# **Public Disclosure Copy**

# **Form 990**

# \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

# **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury

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

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable C Name of organization D Employer identification number Address change LAKE MICHIGAN COLLEGE FOUNDATION Name change 38-2714753 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (616) - 927 - 81002755 EAST NAPIER AVENUE 19,983,278. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 49022 BENTON HARBOR, MI H(a) Is this a group return return
Application
pending F Name and address of principal officer: KELLI Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.LAKEMICHIGANCOLLEGE.EDU/COMMUNITY H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1986 M State of legal domicile: MI Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LAKE MICHIGAN Activities & Governance COLLEGE FOUNDATION IS TO RAISE FUNDS IN SUPPORT OF LAKE MICHIGAN 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 3 Number of voting members of the governing body (Part VI, line 1a) 3 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 539,948. 1,185,944. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 2,345,848. 484,480. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13,717. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,466.11  $\overline{2,877,330}$ ,656,707. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 717,360. 1,522,939. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 151,094. 179,843. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,702,782. 868,454. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,008,876. -46,075. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 15,632,753. 15,916,522. Total assets (Part X, line 16) 1,313,463. 943,642 21 Total liabilities (Part X, line 26) 三年 319,290. 972,880 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign KELLI HAHN, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 03/28/24 P00796388 AMY CIMINELLO AMY CIMINELLO self-employed Paid Firm's name PLANTE & MORAN, PLLC Firm's EIN 38-1357951 Preparer Firm's address 750 TRADE CENTRE WAY, STE. Use Only Phone no. (269) 567-4500 PORTAGE, MI 49002 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Check (Schedule Continue a response or note to any line in this Part III			714753	Page 2
The Mission OF THE LAKE MICHIGAN COLLEGE FOUNDATION IS TO RATSE FUNDS IN SUPPORT OF LAKE MICHIGAN COLLEGE AND ITS STUDENTS. THE LAKE MICHIGAN COLLEGE FOUNDATION IS THE MAIN FUND-RATSING ORGANIZATION OF LAKE MICHIGAN COLLEGE FOR THE SOLICITATION, RECEIPT AND MANAGEMENT OF DIAMEMENT OF THE PROPERTY OF THE SOLICITATION RECEIPT AND MANAGEMENT OF  LAKE MICHIGAN COLLEGE FOR THE SOLICITATION, RECEIPT AND MANAGEMENT OF DIAMEMENT OF SPECEY If "Yes," describe these new services on Schedule O.  10 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501c(3) and 501c(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seach program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501c(3) and 501c(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for seach program service required to report the amount of grants and allocations to others, the total expenses and revenue, if any for seach program service separate and the second of	Pa	Statement of Program Service Accomplishments		
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LAKE MICHIGAN COLLEGE FOR THE SOLICITATION, RECEIPT AND MANAGEMENT OF  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule 0.  4 Describe these changes on Schedule 0.  5 Describe these changes on Schedule 0.  5 Describe the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses.  8 Section 501(e)(3) and 501(e)(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 sports.  4 (case				
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## 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
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	11b	X	
С	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	11c		<u>X</u>
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	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	~	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	المرا	. ·	
00	complete Schedule G, Part III	19	X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ا	. ·	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Page 4

22 23 24a	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  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  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	22	Yes	No X
23 24a k	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  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  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
23 24a k	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  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  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		x	х
24 a	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  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		x	Х
24 a	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Х	
k c	Schedule J	23	х	
k c	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
k c				
C	last day of the year, that was issued after December 31, 20022, If "Vas," answer lines 24h through 24d and complete			
C	last day of the year, that was located after becomes of, 2002. If Tes, answer lines 24b through 24d and complete			
C	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
<b>2</b> 5 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
k	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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			۱
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			۱
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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	34	X	37
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	o 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	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
D-	Note: All Form 990 filers are required to complete Schedule O  Int V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
10				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 1b 1	_		
k	Enter the humber of 1 office W 2d monded of time 1d. Enter of the applicable	4		
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		

