SOUTHERN AVE MUSKEGON, MI 49441	38-3056451	501(C)(3)	8,000				GENERAL OPERATING SUPPORT
MUSKEGON CATHOLIC EDUCATION FOUNDATION 1851 BARCLAY AVE MUSKEGON, MI 49441	23-7019036	501(C)(3)	42,190				GENERAL OPERATING SUPPORT

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MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE MUSKEGON, MI 49442	38-1515402	501(C)(3)	22,369				GENERAL OPERATING SUPPORT
MUSKEGON CIVIC THEATRE 425 W WESTERN SUITE 401 MUSKEGON, MI 49440	38-2335336	501(C)(3)	17,506				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON COMMUNITY COLLEGE 221 S QUARTERLINE RD MUSKEGON, MI 49442		501(C)(3)	175,494				GENERAL OPERATING SUPPORT
MUSKEGON COMMUNITY CONCERT ASSOCIATION INC 711 RUDDIMAN DRIVE N MUSKEGON, MI 49445	38-2812739	501(C)(3)	6,855				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE, MI 49457	38-2333068	GOVERNMENTAL UNIT	88,900				GENERAL OPERATING SUPPORT
MUSKEGON ELKS LODGE #274 513 W PONTALUNA RD MUSKEGON, MI 49444	36-0793011	501(C)(8)	5,195				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON HERITAGE ASSOCIATION 561 W WESTERN AVENUE MUSKEGON, MI 49440	23-7350112	501(C)(3)	185,450				GENERAL OPERATING SUPPORT
MUSKEGON LAKESHORE CHAMBER OF COMMERCE FOUNDATION 380 WEST WESTERN SUITE 202 MUSKEGON, MI 49440	38-3634571	501(C)(3)	26,300				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON MUSEUM OF ART 296 W WEBSTER MUSKEGON, MI 49440	38-3402560	501(C)(3)	546,742				GENERAL OPERATING SUPPORT
MUSKEGON PUBLIC SCHOOLS POPPEN PROGRAMS INC 349 W WEBSTER - RM 101 MUSKEGON, MI 49440	38-6002960	501(C)(3)	55,984				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON PUBLIC SCHOOLS 349 W WEBSTER MUSKEGON, MI 49442	38-6002960	501(C)(3)	98,244				GENERAL OPERATING SUPPORT
MUSKEGON RAILROAD HISTORICAL SOCIETY 2371 MARQUETTE AVE MUSKEGON, MI 49443	38-2445957	501(C)(3)	17,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON RESCUE MISSION 1715 PECK STREET MUSKEGON, MI 49441	38-3525239	501(C)(3)	38,982				GENERAL OPERATING SUPPORT
MUSKEGON ROTARY FOUNDATION PO BOX 0066 MUSKEGON, MI 49443	38-1616283	501(C)(3)	7,693				GENERAL OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSKEGON SOCIAL JUSTICE COMMISSION MUSKEGON COUNTY PROSECUTORS OFFICE 990 TERRACE ST 5TH FLOOR MUSKEGON, MI 49442	46-1944840	501(C)(3)	6,000				GENERAL OPERATING SUPPORT
MUSKEGON YMCA PO BOX 1667 MUSKEGON, MI 49443	38-2000172	501(C)(3)	8,207				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION PO BOX 1224 MUSKEGON, MI 49443	38-1547024	501(C)(3)	18,630				GENERAL OPERATING SUPPORT
NEW ERA CHRISTIAN SCHOOL 1901 S OAK AVENUE NEW ERA, MI 49446	38-1547024	501(C)(3)	23,445				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NOAH PROJECT 5205 AIRLINE ROAD MUSKEGON, MI 49444	38-3456850	501(C)(3)	11,810				GENERAL OPERATING SUPPORT
NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445		501(C)(3)	26,044				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHERN MICHIGAN BLUE TO GOLD STAR MOTHERS PO BOX 7346 TRAVERSE CITY, MI 49696	81-2409538	501(C)(3)	8,440				GENERAL OPERATING SUPPORT
NORTHERN MICHIGAN UNIVERSITY OFFICE OF FINANCIAL AID 1401 PRESQUE ISLE AVE MARQUETTE, MI 49855		501(C)(3)	9,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTON SHORES BRANCH OF THE MUSKEGON AREA DISTRICT LIBRARY 705 SEMINOLE MUSKEGON, MI 49441		GOVERNMENTAL UNIT	11,305				GENERAL OPERATING SUPPORT
OAKLAND UNIVERSITY OFFICE OF FINANCIAL AID 161 N FOUNDATION HALL ROCHESTER, MI 48309		501(C)(3)	7,530				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OCEANA COUNTY OCEANA COUNTY ADMINISTRATOR 100 STATE STREET STE M-4 HART, MI 49420		GOVERNMENTAL UNIT	170,000				GENERAL OPERATING SUPPORT
