

EXTENDED TO NOVEMBER 15, 2023

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service**A** For the 2022 calendar year, or tax year beginning

and ending

**B** Check if applicable:

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

**C** Name of organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

## Doing business as

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

425 WESTERN AVENUE

Room/suite

200

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

MUSKEGON, MI 49440-1101

**F** Name and address of principal officer: TODD JACOBS

SAME AS C ABOVE

**D** Employer identification number

38-6114135

**E** Telephone number

231-722-4538

**G** Gross receipts \$

24,655,759.

**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☒ No

If "No," attach a list. See instructions

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>BETTER THE LIVES OF AREA RESIDENTS THROUGH INVESTING AND ADMINISTERING GIFTS AND BEQUESTS AND</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	66
	6	Total number of volunteers (estimate if necessary)	6	207
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	9,530.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	13,243,730.	12,506,668.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	345,056.	746,252.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,483,012.	5,921,547.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,483,784.	792,405.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,555,582.	19,966,872.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	12,008,700.	13,451,146.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,990,865.	2,106,650.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,397,132.	-1,296,693.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,396,697.	14,261,103.
	19	Revenue less expenses. Subtract line 18 from line 12	13,158,885.	5,705,769.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	247,862,579.	209,235,541.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,540,656.	26,353,874.
			218,321,923.	182,881,667.

**Part II** Signature Block

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

Sign Here	Signature of officer	Date
	TODD JACOBS, PRESIDENT	NOVEMBER 3, 2023
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	JEFFREY E. HERT, CPA	JEFFREY E. HERT, CPA
	Date	Check <input type="checkbox"/> self-employed PTIN
	11/01/23	P00066715
	Firm's name	Firm's EIN
	REHMANN ROBSON LLC	38-3567911
	Firm's address	Phone no.
	570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444	231-739-9441

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

232001 12-13-22

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

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

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code: ) (Expenses \$ 3,777,737. Including grants of \$ 4,250,609. ) (Revenue \$ )

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

4b (Code: ) (Expenses \$ 2,627,204. Including grants of \$ 2,956,061. ) (Revenue \$ )

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

4c (Code: ) (Expenses \$ 4,078,634. Including grants of \$ 4,589,171. ) (Revenue \$ 746,252. )

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

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,471,156. Including grants of \$ 1,655,306. ) (Revenue \$ )

4e Total program service expenses 11,954,731.

Form 990 (2022)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

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

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

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b> 66		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see the instructions and file Form 720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>	
If "Yes," complete Form 6069.		

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

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

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MI**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ISRAEL VELEZ, JR. - (231) 722-4538**  
**425 WESTERN AVENUE, 200, MUSKEGON, MI 49440-1101**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD JACOBS SECRETARY/PRESIDENT	40.00 1.00	X		X				185,030.	0.	8,548.
(2) JANELLE MAIR VP COMMUNITY INVESTMENT	40.00				X			100,377.	0.	29,584.
(3) ISRAEL VELEZ CFO	40.00			X				107,044.	0.	18,513.
(4) BRAD HILLEARY CHAIR	1.00	X		X				0.	0.	0.
(5) ASALINE SCOTT SPECIAL ADVISOR TO THE BOARD	1.00	X		X				0.	0.	0.
(6) GARY ALLORE TRUSTEE	1.00	X						0.	0.	0.
(7) PASTOR DUANE E BENNETT TRUSTEE	1.00	X						0.	0.	0.
(8) EDWARD GARNER TRUSTEE	1.00	X						0.	0.	0.
(9) DAVID HAZEKAMP TRUSTEE	1.00	X						0.	0.	0.
(10) KATIE HENSLEY TREASURER	1.00	X		X				0.	0.	0.
(11) HON. MARIA LADAS HOOPES TRUSTEE	1.00	X						0.	0.	0.
(12) ROZELIA PATINO TRUSTEE	1.00	X						0.	0.	0.
(13) PRISCILLA WILCOX VICE CHAIR	1.00	X		X				0.	0.	0.
(14) ANTHONY WILSON TRUSTEE	1.00	X						0.	0.	0.
(15) THOMAS G. WITT TRUSTEE	1.00	X						0.	0.	0.
(16) TROYCIE NICHOLS TRUSTEE	1.00	X						0.	0.	0.
(17) DICK KAMPS, M.D. IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID SHAFER TRUSTEE	1.00	X						0.	0.	0.
(19) ANGELITA VALDEZ TRUSTEE	1.00	X						0.	0.	0.
(20) SHELI VANDERLINDE TRUSTEE	1.00	X						0.	0.	0.
(21) DUANE BENNETT TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								392,451.	0.	56,645.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								392,451.	0.	56,645.

**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

3

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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> 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	

Form 990 (2022)



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,506,668.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g \$</b>	1,683,760.				
	<b>h Total.</b> Add lines 1a-1f			12,506,668.			
<b>Program Service Revenue</b>	<b>2 a</b> FRAUENTHAL CENTER FOR THE PERFORM	<b>Business Code</b>	711190	746,252.	746,252.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			746,252.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,637,777.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		<b>6a</b>	(i) Real 101,636.				
<b>b</b> Less: rental expenses		<b>6b</b>	235,001.				
<b>c</b> Rental income or (loss)		<b>6c</b>	-133,365.				
<b>d</b> Net rental income or (loss)				-133,365.			-133,365.
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities 5,737,656.				
<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>	4,349,254.	104,632.			
<b>c</b> Gain or (loss)		<b>7c</b>	1,388,402.	-104,632.			
<b>d</b> Net gain or (loss)				1,283,770.			1283770.
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>					
<b>b</b> Less: direct expenses		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	561000	564,306.			564,306.
	<b>b</b> COMMUNITY SERVICE/ENDOWMENT REVEN		900003	361,464.			361,464.
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			925,770.			
<b>12 Total revenue.</b> See instructions			19,966,872.	746,252.	0.	6713952.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,500,054.	12,500,054.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	951,092.	951,092.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,483.		315,483.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,386,466.	706,845.	114,988.	564,633.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,968.	34,406.	4,077.	27,485.
9 Other employee benefits	210,325.	75,509.	52,018.	82,798.
10 Payroll taxes	128,408.	54,074.	31,140.	43,194.
11 Fees for services (nonemployees):				
a Management	28,717.	8,870.	8,314.	11,533.
b Legal	22,424.	7,493.	5,190.	9,741.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	211,282.	77,889.	55,881.	77,512.
12 Advertising and promotion	29,910.	10,095.	8,301.	11,514.
13 Office expenses	38,258.	16,130.	9,270.	12,858.
14 Information technology	584.	152.	181.	251.
15 Royalties				
16 Occupancy	199,265.	151,866.	19,856.	27,543.
17 Travel	3,357.	873.	1,040.	1,444.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	268,137.	2,556.	265,581.	
23 Insurance	31,930.	24,328.	3,184.	4,418.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	498,725.	212,606.	121,724.	164,395.
b REPAIRS AND MAINTENANCE	243,651.	239,182.	1,872.	2,597.
c PUBLIC RELATIONS / DEVE	161,242.	41,923.	49,985.	69,334.
d DUES SUBSCRIPTIONS	102,229.	82,364.	8,322.	11,543.
e All other expenses	-3,136,404.	-3,243,576.	91,475.	15,697.
25 Total functional expenses. Add lines 1 through 24e	14,261,103.	11,954,731.	1,167,882.	1,138,490.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	3,141,989.	1	2,217,383.
	2 Savings and temporary cash investments .....	8,350,434.	2	9,365,572.
	3 Pledges and grants receivable, net .....	1,098,479.	3	806,909.
	4 Accounts receivable, net .....	598,201.	4	363,974.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....	2,698,000.	7	3,213,567.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 12,724,893.		
	b Less: accumulated depreciation .....	10b 8,176,936.		
	11 Investments - publicly traded securities .....	4,874,920.	10c	4,547,957.
	12 Investments - other securities. See Part IV, line 11 .....	224,768,445.	11	186,372,231.
	13 Investments - program-related. See Part IV, line 11 .....	2,266,911.	12	2,268,590.
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	65,200.	14	79,358.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	247,862,579.	15	209,235,541.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	438,671.	16	125,681.
	18 Grants payable .....	353,294.	17	620,318.
	19 Deferred revenue .....		18	
	20 Tax-exempt bond liabilities .....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....		22	
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		24	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	28,748,691.	25	25,607,875.
	27 <b>Net assets or fund balances.</b> Add lines 1 through 26 .....	29,540,656.	26	26,353,874.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	218,321,923.	27	182,881,667.
	28 Net assets with donor restrictions .....		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances</b> .....	218,321,923.	32	182,881,667.
33 <b>Total liabilities and net assets/fund balances</b> .....	247,862,579.	33	209,235,541.	

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,966,872.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,261,103.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,705,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	218,321,923.
5	Net unrealized gains (losses) on investments	5	-44,306,215.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,160,190.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	182,881,667.

**Part XII Financial Statements and Reporting**

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

Department of the Treasury  
Internal Revenue Service

## OMB No. 1545-0047

2022

**Open to Public Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

<b>Part</b>	<b>Reason for Public Charity Status.</b> (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, 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).)
  - 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 **section 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 on 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). \_\_\_\_\_

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5571336.	12872364.	11364882.	13243730.	12506668.	55558980.
<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	5571336.	12872364.	11364882.	13243730.	12506668.	55558980.
<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)						252,340.
<b>6 Public support.</b> Subtract line 5 from line 4.						55306640.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	5571336.	12872364.	11364882.	13243730.	12506668.	55558980.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4540496.	5040051.	4180418.	5046583.	4739413.	23546961.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					10,530.	10,530.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	791,704.	278,506.	732,142.	1655890.	925,770.	4384012.
<b>11 Total support.</b> Add lines 7 through 10						83500483.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	746,252.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	66.24 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	64.11 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990) 2022



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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.)