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Form 990 (2022) LAKE MICHIGAN COLLEGE FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	,	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	,	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	;	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	1	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	)	
7	Organizations that may receive deductible contributions under section 170(c).		37	
а	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l <sub>x</sub>
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	70	;	$+^{\Delta}$
d		٦,		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	70		1
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	98		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9k	,	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b	$\dashv$		
C	Enter the amount of reserves on hand	144	_	<del> </del> x
14a		14		+^-
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14	<u> </u>	
i		15	.	l x
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	10	,	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	3	x
.0	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. 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?	17	,	
	If "Yes," complete Form 6069.			

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

Sec	tion A. Governing Body and Management						
			ı	۰ - ۱		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		30			
	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.			ا ـ ـ			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	X	
3	Did the organization delegate control over management duties customarily performed by or under the						7.7
				Г	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's assi			Г	5		X
6	Did the organization have members or stockholders?				6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_	77	
_	more members of the governing body?				7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•				v
_	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	,	Ü			v	
a	The governing body?			- 1	8a	X	
b	Each committee with authority to act on behalf of the governing body?			}	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v
202	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			V	N
10-	Did the expenientian have level chanters branches as effiliates?			۱	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters.			··· ├	10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, annates,		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body	 , bofor	o filing the form?	;···	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	beloi	e illing the forms	ŀ	па	22	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			- 1	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···	120	- 21	
С		,			12c	Х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?			··	13	- 21	X
14	Did the approximation become a without decreased at a task and declaration and in a			Γ	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval			···	14	-25	
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by III	opendent				
a	The organization's CEO, Executive Director, or top management official				15a		Х
h	Other officers and the consideration of the consideration			···	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			"	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			"			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
Sec	tion 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, an	nd 990	T (section 501(c	)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		•	.,	• •		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			and	financ	ial	
	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 boo	ks and	l records				
	DOUG SCHAFFER - (616)-927-8100						
	2755 E NAPIER AVE, BENTON HARBOR, MI 49022						

# 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.

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

- 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.

(A)  Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TREVOR KUBATZKE DIRECTOR/COLLEGE PRESIDENT	0.25 39.75	х						0.	251,990.	70,678.
(2) KELLI HAHN	1.00									,
TREASURER/COLLEGE CFO	39.00	Х		Х				0.	170,563.	56,862.
(3) DOUG SCHAFFER	39.00								-	
SECRETARY	1.00	Х		Х				0.	144,567.	50,480.
(4) RANDY BETTICH	1.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(5) KELLY FERNEAU	0.25									
DIRECTOR/VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(6) DAVID SCHAFFER	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(7) ALLOYD BLACKMON	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(8) AMY WHITE	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(9) CRAIG ERIKSON	0.25	]							_	_
DIRECTOR	0.00	Х						0.	0.	0.
(10) DEB O'CONNOR	0.25	1							_	_
DIRECTOR	0.00	Х						0.	0.	0.
(11) JOHN JANICK	0.25	1								_
DIRECTOR	0.00	Х						0.	0.	0.
(12) CAROLYN HANSON	0.25	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(13) MARY JO TOMASINI	0.25	ļ								•
DIRECTOR	0.00	Х						0.	0.	0.
(14) MICHAEL CARLSON	0.25	<b>∤</b>							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(15) VICKI BURGHDOFF	0.25	٠,,								0
DIRECTOR (16) PARGE WARREN	0.00	X				_		0.	0.	0.
(16) PATSY HARTZELL	0.25	₹,							_	^
DIRECTOR	0.00	X	$\vdash$				_	0.	0.	0.
(17) TINA ACKERMAN VAUGHT	0.25	₩.						0.	0.	0.
DIRECTOR	1 0.00	X						1 0.	U •	990 (2022)