OCEANA COUNTY SHERIFF DEPARTMENT PO BOX 32 HART, MI 49420		GOVERNMENTAL UNIT	5,024				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OTTAWA COUNTY PARKS AND RECREATION 12220 FILLMORE ST ROOM 267 WEST OLIVE, MI 49460		GOVERNMENTAL UNIT	20,100				GENERAL OPERATING SUPPORT
PATHFINDERS 2500 JEFFERSON STREET MUSKEGON, MI 49444	45-2445595	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEOPLE'S CHURCH UNITARIAN UNIVERSALIST 115 W LOOMIS STREET LUDINGTON, MI 49431		501(C)(3)	48,204				GENERAL OPERATING SUPPORT
PERE MARQUETTE MEMORIAL ASSOCIATION 202 S HARRISON ST LUDINGTON, MI 49431	82-5321829	501(C)(3)	78,444				GENERAL OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIONEER RESOURCES 601 TERRACE ST SUITE 100 MUSKEGON, MI 49440	38-1367329	501(C)(3)	15,170				GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF MICHIGAN 425 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-1707521	501(C)(3)	12,160				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PORT CITY CHURCH 3387 HEIGHTS RAVENNA MUSKEGON, MI 49444		501(C)(3)	20,000				GENERAL OPERATING SUPPORT
POUND BUDDIES ANIMAL SHELTER ADOPTION CENTER 1300 E KEATING AVENUE MUSKEGON, MI 49442	38-3590598	501(C)(3)	34,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PUBLIC HEALTH-MUSKEGON COUNTY 209 E APPLE AVENUE MUSKEGON, MI 49442	38-6006063	GOVERNMENTAL UNIT	15,000				GENERAL OPERATING SUPPORT
READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443	41-2176728	501(C)(3)	22,450				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REETHS PUFFER SCHOOL DISTRICT 991 W GILES ROAD N MUSKEGON, MI 49445	38-1816725	501(C)(3)	25,342				GENERAL OPERATING SUPPORT
RIVERTON FIREFIGHTERS ASSOCIATION INC 4622 S MORTON RD LUDINGTON, MI 49431	38-2679823	501(C)(3)	7,080				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROTARY CLUB OF LUDINGTON CHARITIES PO BOX 149 LUDINGTON, MI 49431	27-4860991	501(C)(3)	11,190				GENERAL OPERATING SUPPORT
SABLE POINTS LIGHTHOUSE KEEPERS ASSOCIATION 905 E LUDINGTON AVE LUDINGTON, MI 49431	38-3248067	501(C)(3)	5,800				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY 1221 SHONAT PO BOX 1116 MUSKEGON, MI 49442	36-2167910	501(C)(3)	20,096				GENERAL OPERATING SUPPORT
SAMUEL OMOGO FOUNDATION 1751 28TH ST SW WYOMING, MI 49519	45-4872020	501(C)(3)	6,500				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SANDCASTLES A LAKE MICHIGAN CHILDREN'S MUSEUM 129 E LUDINGTON AVENUE PO BOX 595 LUDINGTON, MI 49431	35-2340348	501(C)(3)	13,600				GENERAL OPERATING SUPPORT
SHELBY PUBLIC SCHOOLS 525 N STATE STREET SHELBY, MI 49455	38-6003167	501(C)(3)	33,218				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SPECTRUM HEALTH LUDINGTON HOSPITAL FOUNDATION ONE ATKINSON DR LUDINGTON, MI 49431		501(C)(3)	9,000				GENERAL OPERATING SUPPORT
SPRING ARBOR UNIVERSITY OFFICE OF FINANCIAL AID 106 E MAIN STREET SPRING ARBOR, MI 49283	38-1359569	501(C)(3)	8,420				GENERAL OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ST CATHERINE'S CHURCH PO BOX 216 RAVENNA, MI 49451		501(C)(3)	20,000				GENERAL OPERATING SUPPORT
ST MARY'S COLLEGE OFFICE OF FINANCIAL AID 148 LEMANS HALL NOTRE DAME, IN 46556		501(C)(3)	6,838				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ST MICHAEL THE ARCHANGEL CATHOLIC CHURCH 1716 SIXTH STREET MUSKEGON, MI 49441		501(C)(3)	6,074				GENERAL OPERATING SUPPORT
ST PAUL'S EPISCOPAL CHURCH 1006 3RD STREET 1206 MUSKEGON, MI 49440	38-1568900	501(C)(3)	11,200				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEP UP PO BOX 1626 MUSKEGON, MI 49443	32-0469895	501(C)(3)	16,000				GENERAL OPERATING SUPPORT
SUMMIT TOWNSHIP 4879 W DEREN RD LUDINGTON, MI 49431	38-2078182	GOVERNMENTAL UNIT	7,080				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ARC MUSKEGON 601 TERRACE ST SUITE 101 MUSKEGON, MI 49440	38-1586705	501(C)(3)	8,000				GENERAL OPERATING SUPPORT