### Identification of Excess Contributions Included on Part II, Line 5

2022

\*\*\* Not Open to Public Inspection \*\*\*

Total Excess Contributions to Schedule A, Part II, Line 5		252,340.
223171 04-01-22		

**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

38-6114135

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

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

Schedule B (Form 990) (2022)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARNEY, DR. JOHN R. 910 W. LOWELL ST. LUDINGTON, MI 49431	\$ 1,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF MUSKEGON PO BOX 536 MUSKEGON, MI 49443	\$ 1,001,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EKSTRAND, LOUS M. 7541 N. OAKLEY AVE. #1 CHICAGO, IL 60645	\$ 1,862,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW, STE 102 GRAND RAPIDS, MI 49504	\$ 767,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OLTHOFF, MICHAEL K. AND KAY M. 1499 MIDDLEBROOK DRIVE MUSKEGON, MI 49441	\$ 626,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WILSON, DOROTHY ANN 1406 RUDDIMAN DR. NORTH MUSKEGON, MI 49445	\$ 1,729,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

38-6114135

## Part II

[illegible]

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

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

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

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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	299	
2 Aggregate value of contributions to (during year)	3,013,466.	
3 Aggregate value of grants from (during year)	3,140,424.	
4 Aggregate value at end of year	46,829,311.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$

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

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2022

232051 09-01-22



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

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

a ☒ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,787,010.	18,463,892.	17,622,992.	14,943,009.	16,327,456.
b Contributions	121,817.	551,637.	198,246.	457,186.	436,740.
c Net investment earnings, gains, and losses	-3,523,813.	2,388,762.	1,378,189.	2,945,950.	-1,133,339.
d Grants or scholarships	646,012.	617,281.	735,535.	723,153.	687,848.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	16,739,002.	20,787,010.	18,463,892.	17,622,992.	14,943,009.

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

a Board designated or quasi-endowment 8.3500 %

b Permanent endowment \_\_\_\_\_ %

c Term endowment 91.6500 %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,000.		150,000.
b Buildings		11,097,960.	6,965,718.	4,132,242.
c Leasehold improvements				
d Equipment		1,476,933.	1,211,218.	265,715.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,547,957.

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<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	
(2) CHARITABLE GIFT ANNUITIES	532,591.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	16,739,002.
(4) LIABILITY FOR FUNDS HELD AS	
(5) COMMUNITY SERVICE	8,336,282.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,607,875.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2022

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION.

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

THE FOUNDATION HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS 2019 THROUGH 2022, THE YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2022. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FOUNDATION'S COMBINED FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2022 AND 2021, AND THEY ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**

Employer identification number  
**38-6114135**

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGEWELL SERVICES OF WEST MICHIGAN 275 W. CLAY AVE. #100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	36,152.	0.			GENERAL SUPPORT; TO BE USED FOR MEDICAL APPOINTMENT TRANSPORTATION FOR
ALMA COLLEGE FINANCIAL AID OFFICE ALMA, MI 48801	38-1359083	SCHOOL	9,000.	0.			SCHOLARSHIP FUNDS
AMERICAN CANCER SOCIETY MICHIGAN PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	8,961.	0.			GENERAL OPERATING SUPPORT
AMERICAN ORG. FOR NURSING LEADERSHIP FOUNDATION - 155 NORTH WACKER DRIVE SUITE 400 - CHICAGO, IL 60606	27-2399044	501(C)(3)	33,333.	0.			NURSING LEADERSHIP RESEARCH AND EDUCATION
AMERICAN RED CROSS 1050 FULLER AVE, NE GRAND RAPIDS, MI 49503	53-0196605	501(C)(3)	28,792.	0.			HOME FIRE CAMPAIGN; TO EXPAND OR SUPPORT THE AMERICAN RED CROSS OF MUSKEGON'S WORK RELATING
ANCHOR POINT BIBLE CHURCH 635 SEMINOLE RD NORTON SHORES, MI 49441	38-1549124	501(C)(3)	12,102.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **147.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNIS WATER RESOURCE INSTITUTE 740 W. SHORELINE DR MUSKEGON, MI 49441	38-1684280	501(C)(3)	81,990.	0.			ANNUAL DISBURSEMENT TO SUPPORT THE ANNIS WATER RESOURCE INSTITUTE; AWRI LAB TECH
AQUINAS COLLEGE FINANCIAL AID OFFICE GRAND RAPIDS, MI 49506	38-1367080	SCHOOL	13,000.	0.			SCHOLARSHIP FUNDS
ARTS COUNCIL OF WHITE LAKE 106 E. COLBY ST. WHITEHALL, MI 49461	38-2614596	501(C)(3)	35,793.	0.			ANNUAL DISTRIBUTION; SUMMER YOUTH MUSIC PROGRAM; 2021 TROMBONE RETREAT; 2022 EMERGING
ATLANTA TECHNICAL COLLEGE 1560 METROPOLITAN PKWY SW ATLANTA, GA 30310	58-2582973	SCHOOL	6,000.	0.			SCHOLARSHIP FUNDS
BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE STREET MUSKEGON, MI 49442	38-1422400	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
BIG BROTHERS BIG SISTERS OF THE LAKESHORE - 4265 GRAND HAVEN RD STE 201 - NORTON SHORES, MI 49441	38-1918631	501(C)(3)	24,241.	0.			GENERAL SUPPORT
BIG LAKE HUMANE SOCIETY & COMMUNITY ANIMAL CLINIC (MUSKEGON HUMANE SOCIETY) - 2640 MARQUETTE AVE - MUSKEGON, MI 49442	23-7198752	501(C)(3)	14,166.	0.			GENERAL SUPPORT
BLUE LAKE FINE ARTS CAMP 300 E CRYSTAL LAKE RD TWIN LAKE, MI 49457	38-1811838	501(C)(3)	18,110.	0.			SCHOLARSHIP FUNDS
BOY SCOUTS OF AMERICA - MICHIGAN CROSSROADS COUNCIL (PRESIDENT FORD FIELD SERVIC - 137 S. MARKETPLACE BLVD - LANSING, MI 48917	45-4003240	501(C)(3)	6,980.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE MUSKEGON LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443	61-1736056	501(C)(3)	374,920.	0.			GENERAL SUPPORT
CALVIN CHRISTIAN REFORMED CHURCH 700 ETHEL AVE SE GRAND RAPIDS, MI 49506	38-1518641	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CALVIN THEOLOGICAL SEMINARY 3233 BURTON ST SE GRAND RAPIDS, MI 49546	38-3001876	501(C)(3)	9,500.	0.			GENERAL SUPPORT
CALVIN UNIVERSITY 3201 BURTON ST SE GRAND RAPIDS, MI 49546	38-3071514	SCHOOL	11,600.	0.			SCHOLARSHIP FUNDS
CENTRAL MICHIGAN UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - MT. PLEASANT, MI 48859	38-6004447	SCHOOL	30,780.	0.			SCHOLARSHIP FUNDS
CENTRAL UNITED METHODIST CHURCH 1011 SECOND ST MUSKEGON, MI 49440	38-1598941	501(C)(3)	50,202.	0.			TO BENEFIT THE CHURCH'S MUSIC DEPARTMENT; ANNUAL DISBURSEMENT
CHARLOTTE COMMUNITY FOUNDATION 227 SULLIVAN STREET PUNTA GORDA, MI 33950	65-0455319	501(C)(3)	10,109.	0.			GENERAL SUPPORT
CHILD ABUSE COUNCIL OF MUSKEGON 1781 PECK STREET MUSKEGON, MI 49441	38-2195091	501(C)(3)	26,682.	0.			GENERAL SUPPORT
CITY OF LUDINGTON 400 S HARRISON STREET LUDINGTON, MI 49431	38-6004706	GOVT	10,840.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MUSKEGON PO BOX 536 MUSKEGON, MI 49443-0536	38-6004522	GOVT	71,185.	0.			ANNUAL IMPROVEMENTS AT MCGRAFT PARK; FOR "CHRIS JENSEN" PARK BENCH; YEAR FOUR OF A FIVE-YEAR
CITY OF MUSKEGON HEIGHTS POLICE DEPARTMENT - 2715 BAKER STREET - MUSKEGON HTS., MI 49444	38-6004639	GOVT	7,000.	0.			2 PANASONIC LAPTOPS FOR COMMUNITY OUT REACH AND RECRUITING, IN RESPONSE TO COMMUNITY WISH LIST;
CITY OF SCOTTVILLE - CITY MANAGER 105 N MAIN STREET SCOTTVILLE, MI 49454	38-6004734	GOVT	14,500.	0.			GENERAL SUPPORT
CITY OF WHITEHALL - PLAYHOUSE OPERATIONS - 405 E. COLBY ST. - WHITEHALL, MI 49461	38-6004748	GOVT	143,500.	0.			GENERAL OPERATING, PLAYHOUSE CAPITAL CAMPAIGN, SHOW ME THE MONEY CHALLENGE FUND
COALITION FOR COMMUNITY DEVELOPMENT - PO BOX 4618 - MUSKEGON, MI 49444	75-3204979	501(C)(3)	11,500.	0.			2021 NATIONAL DAY OF RACIAL HEALING: CULTURE CREATING UNITY (FOR UNITED PARENTS); GARDENS
COGIC COMMUNITY CENTER 2140 VALLEY ST MUSKEGON, MT 59001	38-2929137	501(C)(3)	6,200.	0.			GENERAL SUPPORT
COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442	38-3279236	501(C)(3)	36,850.	0.			SUPPORT FOR GENERAL OPERATING, MATCH DAY, FARM STAND-CATERPILLAR TUNNEL FOR GROWING, IN
COMMUNITY UNITED METHODIST CHURCH 1614 RUDDIMAN DR MUSKEGON, MI 49445	38-1844245	501(C)(3)	7,835.	0.			GENERAL SUPPORT
COREWELL HEALTH (SPECTRUM HEALTH) LUDINGTON HOSPITAL FOUNDATION - ONE ATKINSON DRIVE - LUDINGTON, MI 49431	38-2752328	501(C)(3)	19,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE UNIVERSITY 1001 E BELTLINE AVE NE GRAND RAPIDS, MI 49525	38-1443369	SCHOOL	8,750.	0.			GENERAL SUPPORT
COVE 906 E LUDINGTON AVE LUDINGTON, MI 49431	38-2243550	501(C)(3)	11,600.	0.			2021 MCC ALL AROUND SENIOR AWARD; SAFE SPACE, SAFE PLAY; WEST SHORE BANK SPIRIT OF GIVING
COVENANT ACADEMIES FOUNDATION 125 CATHERINE AVE MUSKEGON, MI 49442	47-5613722	501(C)(3)	14,300.	0.			GENERAL SUPPORT
COVENANT LIFE CHURCH 101 COLUMBUS AVE GRAND HAVEN, MI 49417	38-2794856	501(C)(3)	18,600.	0.			GENERAL OPERATING SUPPORT; SEMI-ANNUAL CONTRIBUTION
DIATRIBE INC PO BOX 2582 GRAND RAPIDS, MI 49501	81-4131862	CORPORATION	12,500.	0.			GENERAL SUPPORT
DISABILITY NETWORK WEST MICHIGAN 27 E CLAY AVE MUSKEGON, MI 49442	38-3476797	501(C)(3)	50,000.	0.			GENERAL SUPPORT
EVERY WOMAN'S PLACE 1221 W LAKETON AVE MUSKEGON, MI 49441	38-2072675	501(C)(3)	17,917.	0.			AID FOR EVERY WOMAN'S PLACE; GENERAL OPERATING SUPPORT; MONEY COLLECTED FROM DENIM DAY; TO
FAITH LUTHERAN CHURCH 711 E. ALICE STREET WHITEHALL, MI 49461	23-7350106	501(C)(3)	8,000.	0.			YEARLY COMMITMENT
FERRIS STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID - BIG RAPIDS, MI 49307	38-6005159	SCHOOL	43,475.	0.			SCHOLARSHIP FUNDS