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	990 (2022) LAKE MICH	HIGAN CO	)LI	ιEG	Έ	FΟ	UN	DA	TION	38-2714	<u>753</u>	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				<b>C</b> )			(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	Es	stimate	∍d
		hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	an	nount	of
		week		Ler ar	lu a u	recto	rrus	iee)	from	from related	l .	other	
		(list any hours for	director						the	organizations	l	pensa	
		related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	l .	om the	
		organizations	truste	al trus		ee/	m pe n		1099-NEC)	1000 NEO)		d relat	
		below	Individual trustee or	Institutional trustee	, 50	key employee	est co oyee	er	,		l .	anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18)	ROBERT BURCH	0.25											
DIRE	CTOR	0.00	Х						0.	0.			0.
(19)	SCOTT DIENES	0.25											
DIRE		0.00	Х						0.	0.			0.
	SCOTT GEIK	0.25	3,7							_			0
	CTOR SCOTT MCFARLAND	0.00	Х	$\vdash$					0.	0.		—	0.
	CTOR	0.00	Х						0.	0.			0.
(22)	STEVEN HADAWAY	0.25											
DIRE		0.00	х						0.	0.			0.
(23)	TIM PASSARO	0.25											
DIRE	CTOR	0.00	Х						0.	0.			0.
(24)	GLORIA ENDER	0.25											
DIRE	CTOR	0.00	Х						0.	0.			0.
(25)	JIM MAROHN	0.25											
	CTOR	0.00	Х						0.	0.			0.
	JOHN BRINKER	0.25	ļ.										
DIRE	CTOR	0.00	X						0.	0.			0.
	Subtotal								0.	567,120.	17	8,0	
	Total from continuation sheets to Part VII								0.	0.	4 -		0.
<u>d</u>	Total (add lines 1b and 1c)								0.	567,120.	17	8,0	20.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			^
	compensation from the organization											Yes	0 No
_	D. I. I											Yes	NO
3	Did the organization list any <b>former</b> officer,	•		•		•		_	•	•			Х
	line 1a? If "Yes," complete Schedule J for su										3		$\vdash$
4	For any individual listed on line 1a, is the su										4	х	
F	and related organizations greater than \$150										4	Λ	
5	Did any person listed on line 1a receive or a	•				-			•		_		Х
	rendered to the organization? If "Yes," com	piete Schedule	J fo	or st	ıch <u>ı</u>	oers	on .				5		

**Section B. Independent Contractors** 

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	NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than 

Form 990 LAKE MICH	HIGAN CC	)LI	ιEG	Ε	FΟ	UN	DΑ	TION	38-271	4753				
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)					
(A) (B) (C) (D) (E) (F)  Name and title  Average  Position  Reportable  compensation  compensation  amount of														
Name and title														
	hours per week	(cl	neck	all t	that		ly)	compensation from the	compensation from related organizations	amount of other compensation				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations				
(27) KEVIN MILLER DIRECTOR	0.25	Х						0.	0.	0 .				
(28) TIM TATE	0.25								0.1					
DIRECTOR	0.00	х						0.	0.	0				
(29) JOHN GROVER	0.25													
DIRECTOR	0.00	Х						0.	0.	0				
(30) MEGAN HENDRIX DIRECTOR	0.25	x						0.	0.	0				
(31) JEFF CURRY	0.25													
DIRECTOR - PART YEAR	0.00	Х						0.	0.	0				
		_												
Total to Part VII, Section A, line 1c	I	<u>                                     </u>	l	<u>                                     </u>	<u>                                     </u>	<u> </u>	<u> </u>							