THE HENRY FORD 20900 OAKWOOD BLVD DEARBORN, MI 48124	38-1359513	501(C)(3)	6,050				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HOPE PROJECT INC 1516 PECK ST MUSKEGON, MI 49441	35-2270341	501(C)(3)	16,059				GENERAL OPERATING SUPPORT
THE LADDER COMMUNITY CENTER 67 N STATE STREET SHELBY, MI 49455	47-2123160	501(C)(3)	30,275				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY SUITE 150 LIVONIA, MI 48152	38-3321856	501(C)(3)	14,810				GENERAL OPERATING SUPPORT
TRINITY LUTHERAN CHURCH 3225 ROOSEVELT RD MUSKEGON, MI 49441	38-1387155	501(C)(3)	20,390				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 5631 W STONY LAKE RD NEW ERA, MI 49446		501(C)(3)	5,500				GENERAL OPERATING SUPPORT
UNITED WAY OF MANISTEE COUNTY 449 RIVER ST MANISTEE, MI 49660	38-6032839	501(C)(3)	10,685				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF MASON COUNTY 920 E TINKHAM LUDINGTON, MI 49431	38-2943115	501(C)(3)	31,437				GENERAL OPERATING SUPPORT
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443	38-1426895	501(C)(3)	83,416				GENERAL OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF INDIANAPOLIS FINANCIAL AID OFFICE 1400 EAST HANNA AVENUE INDIANAPOLIS, IN 46227		501(C)(3)	5,100				GENERAL OPERATING SUPPORT
UNIVERSITY OF MICHIGAN OFFICE OF FINANCIAL AID 2011 STUDENT ACTIV BLDG-1316 ANN ARBOR, MI 48109		501(C)(3)	109,470				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME OFFICE OF FINANCIAL AID 115 MAIN BUILDING NOTRE DAME, IN 46556		501(C)(3)	8,500				GENERAL OPERATING SUPPORT
USS LST 393 PRESERVATION ASSOCIATION 560 MART STREET MUSKEGON, MI 49440	20-4531853	501(C)(3)	10,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEER FOR DENTAL 31 E CLAY AVENUE MUSKEGON, MI 49442	83-1299804	501(C)(3)	6,000				GENERAL OPERATING SUPPORT
WAYNE STATE UNIVERSITY CASHIERS OFFICE PO BOX 02788 DETROIT, MI 48202	38-6028429	501(C)(3)	17,650				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST MICHIGAN SHORELINE REGIONAL DEVELOPMENT COMMISSION 316 MORRIS AVENUE SUITE 340 MUSKEGON, MI 49440		GOVERNMENTAL UNIT	10,500				GENERAL OPERATING SUPPORT
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440	38-6092131	501(C)(3)	83,363				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST MICHIGAN VETERANS INC 165 EAST APPLE AVENUE SUITE 201 MUSKEGON, MI 49442	38-3036621	501(C)(3)	6,944				GENERAL OPERATING SUPPORT
WEST SHORE COMMUNITY COLLEGE OFFICE OF FINANCIAL AID 3000 N STILES RD PO BOX 277 SCOTTVILLE, MI 49454		501(C)(3)	44,350				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST SHORE COMMUNITY COLLEGE FOUNDATION 3000 N STILES ROAD BOX 277 SCOTTVILLE, MI 49454	23-7128810	501(C)(3)	25,738				GENERAL OPERATING SUPPORT
WEST SHORE PREGNANCY & FAMILY SUPPORT 603 E TINKHAM AVE PO BOX 364 LUDINGTON, MI 49431	31-1437532	501(C)(3)	8,810				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL 455 E ELLIS RD MUSKEGON, MI 49441	38-3488222	501(C)(3)	191,880				GENERAL OPERATING SUPPORT
WESTERN MICHIGAN FAIR ASSOCIATION PO BOX 153 SCOTTVILLE, MI 49454	38-1849651	501(C)(3)	6,000				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN MICHIGAN UNIVERSITY OFFICE OF FINANCIAL AID 1903 W MICHIGAN AVE KALAMAZOO, MI 49008	38-6007327	501(C)(3)	44,075				GENERAL OPERATING SUPPORT
WHITE LAKE MUSIC SOCIETY PO BOX 234 MONTAGUE, MI 49437	82-2832809	501(C)(3)	9,937				GENERAL OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL, MI 49461		501(C)(3)	9,743				GENERAL OPERATING SUPPORT
WHITEHALL EDUCATION FOUNDATION 541 E SLOCUM STREET WHITEHALL, MI 49461	38-2503241	501(C)(3)	16,311				GENERAL OPERATING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA CAMP PENDALOUAN 1243 FRUITVALE RD MONTAGUE, MI 49437	38-2000172	501(C)(3)	23,160				GENERAL OPERATING SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number  
38-6114135