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Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
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FERRY MEMORIAL REFORMED CHURCH 8637 OLD CHANNEL TRAIL MONTAGUE, MI 49437	38-2382987	501(C)(3)	5,500.	0.			GENERAL SUPPORT
FIRST CHURCH OF CHRIST, SCIENTIST 1065 4TH STREET MUSKEGON, MI 49440	04-2254742	501(C)(3)	9,627.	0.			GENERAL OPERATING SUPPORT
FIRST CONGREGATIONAL CHURCH - MUSKEGON - 1201 JEFFERSON - MUSKEGON, MI 49441-2089	38-1363563	501(C)(3)	34,289.	0.			ANNUAL COMMITMENT AND SATURDAY MORNING BREAKFAST; ANNUAL SUPPORT; CHURCH HOUSE AND
FIRST PRESBYTERIAN CHURCH - MUSKEGON - 2577 WICKHAM DRIVE - MUSKEGON, MI 49441	38-2015052	501(C)(3)	7,531.	0.			GENERAL OPERATING SUPPORT; ROOF REPAIRS
FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON, MI 49441	38-1415399	501(C)(3)	14,689.	0.			ANNUAL DISBURSEMENT; GENERAL OPERATING SUPPORT
FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE - 221 S QUARTERLINE RD #400 - MUSKEGON, MI 49442	38-2363598	501(C)(3)	27,954.	0.			GRANTS MADE IN HONOR OF DR. NESBARY'S IMPACT AWARD; NAMING OPPORTUNITY FOR THE THEATER LOBBY AT
FRAUENTHAL CENTER 425 W WESTERN AVENUE MUSKEGON, MI 49440	38-6114135	501(C)(3)	22,000.	0.			GENERAL SUPPORT
FRESH COAST ALLIANCE 1190 E APPLE AVE MUSKEGON, MI 49442	46-1973615	501(C)(3)	7,500.	0.			PURCHASING APPLIANCES/RENOVATIONS FOR HAGAR'S HOUSE; GENERAL OPERATING
FRUITPORT COMMUNITY SCHOOLS 3255 E. PONTALUNA ROAD FRUITPORT, MI 49415	38-6002931	SCHOOL	10,768.	0.			BEACH LIBRARY BOOKS; BROGREN CHRISTIE SCHOLARSHIP AWARD; REIMBURSEMENT FOR

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GIRL SCOUTS OF MICHIGAN SHORE TO SHORE - 3275 WALKER AVENUE NW - GRAND RAPIDS, MI 49544	38-1366924	501(C)(3)	49,017.	0.			GENERAL OPERATING SUPPORT; MAINTENANCE OF KISKEY SCIENCE CENTER; SUPPORT FOR COUNCIL
GOODWILL INDUSTRIES OF WEST MICHIGAN INC - 271 E APPLE AVENUE - MUSKEGON, MI 49442	38-1357148	501(C)(3)	135,844.	0.			GENERAL OPERATING SUPPORT; GOODWILL VITA PROGRAM; JANITORIAL TRAINING FOR YOUTH AT
GOTR OF KENT AND MUSKEGON COUNTIES 80 W SOUTHERN AVENUE MUSKEGON, MI 49441	83-0465333	30VT	6,000.	0.			GENERAL SUPPORT
GRAND HAVEN AREA COMMUNITY FOUNDATION - 1 S HARBOR DRIVE - GRAND HAVEN, MI 49417	23-7108776	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GRAND VALLEY STATE UNIVERSITY - DIRECTOR OF ATHLETICS GIVING - ALUMNI HOUSE 201, 1 CAMPUS DRIVE - ALLENDALE, MI 49401	38-1684280	SCHOOL	45,000.	0.			GENERAL SUPPORT
GRAND VALLEY STATE UNIVERSITY - OFFICE OF FINANCIAL AID - OFFICE OF FINANCIAL AID - ALLENDALE, MI 49401	38-1684280	SCHOOL	64,722.	0.			SCHOLARSHIP FUNDS
GVSU KAUFMAN INTERFAITH INSTITUTE 301 MICHIGAN NE GRAND RAPIDS, MI 49503	38-1684280	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF MASON COUNTY - 1916 W US HWY 10 31 - SCOTTVILLE, MI 49454	38-3027383	501(C)(3)	11,025.	0.			GENERAL OPERATING SUPPORT; HOME REPAIRS TO PROVIDE DENTAL SERVICES FOR UNINSURED PATIENTS; TO SUPPORT THE DENTAL PROGRAM AT HACKLEY
HACKLEY COMMUNITY CARE CENTER 2700 BAKER STREET, 3RD FLOOR MUSKEGON, MI 49444	38-3014011	501(C)(3)	11,241.	0.			

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HACKLEY PUBLIC LIBRARY 316 W. WEBSTER AVENUE MUSKEGON, MI 49440	38-3628257	501(C)(3)	32,805.	0.			ANNUAL MAINTENANCE SHAKESPEARE'S GARDEN; GENERAL OPERATING SUPPORT; PURCHASE OF
HAND2HAND 306 CHICAGO DRIVE JENISON, MI 49428	27-2973348	501(C)(3)	5,750.	0.			GENERAL SUPPORT
HANDS EXTENDED LOVING PEOPLE (HELP) - PO BOX 97 - LUDINGTON, MI 49431	38-3395360	501(C)(3)	18,040.	0.			ADVANCE ON MATCH GRANT; APPLIANCES IN HOMES; GENERAL OPERATING SUPPORT; REIMBURSE
HARBOR HOSPICE 1050 W WESTERN AVE, STE 400 MUSKEGON, MI 49441	38-2415247	501(C)(3)	88,413.	0.			GENERAL OPERATING SUPPORT; PATIENT CARE COSTS NOT COVERED THROUGH ROOM AND BOARD PAYMENTS
HARBOR HOSPICE FOUNDATION 1050 W. WESTERN AVE, STE 400 MUSKEGON, MI 49441-1666	47-2115941	501(C)(3)	9,650.	0.			2021 CORPORATE SPONSORSHIP; CAMP COURAGE; GENERAL OPERATING SUPPORT;
HARBOR UNITARIAN UNIVERSALIST CONGREGATION - 1296 MONTGOMERY AVENUE - MUSKEGON, MI 49441	04-2103733	501(C)(3)	12,267.	0.			GENERAL SUPPORT
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	SCHOOL	10,000.	0.			GENERAL OPERATING SUPPORT; SCHOLARSHIP FUND
HOLTON PUBLIC SCHOOLS 6500 4TH STREET HOLTON, MI 49425	38-6002938	SCHOOL	5,064.	0.			GENERAL SUPPORT
HOPE COLLEGE OFFICE OF FINANCIAL AID HOLLAND, MI 49423	38-1381271	SCHOOL	31,180.	0.			SCHOLARSHIP FUNDS

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JOHN BALL ZOO 1300 W FULTON STREET GRAND RAPIDS, MI 49504	38-6076879	501(C)(3)	11,000.	0.			GENERAL SUPPORT
KIDS' FOOD BASKET - MUSKEGON PO BOX 34 MUSKEGON, MI 49443	04-3760991	501(C)(3)	80,000.	0.			FINAL PAY OF COMMITMENT; GENERAL OPERATING SUPPORT; HEALTHY CHILDREN HEALTHY FUTURES; SUPPORT
LAKE COUNTY COMMUNITY FOUNDATION PO BOX 995 BALDWIN, MI 49304	38-1443367	501(C)(3)	8,353.	0.			TO BE DISTRIBUTED TO THE UNITED WAY OF LAKE COUNTY
LAKE HARBOR UNITED METHODIST CHURCH - 4861 HENRY STREET - MUSKEGON, MI 49441	38-2098774	501(C)(3)	52,702.	0.			ANNUAL DISTRIBUTION FROM BEQUEST
LAKESHORE FOOD 4 KIDS 6136 ARROW ROAD LUDINGTON, MI 49431	38-6002612	501(C)(3)	6,465.	0.			GENERAL SUPPORT
LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON, MI 49431	81-4673437	501(C)(3)	24,560.	0.			FEED 20 HOUSEHOLDS IN MASON COUNTY FOR A YEAR; FRESH PRODUCE FOR 3 WEEK FOR FOOD CLUB MEMBERS; ANNUAL DISTRIBUTION;
LAKESHORE MUSEUM CENTER 430 W. CLAY MUSKEGON, MI 49440	38-1367319	501(C)(3)	107,369.	0.			ARCHIVAL NEEDS; GENERAL OPERATING SUPPORT; IRON FENCE REPAIR AT HACKLEY
LAKETON BETHEL REFORMED CHURCH 1568 W GILES ROAD NORTH MUSKEGON, MI 49445	38-6071384	501(C)(3)	9,466.	0.			GENERAL SUPPORT
LAWRENCE TECHNOLOGICAL UNIVERSITY 21000 WEST TEN MILE ROAD SOUTHFIELD, MI 48075	38-1369604	SCHOOL	10,000.	0.			GENERAL SUPPORT

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LEADER DOGS FOR THE BLIND FOUNDATION - 1039 S. ROCHESTER RD - ROCHESTER HILLS, MI 48307-3115	38-1366931	501(C)(3)	8,353.	0.			GENERAL OPERATING SUPPORT
LEBANON LUTHERAN CHURCH 1101 S. MEARS AVENUE WHITEHALL, MI 49461	38-6066217	501(C)(3)	53,555.	0.			IN SUPPORT OF THE FOOD PANTRY; CUB SCOUT INITIAL REGISTRATION; GENERAL OPERATING SUPPORT
LITTLE TRAVERSE CONSERVANCY, INC. 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	10,500.	0.			JOHN J. HELSTROM NATURE PRESERVE AT MUD LAKE BOG
LOVE INC 2735 E APPLE AVE, STE A MUSKEGON, MI 49442	38-2450507	501(C)(3)	63,923.	0.			2 TABLETS FOR ADULT LIFE-SKILL CLASSES; FOOD PURCHASED THROUGH FEEDING AMERICA; GENERAL
LUDINGTON AREA ARTS COUNCIL 107 S. HARRISON STREET LUDINGTON, MI 49431	42-1625326	501(C)(3)	15,979.	0.			GENERAL SUPPORT
LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION - ST. SIMON CATHOLIC CHURCH - LUDINGTON, MI 49431	38-2932594	501(C)(3)	116,313.	0.			GENERAL OPERATING SUPPORT; SCHOOL OPERATING EXPENSES ENDOWMENT
LUDINGTON AREA SCHOOLS 809 E. TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612	SCHOOL	85,829.	0.			2021 MASON YAC-TEACHER MINI GRANT AWARDS; EPWORTH ANNUAL AD; FAFSA COMPLETION INCENTIVES;
LUDINGTON YOUTH SAILING SCHOOL 1472 N WASHINGTON AVENUE LUDINGTON, MI 49431	46-3594743	SCHOOL	7,850.	0.			GENERAL SUPPORT
MASON COUNTY HISTORICAL SOCIETY INC. - 1687 S. LAKESHORE DR - LUDINGTON, MI 49431	38-1689000	501(C)(3)	61,363.	0.			GENERAL OPERATING SUPPORT; ANNUAL DISTRIBUTION; CLOSE THE VETERANS MALL FUND;

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MASON COUNTY SPORTS HALL OF FAME 1687 S LAKESHORE DRIVE, PO BOX 553 LUDINGTON , MI 49431	20-1726004	SCHOOL	10,500.	0.			GENERAL SUPPORT
MASONIC PATHWAYS SENIOR LIVING SERVICES - 1200 WRIGHT AVENUE #1133 - ALMA, MI 48801	23-7259307	501(C)(3)	7,330.	0.			GENERAL SUPPORT
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN - 107 OAKES ST SE - GRAND RAPIDS, MI 49503	38-2822359	501(C)(3)	48,583.	0.			APPROVAL OF GRANTS FOR BE NICE; BE NICE PROGRAM FOR SCHOOLS; SUPPORT FOR LOCAL SCHOOLS; YEAR ONE
MICHIGAN STATE UNIVERSITY FINANCIAL AID OFFICE EAST LANSING, MI 48824	38-6005984	SCHOOL	88,080.	0.			SCHOLARSHIP FUNDS
MICHIGAN TECHNOLOGICAL UNIVERSITY OFFICE OF FINANCIAL AID HOUGHTON, MI 49931	38-6005955	SCHOOL	36,240.	0.			SCHOLARSHIP FUNDS
MICHIGAN WOMEN'S FOUNDATION (MICHIGAN WOMEN FORWARD) - 1155 BREWERY PARK BLVD, SUITE 350 - DETROIT, MI 48207	38-2689979	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON, MI 49444	38-3220964	501(C)(3)	9,146.	0.			FOR MEDICAL AND DENTAL PROGRAMS; FOR SUPPER HOUSE; GENERAL DONATION; GENERAL OPERATING
MONA SHORES CHOIR 1121 SEMINOLE ROAD MUSKEGON, MI 49441	38-6321915	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MONTAGUE AREA PUBLIC SCHOOLS 4882 STANTON BLVD. MONTAGUE, MI 49437	38-6002940	SCHOOL	6,900.	0.			AGRICULTURAL SCIENCE PROGRAM; TEACHER MINI GRANTS; BROGREN CHRISTIE SCHOLARSHIP AWARD;

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MSU EXTENSION BUSINESS OFFICE 446 WEST CIRCLE DRIVE, ROOM 160 EAST LANSING, MI 48824	38-6005984	501(C)(3)	86,027.	0.			GENERAL SUPPORT
MT. ZION CHURCH OF GOD IN CHRIST 188 W MUSKEGON AVENUE MUSKEGON, MI 49440	38-3715411	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MUSKEGON AREA CAREER TECH CENTER 200 HARVEY STREET MUSKEGON, MI 49442	38-1717461	GOVT	30,000.	0.			GENERAL SUPPORT
MUSKEGON AREA CHAMBER OF COMMERCE FOUNDATION, INC - 380 W WESTERN AVENUE, SUITE 202 - MUSKEGON, MI 49440	38-3634571	GOVT	26,948.	0.			GENERAL SUPPORT
MUSKEGON AREA DISTRICT LIBRARY 4845 ARLINE ROAD, UNIT 5 MUSKEGON, MI 49444	02-0748132	GOVT	206,040.	0.			GENERAL SUPPORT
MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT - 630 HARVEY STREET - MUSKEGON, MI 49442-2398	38-1717461	SCHOOL	1,122,067.	0.			COMMUNITY BASED/LITERACY CENTERED PLAY AND LEARN EXPANSION; K-3 EARLY LITERACY COACHING; MAISD ANNUAL DISBURSEMENT; CONTRIBUTION TO MILLENNIUM CLUB FOR 2021; GENERAL OPERATING
MUSKEGON CATHOLIC EDUCATION FOUNDATION - 1851 BARCLAY AVE - MUSKEGON, MI 49441	23-7019036	501(C)(3)	95,209.	0.			"PRAIRIE RESTORATION PROJECT"; ANNUAL DISBURSEMENT; TEACHER MINI GRANTS; GENERAL
MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE ST MUSKEGON, MI 49442	38-1515402	SCHOOL	21,812.	0.			GENERAL SUPPORT
MUSKEGON CITY TEACHERS CLUBHOUSE COMMITTEE - 7776 EILERS ROAD - MONTAGUE, MI 49437	38-3308288	GOVT	7,677.	0.			GENERAL SUPPORT

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MUSKEGON CIVIC THEATRE 425 W. WESTERN, SUITE 401 MUSKEGON, MI 49440	38-2335336	501(C)(3)	6,400.	0.			ACTOR'S CIRCLE DONATION; GENERAL OPERATING SUPPORT; REHEARSAL KEYBOARD (YAMAHA P-125)
MUSKEGON COMMUNITY COLLEGE 221 S QUARTERLINE RD MUSKEGON, MI 49442	90-0810376	SCHOOL	132,686.	0.			SCHOLARSHIP FUNDS
MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE, MI 49457	38-2333068	501(C)(3)	35,444.	0.			GENERAL OPERATING SUPPORT; ANNUAL DISTRIBUTION
MUSKEGON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) - 2700 BAKER STREET, PO BOX 4290 - MUSKEGON, MI 49444	38-6000134	GOVT	5,098.	0.			GENERAL SUPPORT
MUSKEGON COUNTY FAIR ASSOCIATION PO BOX 366 RAVENNA, MI 49451	38-2994619	GOVT	25,000.	0.			GENERAL SUPPORT
MUSKEGON ELKS LODGE #274 513 W. PONTALUNA RD. MUSKEGON, MI 49444-7848	36-0793011	501(C)(3)	5,600.	0.			ANNUAL DISTRIBUTION OF CHRISTMAS BASKETS APPROVED TEACHER MINI-GRANTS; BROGREN CHRISTIE SCHOLARSHIP AWARD; NATIONAL DAY OF 2021/2022 FISCAL YEAR - QUARTERLY DISBURSEMENT; ANNUAL DISBURSEMENT FROM THE LITTLE LEARNERS GENERAL OPERATING SUPPORT; CAPITAL CAMPAIGN; 1 NEW LAPTOP FOR CLIENT SERVICES
MUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY - 2441 SANFORD STREET - MUSKEGON, MI 49444	46-0557412	SCHOOL	25,500.	0.			
MUSKEGON MUSEUM OF ART 296 W. WEBSTER MUSKEGON, MI 49440	38-3402560	501(C)(3)	1,288,371.	0.			
MUSKEGON PREGNANCY SERVICES 1775 WELLS AVE MUSKEGON, MI 49442	38-2611744	501(C)(3)	15,499.	0.			