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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 (e.g., maid, chauffeur, chef)		
<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 idemnification 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 (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**Part III** **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

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	47	896,479	MKT CLOSE - DATE OF GIFT
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 ▶ (INSURANCE POLICY)	X	1	11,519	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

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

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

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

b If "Yes," describe in Part II.

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

**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.

Return Reference	Explanation
PART I, LINE 32B:	INVESTMENT SECURITIES ARE HELD AT AN UNRELATED BROKERAGE FIRM. CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD VIA THIS 3RD PARTY.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 SUBSEQUENT TO FILING.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INFORMATION REGARDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 24E	PUBLIC RELATIONS / DEVELOPMENT: PROGRAM SERVICE EXPENSES 20,930. MANAGEMENT AND GENERAL EXPENSES 24,955. FUNDRAISING EXPENSES 34,615. TOTAL EXPENSES 80,500. MISCELLANEOUS: PROGRAM SERVICE EXPENSES 24,196. MANAGEMENT AND GENERAL EXPENSES 14,268. FUNDRAISING EXPENSES 7,006. TOTAL EXPENSES 45,470. PROFESSIONAL DEVELOPMENT: PROGRAM SERVICE EXPENSES 7,213. MANAGEMENT AND GENERAL EXPENSES 8,601. FUNDRAISING EXPENSES 11,929. TOTAL EXPENSES 27,743. SUPPORTING ORGANIZATION PROGRAM EXPENSE: PROGRAM SERVICE EXPENSES -151,962. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES -151,962.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	FUNDS HELD AS COMMUNITY SERVICE - INCREASE IN ASSETS 1,087,541. FUNDS HELD AS ORGANIZATION ENDOWMENT - DECREASE IN ASSETS -2,679,983.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> MORRIS STREET LLC 425 W WESTERN AVE SUITE 200 MUSKEGON, MI 49440	REAL PROPERTY OWNERSHIP	MI		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
<b>(1)</b> PENNIES FROM HEAVEN FOUNDATION 425 W WESTERN AVE SUITE 200  MUSKEGON, MI 49440 46-1452866	SUPPORTING ORGANIZATION	MI	501(C)(3)	LINE 12A, I			No
<b>(2)</b> THE PAUL C JOHNSON FOUNDATION 425 W WESTERN AVE SUITE 200  MUSKEGON, MI 49440 38-2919769	SUPPORTING ORGANIZATION	MI	501(C)(3)	LINE 12A, I			No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION 425 W WESTERN AVE SUITE 200 MUSKEGON, MI 49440 36-4505998	SALE OF DOWNTOWN MUSKEGON, MI PARCELS FOR REDEVELOPMENT OF CITY CORE.	MI		C			34.920 %		No
<b>(2)</b> PKT TWELVE INC 425 W WESTERN AVE SUITE 200 MUSKEGON, MI 49440 38-3272951	RESTAURANT AND WINE BAR	MI		C		70,444	100.000 %		No



**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**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	67,436	ACTUAL



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>