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MUSKEGON PUBLIC SCHOOLS - FINANCE DEPARTMENT - 1458 5TH STREET - MUSKEGON, MI 49441	38-6002960	SCHOOL	84,974.	0.			CLASSROOM GRANT AWARDS; TEACHER MINI AWARDS; EXPENSES AND SUPPLIES; FUND AND SUPPORT THE BIG
MUSKEGON PUBLIC SCHOOLS - POPPEN PROGRAMS - POPPEN PROGRAMS, INC. - MUSKEGON, MI 49441	38-6002960	501(C)(3)	99,338.	0.			GENERAL OPERATING SUPPORT
MUSKEGON RESCUE MISSION 1715 PECK STREET MUSKEGON, MI 49441	38-3525239	501(C)(3)	132,532.	0.			GENERAL OPERATING SUPPORT; 3 LAPTOPS FOR MISSION SHELTER STAFF; 5 CAR SEATS TO KEEP SHELTER
MUSKEGON RIVER WATERSHED ASSEMBLY C/O FERRIS STATE UNIVERSITY BIG RAPIDS, MI 49307-2280	38-3523819	501(C)(3)	5,473.	0.			GENERAL OPERATING SUPPORT
MUSKEGON ROTARY FOUNDATION PO BOX 0066 MUSKEGON, MI 49443-0066	38-1616283	501(C)(3)	13,750.	0.			SPONSORSHIP FOR THE 2021 SEAWAY RUN; COOPERATING CHURCHES MOBILE FOOD PANTRY; REIMBURSEMENT FOR 2021 SEAWAY RUN; BLACK TIE FOR THE Y; THE Y LEARNING CENTER; GENERAL OPERATING SUPPORT; LIFE
MUSKEGON YMCA PO BOX 1667 MUSKEGON, MI 49443	38-2000172	501(C)(3)	144,416.	0.			ANNUAL DISBURSEMENT
NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION - PO BOX 1224 - MUSKEGON, MI 49443	38-1969959	501(C)(3)	18,572.	0.			BROGREN CHRISTIE
NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445	38-6002922	SCHOOL	46,738.	0.			SCHOLARSHIP AWARD; DISBURSEMENT; FALL 2021 GRANT CYCLE; PURCHASE OF
NORTHERN MICHIGAN UNIVERSITY 1401 PRESQUE ISLE AVENUE MARQUETTE, MI 49855	38-6029206	SCHOOL	15,300.	0.			SCHOLARSHIP FUNDS
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NORTHWESTERN UNIVERSITY OFFICE OF FINANCIAL AID EVANSTON, IL 60208-1270	36-2167817	SCHOOL	12,000.	0.			SCHOLARSHIP FUNDS
NORTON SHORES BRANCH MADL 705 SEMINOLE MUSKEGON, MI 49441	02-0748132	501(C)(3)	11,730.	0.			GENERAL OPERATING SUPPORT; SUPPORT OF THE NORTON SHORES BRANCH OF THE MUSKEGON AREA
OLIVET COLLEGE FINANCIAL AID OFFICE OLIVET, MI 49076	38-1459365	SCHOOL	10,000.	0.			SCHOLARSHIP FUNDS
OTTAWA COUNTY PARKS AND RECREATION 12220 FILLMORE ST. WEST OLIVE, MI 49460	38-6004883	501(C)(3)	40,000.	0.			TO ESTABLISH A NEW COUNTY PARK THROUGH THE STEARNS CREEK ACQUISITION PROJECT
PARTNERS WORLDWIDE 6139 TAHOE DRIVE SE GRAND RAPIDS, MI 49546	38-3293173	501(C)(3)	7,500.	0.			GENERAL SUPPORT
PATHFINDERS 2500 JEFFERSON STREET MUSKEGON, MI 49444	45-2445595	501(C)(3)	44,240.	0.			GENERAL OPERATING SUPPORT; PATHFINDERS CAFE; PHYSICAL LITERACY SUPPORT
PEOPLE'S CHURCH UNITARIAN UNIVERSALIST - 115 W. LOOMIS STREET - LUDINGTON, MI 49431	04-2103733	501(C)(3)	52,000.	0.			BIANNUAL COMMITMENT FROM DAVID HALL AND CHRISSIE HALL
PERE MARQUETTE CHARTER TOWNSHIP 1699 S PERE MARQUETTE HIGHWAY LUDINGTON, MI 49431	38-1977397	GOV'T	12,885.	0.			SUPPORT FOR THE CONSERVATION PARK DAY USE RESTORATION PROJECT
PERE MARQUETTE MEMORIAL ASSOCIATION - 202 S HARRISON ST - LUDINGTON, MI 49431-2110	82-5321829	501(C)(3)	18,500.	0.			GENERAL OPERATING SUPPORT; MATCH GRANT TO COMPLETE THE PERE MARQUETTE CROSS MEMORIAL

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER RESOURCES 601 TERRACE ST MUSKEGON, MI 49440-1192	38-1367329	501(C)(3)	41,338.	0.			"CHOKING CHARLIE" TRAINING EQUIPMENT DOLL; COMMUNITY ACCESSIBLE GREEN PATH; PIONEER
PLANNED PARENTHOOD OF MICHIGAN 425 CHERRY STREET SE GRAND RAPIDS, MI 49503-4601	13-1644147	501(C)(3)	6,681.	0.			GENERAL OPERATING SUPPORT; MAKING PROUD CHOICES PROGRAM
POUND BUDDIES 1300 E. KEATING AVE MUSKEGON, MI 49442	38-3590598	501(C)(3)	21,500.	0.			ANNUAL DISTRIBUTION; CAMPAIGN SUPPORT; GENERAL OPERATING SUPPORT; GIVING TUESDAY DONATION
PRESENT MOMENT RESCUE & SANCTUARY 2017 242ND STREET LOMITA, CA 90717	86-2449837	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RAVENNA PUBLIC SCHOOLS 12322 STAFFORD ROAD RAVENNA, MI 49451	38-6002961	SCHOOL	7,346.	0.			GENERAL SUPPORT 2 FAMILY LITERACY EVENTS; GENERAL OPERATING SUPPORT; GROCERIES FOR FAMILIES; LITERACY
READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443-1312	41-2176728	501(C)(3)	65,347.	0.			APPROVED TEACHER MINI GRANTS; BROGREN CHRISTIE SCHOLARSHIP AWARD; STUDENT ENGAGEMENT AND
REETHS PUFFER SCHOOL DISTRICT 991 W. GILES ROAD N. MUSKEGON, MI 49445	38-1816725	SCHOOL	32,864.	0.			
RENEW MOBILITY 2215 29TH STREET SE, SUITE A6 GRAND RAPIDS, MI 49508	38-3133483	501(C)(3)	16,300.	0.			GENERAL SUPPORT
RIVERTON FIREFIGHTERS ASSOCIATION INC. - 4622 S. MORTON RD. - LUDINGTON, MI 49431	38-2679823	501(C)(3)	10,785.	0.			BOAT FUND; INFLATABLE RESCUE AIR BAGS; TURNOUT GEAR DRYER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE - 333 GREEN BAY ROAD NORTH - CHICAGO, IL 60064	36-2181973	SCHOOL	5,600.	0.			GENERAL SUPPORT
ROTARY CLUB OF LUDINGTON CHARITIES PO BOX 149 LUDINGTON, MI 49431-0149	27-4860991	501(C)(3)	9,959.	0.			SUPPORT OF THRIVE PROGRAM; SUPPORT SCHOLARSHIPS FOR ROTARY CLUB OF LUDINGTON
SABLE POINTS LIGHTHOUSE KEEPERS ASSOCIATION - 905 E. LUDINGTON AVE - LUDINGTON, MI 49431	38-3248067	501(C)(3)	6,400.	0.			KEEPERS REFRIGERATOR; LIGHT STATION TOWER WINDOW RENOVATION; WINDOWS AT BIG SABLE
SALVATION ARMY OF MUSKEGON COUNTY PO BOX 1116 MUSKEGON, MI 49431	36-2167910	501(C)(3)	17,676.	0.			GENERAL OPERATING SUPPORT; FEEDING THE HUNGRY AT THANKSGIVING AND CHRISTMAS; PURCHASE
SANDCASTLES, A LAKE MICHIGAN CHILDREN'S MUSEUM - 129 E. LUDINGTON AVENUE - LUDINGTON, MI 49431	35-2340348	501(C)(3)	5,499.	0.			DESIGN AND BUILD 3D; NOISE CANCELLING HEADPHONES FOR OUR AUTISTIC VISITORS; REPAIR
ST. GREGORY'S EPISCOPAL CHURCH 1200 SEMINOLE ROAD MUSKEGON, MI 49441	38-6062728	501(C)(3)	22,103.	0.			GENERAL SUPPORT
ST. JAMES LUTHERAN CHURCH 8945 STEBBINS ROAD MONTAGUE, MI 49437	38-1794184	501(C)(3)	5,021.	0.			GENERAL SUPPORT
ST. MARY'S COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	35-0868158	501(C)(3)	7,500.	0.			GENERAL SUPPORT FOR BEAUTIFICATION AND RENOVATION OF PART OF THE CHURCH; GENERAL SUPPORT AND SUPPORT FOR THE
ST. PAUL'S EPISCOPAL CHURCH 1006 3RD STREET #1206 MUSKEGON, MI 49440	38-1568900	501(C)(3)	99,747.	0.			

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. SIMON CHURCH 702 E BRYANT STREET LUDINGTON , MI 49431	38-1851004	501(C)(3)	5,500.	0.			GENERAL SUPPORT
STONY LAKE THERAPEUTIC RIDING CENTER - 4345 S 44TH AVENUE - NEW ERA, MI 49446	82-4474821	501(C)(3)	5,087.	0.			GENERAL SUPPORT
SUMMIT TOWNSHIP 4879 W DEREN RD LUDINGTON, MI 49431	38-2078182	GOVT	5,639.	0.			CEMETERY BENCHES; HALL GENERATOR PROJECT
TEMPLE UNITED METHODIST CHURCH 2500 JEFFERSON MUSKEGON HTS., MI 49444	38-1369616	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
THE ARC MUSKEGON 601 TERRACE ST, STE 101 MUSKEGON, MI 49440-1192	38-1586705	501(C)(3)	18,420.	0.			20 EMERGENCY GOKITS TO PEOPLE W/ DISABILITIES; ANNUAL DISBURSEMENT; COCKTAILS & CANDY CANES
THE HOPE PROJECT INC. 1516 PECK STREET MUSKEGON, MI 49441	35-2270341	501(C)(3)	7,320.	0.			GENERAL SUPPORT
THE NAVIGATORS PO BOX 50500 COLORADO SPRINGS, CO 80949	84-6007896	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRINE UNIVERSITY 1 UNIVERSITY AVENUE ANGOLA, IN 46703	35-0715530	SCHOOL	6,000.	0.			GENERAL SUPPORT
TRINITY HEALTH MUSKEGON - OFFICE OF PHILANTHROPY - 1500 E SHERMAN BLVD - MUSKEGON, MI 49444	38-2589966	501(C)(3)	294,970.	0.			GENERAL SUPPORT

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HOME HEALTH SERVICES 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-3321856	501(C)(3)	16,402.	0.			USED TO SUPPORT PROGRAMS AND PROJECTS THAT BENEFIT MUSKEGON COUNTY RESIDENTS
TRINITY LUTHERAN CHURCH 3225 ROOSEVELT RD MUSKEGON, MI 49441	38-1603620	501(C)(3)	25,836.	0.			ANNUAL DISBURSEMENT
UNITED WAY OF MANISTEE COUNTY 449 RIVER ST. MANISTEE, MI 49660	38-6032839	501(C)(3)	8,038.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF MASON COUNTY 920 E. TINKHAM LUDINGTON, MI 49431	38-2943115	501(C)(3)	30,347.	0.			MCAN GRANT DOLLARS SPENT; CORPORATE MATCH; BUILDING EXPENSES; GENERAL OPERATING SUPPORT; COMMUNITY
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443-0207	38-1426895	501(C)(3)	114,153.	0.			CAMPAIGN-RESPOND, RECOVER, REIMAGINE AND REBUILD/SHOW UP UNITED;
UNIVERSITY OF MICHIGAN OFFICE OF FINANCIAL AID ANN ARBOR, MI 48109-1382	38-6006309	SCHOOL	98,420.	0.			SCHOLARSHIP FUNDS
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL - 1135 CATHERINE STREET - ANN ARBOR, MI 48109	38-6006309	SCHOOL	11,000.	0.			SCHOLARSHIP FUNDS
UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE, VA 22904	54-6001796	SCHOOL	6,250.	0.			SCHOLARSHIP FUNDS
USS LST 393 PRESERVATION ASSOCIATION - 560 MART STREET - MUSKEGON, MI 49440	20-4531853	501(C)(3)	8,000.	0.			GENERAL SUPPORT
Schedule I (Form 990)							

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER FOR DENTAL 31 E. CLAY AVENUE MUSKEGON, MI 49442	83-1299804	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT; 10 WATER FLOSSERS
VOX UNITED 305 HOOVER BLVD, SUITE 600 HOLLAND, MI 49423	20-8989756	501(C)(3)	7,500.	0.			GENERAL SUPPORT
WEST MICHIGAN CEC, INC. 1279 E APPLE AVENUE MUSKEGON, MI 49442	47-1337406	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL EDUCATION FOUNDATION - 1007 LAKE DRIVE SE - GRAND RAPIDS, MI 49506	23-7128379	501(C)(3)	5,500.	0.			GENERAL SUPPORT
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 49440	38-6092131	501(C)(3)	113,076.	0.			ANNUAL DISBURSEMENTS; CAMPAIGN EXPENSES; CHAIR SPONSORSHIP FOR 2021-22 CONCERT SEASON; GENERAL
WEST SHORE COMMUNITY COLLEGE OFFICE OF FINANCIAL AID SCOTTVILLE, MI 49454	23-7128810	SCHOOL	26,200.	0.			SCHOLARSHIP FUNDS
WEST SHORE COMMUNITY COLLEGE FOUNDATION - 3000 N. STILES ROAD, BOX 277 - SCOTTVILLE, MI 49454	23-7128810	501(C)(3)	15,353.	0.			ASSISTANCE TO NEEDY AND DESERVING STUDENTS; FINAL YEAR OF FIVE-YEAR COMMITMENT; SUPPORT OF
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL - 455 E. ELLIS RD. - MUSKEGON, MI 49441	38-3488222	SCHOOL	31,143.	0.			ANNUAL DISBURSEMENT; BROGREN CHRISTIE SCHOLARSHIP AWARD; GENERAL OPERATING
WESTERN MICHIGAN UNIVERSITY OFFICE OF FINANCIAL AID KALAMAZOO, MI 49008	38-6007327	SCHOOL	32,000.	0.			SCHOLARSHIP FUNDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN UNIVERSITY OF HEALTH SCIENCES OF THE PACIFIC - 309 E SECOND STREET - POMONA, CA 91766	95-3127273	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WHITE LAKE MUSIC SOCIETY PO BOX 234 MONTAGUE, MI 49437	82-2832809	501(C)(3)	5,250.	0.			GENERAL SUPPORT
WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL, MI 49461	31-6402660	SCHOOL	68,827.	0.			2020 AND 2021 SCHOLARSHIPS; APPROVED TEACHER MINI GRANTS; BROGREN CHRISTIE
YMCA CAMP PENDALOUAN 1243 FRUITVALE RD. MONTAGUE, MI 49437-9540	38-2000172	501(C)(3)	17,835.	0.			CAMPER SCHOLARSHIPS; PURCHASE OF CHAINSAW, WASHER/DRYER AND LIGHTING FOR CAMP; GENERAL
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY - 425 WEST WESTERN AVE SUITE 200 - MUSKEGON, MI 49440	38-6114135	501(C)(3)	3,746,607.	0.			GENERAL SUPPORT

Schedule I (Form 990)

## COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	455	951,092.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AGEWELL SERVICES OF WEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; TO BE USED FOR

MEDICAL APPOINTMENT TRANSPORTATION FOR MUSKEGON CLIENT; SENIOR

TRANSPORTATION; FEED THE COMMUNITY PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOME FIRE CAMPAIGN; TO EXPAND OR

SUPPORT THE AMERICAN RED CROSS OF MUSKEGON'S WORK RELATING TO BUILDING AN

**Part IV** Supplemental Information

INCLUSIVE COMMUNITY, PROVIDING HOPE AND OPPORTUNITY FOR OUR CHILDREN,  
AND/OR SUPPORTING MORE COLLABORATIVE COMMUNITY GOALS AND DECISION-MAKING.

NAME OF ORGANIZATION OR GOVERNMENT: ARTS COUNCIL OF WHITE LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION; SUMMER YOUTH  
MUSIC PROGRAM; 2021 TROMBONE RETREAT; 2022 EMERGING ARTIST OF COLOR  
RESIDENCY

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL IMPROVEMENTS AT MCGRAFT PARK;  
FOR "CHRIS JENSEN" PARK BENCH; YEAR FOUR OF A FIVE-YEAR \$30,000  
COMMITMENT IN SUPPORT OF THE MERCY HEALTH (LC WALKER) ARENA

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF MUSKEGON HEIGHTS POLICE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2 PANASONIC LAPTOPS FOR COMMUNITY  
OUT REACH AND RECRUITING, IN RESPONSE TO COMMUNITY WISH LIST; 8TH STREET  
PARK PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: COALITION FOR COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 NATIONAL DAY OF RACIAL HEALING:  
CULTURE CREATING UNITY (FOR UNITED PARENTS); GARDENS TO GO, IN RESPONSE  
TO THE COMMUNITY WISH LIST; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ENCOMPASS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR GENERAL OPERATING, MATCH  
DAY, FARM STAND-CATERPILLAR TUNNEL FOR GROWING, IN RESPONSE TO COMMUNITY  
WISH LIST; FOR HOMELESSNESS PROGRAM; FOR SUPPLIES FOR THE CONSTRUCTION

Schedule I (Form 990)

**Part IV** Supplemental Information

CLASS AT MUSKEGON HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: COVE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 MCC ALL AROUND SENIOR AWARD;  
SAFE SPACE, SAFE PLAY; WEST SHORE BANK SPIRIT OF GIVING CHRISTMAS MEALS

NAME OF ORGANIZATION OR GOVERNMENT: EVERY WOMAN'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: AED FOR EVERY WOMAN'S PLACE; GENERAL  
OPERATING SUPPORT; MONEY COLLECTED FROM DENIM DAY; TO PURCHASE COPIES OF  
THE BOOK WHY DOES HE DO THAT?

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST CONGREGATIONAL CHURCH - MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL COMMITMENT AND SATURDAY  
MORNING BREAKFAST; ANNUAL SUPPORT; CHURCH HOUSE AND GROUNDS; GENERAL  
OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS MADE IN HONOR OF DR.  
NESBARY'S IMPACT AWARD; NAMING OPPORTUNITY FOR THE THEATER LOBBY AT THE  
OVERBROOK THEATER; MCC SOCIAL SCIENCES DEPARTMENT IN ACCORDANCE WITH THE  
PARAMETERS PROVIDED TO THEM BY DANIEL YAKES.

NAME OF ORGANIZATION OR GOVERNMENT: FRESH COAST ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASING APPLIANCES/RENOVATIONS  
FOR HAGAR'S HOUSE; GENERAL OPERATING SUPPORT; HARM REDUCTION PROJECT;  
SUPPORT PURCHASE OF HOME ON APPLE AVE.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRUITPORT COMMUNITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: BEACH LIBRARY BOOKS; BROGREN

CHRISTIE SCHOLARSHIP AWARD; REIMBURSEMENT FOR PURCHASE OF CLASSROOM

STORAGE BINS/TEACHER MINI GRANTS; STUDENT ENGAGEMENT AND ATTENDANCE

AWARDS

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF MICHIGAN SHORE TO SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT;

MAINTENANCE OF KISKEY SCIENCE CENTER; SUPPORT FOR COUNCIL OPERATIONS; THE

GIRL SCOUT LEADERSHIP EXPERIENCE IN MASON COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF WEST MICHIGAN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; GOODWILL

VITA PROGRAM; JANITORIAL TRAINING FOR YOUTH AT BOYS & GIRLS CLUB

NAME OF ORGANIZATION OR GOVERNMENT: HACKLEY COMMUNITY CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE DENTAL SERVICES FOR

UNINSURED PATIENTS; TO SUPPORT THE DENTAL PROGRAM AT HACKLEY COMMUNITY

CARE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: HACKLEY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL MAINTENANCE SHAKESPEARE'S

GARDEN; GENERAL OPERATING SUPPORT; PURCHASE OF BOOKS; REPLACEMENT READING

ROOM TABLES AND CHAIRS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HANDS EXTENDED LOVING PEOPLE (HELP)

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCE ON MATCH GRANT; APPLIANCES  
IN HOMES; GENERAL OPERATING SUPPORT; REIMBURSE VETERAN EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOSPICE

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

NAME OF ORGANIZATION OR GOVERNMENT: HARBOR HOSPICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 CORPORATE SPONSORSHIP; CAMP  
COURAGE; GENERAL OPERATING SUPPORT; CORPORATE SPONSOR; STUFFED ANIMALS  
FOR CAMP COURAGE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FINAL PAY OF COMMITMENT; GENERAL  
OPERATING SUPPORT; HEALTHY CHILDREN HEALTHY FUTURES; SUPPORT FOR FOOD  
PROGRAMS; TO SUPPORT MUSKEGON AREA OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LAKESHORE FOOD CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: FEED 20 HOUSEHOLDS IN MASON COUNTY  
FOR A YEAR; FRESH PRODUCE FOR 3 WEEK FOR FOOD CLUB MEMBERS; GENERAL  
OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LAKESHORE MUSEUM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION; ARCHIVAL NEEDS;  
GENERAL OPERATING SUPPORT; IRON FENCE REPAIR AT HACKLEY PARK SOLDIERS  
MONUMENT



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LOVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2 TABLETS FOR ADULT LIFE-SKILL  
CLASSES; FOOD PURCHASED THROUGH FEEDING AMERICA; GENERAL OPERATING  
SUPPORT; LOVE INC APPLIANCE MINISTRY; SUPPORT FOR FOOD PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: LUDINGTON AREA SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 MASON YAC-TEACHER MINI GRANT  
AWARDS; EPWORTH ANNUAL AD; FAFSA COMPLETION INCENTIVES; LUDINGTON AREA  
PICKLEBALL'S AGENCY FUND; GIVING TREE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MASON COUNTY HISTORICAL SOCIETY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; ANNUAL  
DISTRIBUTION; CLOSE THE VETERANS MALL FUND; SPONSORSHIP OF TWO MASON  
MEMORIES SPEAKER SERIES SESSION; IMPROVED AUDIO EXPERIENCE FOR EXHIBIT  
VIDEOS

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH FOUNDATION OF WEST MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: APPROVAL OF GRANTS FOR BE NICE; BE  
NICE PROGRAM FOR SCHOOLS; SUPPORT FOR LOCAL SCHOOLS; YEAR ONE OF CAPITAL  
CAMPAIGN COMMITMENT

NAME OF ORGANIZATION OR GOVERNMENT: MISSION FOR AREA PEOPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MEDICAL AND DENTAL PROGRAMS; FOR  
SUPPER HOUSE; GENERAL DONATION; GENERAL OPERATING SUPPORT; JEFFERSON  
STREET COMMUNITY GARDEN; JEFFERSON STREET NEIGHBORHOOD GARDEN; TEEN TOWN  
CHRISTMAS FOR TEENS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MONTAGUE AREA PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: AGRICULTURAL SCIENCE PROGRAM;  
TEACHER MINI GRANTS; BROGREN CHRISTIE SCHOLARSHIP AWARD; TEACHER MINI  
GRANTS

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY BASED/LITERACY CENTERED  
PLAY AND LEARN EXPANSION; K-3 EARLY LITERACY COACHING; MAISD GREAT START  
COLLABORATIVE; NATIONAL DAY OF RACIAL HEALING; SUPPORT AND MAINTAIN MAPLE  
RIDGE SCHOOL; TEACHER MINI GRANTS

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKEGON CATHOLIC EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISBURSEMENT; CONTRIBUTION TO  
MILLENNIUM CLUB FOR 2021; GENERAL OPERATING SUPPORT; STUDENT SCHOLARSHIPS  
TO MUSKEGON CATHOLIC CENTRAL; TUITION SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON CHRISTIAN SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: "PRAIRIE RESTORATION PROJECT";  
ANNUAL DISBURSEMENT; TEACHER MINI GRANTS; GENERAL OPERATING SUPPORT;  
SUPPORT OF MUSKEGON CHRISTIAN CHRISTIAN ELEMENTARY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: ACTOR'S CIRCLE DONATION; GENERAL  
OPERATING SUPPORT; REHEARSAL KEYBOARD (YAMAHA P-125 DIGITAL PIANO)

NAME OF ORGANIZATION OR GOVERNMENT:

Schedule I (Form 990)

**Part IV** Supplemental InformationMUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: APPROVED TEACHER MINI-GRANTS;  
BROGREN CHRISTIE SCHOLARSHIP AWARD; NATIONAL DAY OF RACIAL HEALING;  
BLACK IS A RAINBOW COLOR COMMUNITY GROWTH AND CELEBRATION; REIMBURSEMENT  
FOR BOOK PURCHASE

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021/2022 FISCAL YEAR - QUARTERLY  
DISBURSEMENT; ANNUAL DISBURSEMENT FROM THE LITTLE LEARNERS PRESCHOOL  
FUND; BENNETT PRIZE WINNER'S SHOW; CONSUMERS ENERGY FESTIVAL OF WREATHS;  
FESTIVAL OF TREES - WREATH SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON PREGNANCY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; CAPITAL  
CAMPAIGN; 1 NEW LAPTOP FOR CLIENT SERVICES PARENTING CLASSES

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKEGON PUBLIC SCHOOLS - FINANCE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: CLASSROOM GRANT AWARDS; TEACHER MINI  
AWARDS; EXPENSES AND SUPPLIES; FUND AND SUPPORT THE BIG RED BAND; SAFETY  
AROUND WATER PROGRAM; STAFF APPRECIATION LUNCHES

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; 3 LAPTOPS  
FOR MISSION SHELTER STAFF; 5 CAR SEATS TO KEEP SHELTER KIDS SAFE; ANNUAL  
DISBURSEMENT TO PROVIDE FOOD, SHELTER AND CLOTHING ASSISTANCE, CAPITAL  
CAMPAIGN; SELF-SUFFICIENCY PROGRAMMING

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON ROTARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR THE 2021 SEAWAY RUN;  
COOPERATING CHURCHES MOBILE FOOD PANTRY; REIMBURSEMENT FOR REMAINING  
BALANCE OF HARMONY PARK FUND; SUPPORT FOR GRAPE ESCAPE

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 SEAWAY RUN; BLACK TIE FOR THE  
Y; THE Y LEARNING CENTER; GENERAL OPERATING SUPPORT; LIFE JACKETS, BUOYS,  
WATER SAFETY; SUPPORT FOR CAMP PENDALOUAN; THE LIVESTRONG PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NORTH MUSKEGON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: BROGREN CHRISTIE SCHOLARSHIP AWARD;  
DISBURSEMENT; FALL 2021 GRANT CYCLE; PURCHASE OF BOOKS; GENERAL OPERATING  
SUPPORT; NATIONAL DAY OF RACIAL HEALING; TEACHER MINI GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: NORTON SHORES BRANCH MADL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; SUPPORT  
OF THE NORTON SHORES BRANCH OF THE MUSKEGON AREA DISTRICT LIBRARY;  
PURCHASE OF BOOKS

NAME OF ORGANIZATION OR GOVERNMENT: PERE MARQUETTE MEMORIAL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; MATCH  
GRANT TO COMPLETE THE PERE MARQUETTE CROSS MEMORIAL PROJECT; SUPPORT FOR  
THE FATHER MARQUETTE MEMORIAL CROSS PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PIONEER RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: "CHOKING CHARLIE" TRAINING EQUIPMENT  
DOLL; COMMUNITY ACCESSIBLE GREEN PATH; PIONEER TRAILS RETREAT; REPLACE

**Part IV** Supplemental Information

ROOFS ON CAMP CABINS; SENIOR MEAL PREP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: READ MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: 2 FAMILY LITERACY EVENTS; GENERAL  
OPERATING SUPPORT; GROCERIES FOR FAMILIES; LITERACY COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT: REETHS PUFFER SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: APPROVED TEACHER MINI GRANTS;  
BROGREN CHRISTIE SCHOLARSHIP AWARD; STUDENT ENGAGEMENT AND ATTENDANCE  
AWARDS; GENERAL OPERATING SUPPORT OF THE ROCKET CENTER

NAME OF ORGANIZATION OR GOVERNMENT: ROTARY CLUB OF LUDINGTON CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THRIVE PROGRAM; SUPPORT  
SCHOLARSHIPS FOR ROTARY CLUB OF LUDINGTON CHARITIES; SUPPORT THE STRIVE  
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY OF MUSKEGON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; FEEDING  
THE HUNGRY AT THANKSGIVING AND CHRISTMAS; PURCHASE OF PRINTER/COPY  
MACHINE; SUPPORT FOR CLIENTS' UTILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

SANDCASTLES, A LAKE MICHIGAN CHILDREN'S MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGN AND BUILD 3D; NOISE  
CANCELLING HEADPHONES FOR OUR AUTISTIC VISITORS; REPAIR FOR THE HISTORIC  
EXTERIOR SIGN

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

Schedule I (Form 990)

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BEAUTIFICATION AND RENOVATION OF  
PART OF THE CHURCH; GENERAL SUPPORT AND SUPPORT FOR THE WELSH-FORD  
DOWNTOWN CONCERT SERIES

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: 20 EMERGENCY GOKITS TO PEOPLE W/  
DISABILITIES; ANNUAL DISBURSEMENT; COCKTAILS & CANDY CANES EVENT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF MASON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: MCAN GRANT DOLLARS SPENT; CORPORATE  
MATCH; BUILDING EXPENSES; GENERAL OPERATING SUPPORT; SPONSORSHIP FOR SUDS  
ON THE SHORE FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE LAKESHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY CAMPAIGN-RESPOND, RECOVER,  
REIMAGINE AND REBUILD!/SHOW UP UNITED; DOLLY PARTON IMAGINATION LIBRARY;  
EARLY LITERACY BOOKS; GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: WEST MICHIGAN SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISBURSEMENTS; CAMPAIGN  
EXPENSES; CHAIR SPONSORSHIP FOR 2021-22 CONCERT SEASON; GENERAL OPERATING  
SUPPORT; SUPPORT THE LINK UP PROGRAM; SUPPORT ANNUAL CONCERT SERIES; TO  
SUPPORT THE YOUTH SYMPHONY

NAME OF ORGANIZATION OR GOVERNMENT:

WEST SHORE COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE TO NEEDY AND DESERVING  
STUDENTS; FINAL YEAR OF FIVE-YEAR COMMITMENT; SUPPORT OF STUDENTS IN WSCC

Schedule I (Form 990)

**Part IV** Supplemental Information**WELDING PROGRAM**

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISBURSEMENT; BROGREN

CHRISTIE SCHOLARSHIP AWARD; GENERAL OPERATING SUPPORT; NATIONAL DAY OF

RACIAL HEALING; RENEWAL OF WALL BANNER AT HIGH SCHOOL; STUDENT ENGAGEMENT

AND ATTENDANCE AWARDS FOR THE TEACHERS; SUPPORT FOR PROJECT GRACE

NAME OF ORGANIZATION OR GOVERNMENT: WHITEHALL DISTRICT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 AND 2021 SCHOLARSHIPS; APPROVED

TEACHER MINI GRANTS; BROGREN CHRISTIE SCHOLARSHIP AWARD; FOR PODCAST

STUDIO; OPERATIONAL COSTS FOR HILTS LANDING; THE HOPE SQUAD TO REDUCE

YOUTH SUICIDE

NAME OF ORGANIZATION OR GOVERNMENT: YMCA CAMP PENDALOUAN

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPER SCHOLARSHIPS; PURCHASE OF

CHAINSAW, WASHER/DRYER AND LIGHTING FOR CAMP; GENERAL OPERATING SUPPORT;

LED BISTRO LIGHTING; SUPPORT FOR ADOPT-A-CABIN PROGRAM; FOR 2 CAMPERS TO

ATTEND CAMP

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

**COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**

Employer identification number  
**38-6114135**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in or receive payment from a supplemental nonqualified retirement plan?

**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022





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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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 instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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	X		200.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	43	683,560.	STOCK INDEX VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	1,000,000.	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

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

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

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.

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

INVESTMENT SECURITIES ARE HELD AT AN UNRELATED BROKERAGE FIRM.

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number  
38-6114135

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

ISSUING GRANTS FOR SPECIFIC CHARITABLE AND EDUCATIONAL PROGRAMS.

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

NOW AND FOR GENERATIONS TO COME

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

COMMUNITY DEVELOPMENT; ENVIRONMENT; EMERGING COMMUNITY NEEDS

EXPENSES \$ 1,471,156. INCLUDING GRANTS OF \$ 1,655,306. REVENUE \$ 0.

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

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

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

FUNDS HELD AS ORGANIZATION ENDOWMENT - DECREASE IN ASSETS 4,048,008.

FUNDS HELD AS COMMUNITY SERVICE - INCREASE IN ASSETS -887,818.

TOTAL TO FORM 990, PART XI, LINE 9 3,160,190.

FORM 990, PART XI, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Name of the organization

**COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**

Employer identification number  
**38-6114135**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

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

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

**Schedule R (Form 990) 2022**





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**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	51,206 . ACTUAL	
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

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

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

**NAME OF RELATED ORGANIZATION:**

DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION

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

Form **990-W**  
(Worksheet)**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

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

**2023**

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

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1 .....	2	
3	Alternative minimum tax for trusts .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a	
b	Enter the tax shown on the 2022 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	2,001.
c	<b>2023 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	2,040.
			<b>ADJUSTED TO</b>
		(a)	(b)
		(c)	(d)
11	Installment due dates .....	11	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d) .....	12	2,040.
13	2022 Overpayment .....	13	
14	Payment due (Subtract line 13 from line 12) .....	14	2,040.

Form **990-W**

EXTENDED TO NOVEMBER 15, 2023

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changed.**B** Exempt under section☒ 501(c)(3) )  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a) ☐ 529APrint  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Number, street, and room or suite no. If a P.O. box, see instructions.

425 WESTERN AVENUE, 200

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

MUSKEGON, MI 49440-1101

**D** Employer identification number

38-6114135

**E** Group exemption number  
(see instructions)**F** ☐ Check box if  
an amended return.**C** Book value of all assets at end of year 209,235,541.**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university**H** Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐**J** Enter the number of attached Schedules A (Form 990-T) 2**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation.

**L** The books are in care of ISRAEL VELEZ, JR. Telephone number (231) 722-4538**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	10,530.
2	Reserved	2	
3	Add lines 1 and 2	3	10,530.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	10,530.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	10,530.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	9,530.

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,001.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,001.

**LHA** For Paperwork Reduction Act Notice, see instructions.Form **990-T** (2022)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		2,001.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		2,001.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>		
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		95.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		2,096.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>		

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

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JEFFREY E. HERT, CPA	JEFFREY E. HERT, CPA	11/01/23	
	Firm's name	Firm's EIN		PTIN
	REHMANN ROBSON LLC	38-3567911		P00066715
	Firm's address	Phone no.		
	570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444	231-739-9441		

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

Department of the Treasury  
Internal Revenue Service

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

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

1  
OMB No. 1545-0047

**2022**

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

<b>A</b> Name of the organization <div style="border: 1px solid black; padding: 2px;">COMMUNITY FOUNDATION FOR MUSKEGON COUNTY</div>	<b>B</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">38-6114135</div>
<b>C</b> Unrelated business activity code (see instructions)      900003	<b>D</b> Sequence:      1      of      2

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales      112,637.			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> 112,637.		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 112,637.		112,637.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> 112,637.		112,637.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)      SEE STATEMENT 1	<b>14</b>	112,637.
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>	112,637.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	0.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D				
3	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	<b>Total deductions</b> (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	<b>Total dividends-received deductions</b> included in line 10				0.



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

1. Name of controlled organization		Exempt Controlled Organizations			
		2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					

  

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

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

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

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

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

Schedule A (Form 990-T) 2022

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

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

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

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

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

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

<b>Total.</b> Enter here and on Part II, line 1	0.
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## Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

DIRECT EXPENSES

112,637.

TOTAL TO SCHEDULE A, PART II, LINE 14

112,637.

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

Department of the Treasury  
Internal Revenue Service

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

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

2  
OMB No. 1545-0047

**2022**

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

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

**E** Describe the unrelated trade or business **CELL TOWER RENTAL**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>10,530.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> <b>10,530.</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> <b>10,530.</b>		<b>10,530.</b>
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> <b>10,530.</b>		<b>10,530.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>	<b>0.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	<b>10,530.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	<b>0.</b>
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>	<b>10,530.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D				
3	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	<b>Deductions directly connected with the income</b> in lines 2(a) and 2(b) (attach statement)				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	<b>Total deductions</b> (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	<b>Allocable deductions.</b> Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	<b>Total dividends-received deductions</b> included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

  

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

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

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

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

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

Schedule A (Form 990-T) 2022

**Part IX Advertising Income**

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

A ☐

B ☐

C ☐

D ☐

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

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

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

5 Readership costs

6 Circulation income

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

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

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

0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

**Part XI Supplemental Information** (see instructions)

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# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.  
Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

FORM 990-T

OMB No. 1545-0123

**2022**

Name

**COMMUNITY FOUNDATION FOR MUSKEGON COUNTY**

Employer identification number

**38-6114135**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

1	Total tax (see instructions)	1	2,001.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty	3	2,001.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	2,001.

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	04/15/22	06/15/22	09/15/22	12/15/22
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	500.	501.	500.	500.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions				
12 <b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				
14 Add amounts on lines 16 and 17 of the preceding column		500.	1,001.	1,501.
15 Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		500.	1,001.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	500.	501.	500.	500.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	20			
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	22	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$	26	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$	28	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
<b>38</b> <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		95.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

**FORM 990-T**  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s)					Identifying Number
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY					38-6114135
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/22	500.	500.	61	.000109589	3.
06/15/22	501.	1,001.	15	.000109589	2.
06/30/22	0.	1,001.	77	.000136986	11.
09/15/22	500.	1,501.	15	.000136986	3.
09/30/22	0.	1,501.	76	.000164384	19.
12/15/22	500.	2,001.	16	.000164384	5.
12/31/22	0.	2,001.	135	.000191781	52.
Penalty Due (Sum of Column F)					95.

\* Date of estimated tax payment, withholding credit date or installment due date.