						IGAN	COLLEGE	FOUNDATION	<b>N</b>	38-2714	753 Pa	ge <b>9</b>
Par	ι,	7 111						a ta Alata David VIII				$\overline{}$
			Check if Schedule O o	cont	ains a re	sponse (	or note to any iin	e in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue exclu from tax und sections 512 -	der
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f	ibuti grant abov	1 1 1 1 1	a b c d e f g \$	1,050,741. 37,132.	1,185,944.				
<u> </u>			Total / Nad III/00 Ta 11				Business Code	, ,				
Program Service Revenue	2	a b c d										
4			All other program service									
	_		Total. Add lines 2a-2f									
	3 4		Investment income (include other similar amounts) Income from investment of					842,718.			842,7	18.
	5		Royalties									
	6	a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss)					(ii) Personal					
			Gross amount from sales of	)		urities	(ii) Other					
venue	•	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		17,81	8,197.						
Be			Net gain or (loss)		•			-358,238.			-358,2	38.
Other	8	а	Gross income from fundraisir including \$	135 line	,203. 1c). See	of	106,419.					
		b										
	9		Net income or (loss) from Gross income from gamin Part IV, line 19	fund g ac	raising e tivities. S	vents See	30,000.	-32,217.			-32,2	17.
			Less: direct expenses				11,500.					
	10		Net income or (loss) from Gross sales of inventory, I	ess	returns			18,500.			18,5	00.
			and allowances Less: cost of goods sold			10b						
		С	Net income or (loss) from	sale	s of inve	ntory						
sno	11	а					Business Code					
liscellaneous Revenue	• •	b										
eve		С										
SS		d	All other revenue									

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470,763.

1,656,707.

e Total. Add lines 11a-11d

**12** Total revenue. See instructions

#### 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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,522,939. 1,522,939. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 17,400. 17,400. Accounting Lobbying Professional fundraising services. See Part IV, line 17 56,976. 181. 56,795. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 24,995. 13,959 11,036. column (A), amount, list line 11g expenses on Sch O.) 4,944. 4,944. Advertising and promotion 12 5,366. 2,139 3,227. Office expenses 13 28,693. 28,693. Information technology 14 15 Royalties 1,348. 1,348. 16 Occupancy 47. 47 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 31,296. 6,497. 24,799. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,804. 2,804. 23 Other expenses. Itemize expenses not covered 24 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.) 3,870. 3,870. GIFTS DUES AND SUBSCRIPTIONS 1,001. 961. 40. 578. 578. BANK FEES С d 525. 317. 208. All other expenses 1,702,782. 1,522,939. 101,497. 78,346. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

<u>Pa</u> r	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,414,978.	1	3,561,107
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		90,273.	3	131,499
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, suk	ostantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ള	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Donat and a company of the state of the stat		16,341.	9	19,021
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities		4,275,092.	11	7,529,684
	12	Investments - other securities. See Part IV, line	e 11	8,836,069.	12	4,674,693
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	518
	16	Total assets. Add lines 1 through 15 (must ed		15,632,753.	16	15,916,522
	17	Accounts payable and accrued expenses		0.	17	2,376
	18	Grants payable			18	
	19	Deferred revenue		9,250.	19	44,003
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
န္မ	22	Loans and other payables to any current or fo				
≝		trustee, key employee, creator or founder, suk				
Liabilities		controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	•			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	1 204 012		007 063
				1,304,213.		897,263
-	26	Total liabilities. Add lines 17 through 25		1,313,463.	26	943,642
s l		Organizations that follow FASB ASC 958, c	heck here X			
ا ود		and complete lines 27, 28, 32, and 33.		1 220 002		1 061 520
<u>a</u>	27	Net assets without donor restrictions		1,239,002. 13,080,288.	27	1,061,529
ĕ	28	Net assets with donor restrictions		13,000,200.	28	13,911,351
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
<u> </u>		and complete lines 29 through 33.				
ts (	29	Capital stock or trust principal, or current fund			29	
sse	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		14 210 200	31	14 070 000
§	32	Total net assets or fund balances		14,319,290.	32	14,972,880
	33	Total liabilities and net assets/fund balances		15,632,753.	33	15,916,522 Form <b>990</b> (202

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>07.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				82.
3	Revenue less expenses. Subtract line 2 from line 1	3				75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,	319	2, 6	<u>90.</u>
5	Net unrealized gains (losses) on investments	5		704	1,6	65.
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		- [	5,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14,	972	2,8	80.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990	(2022)

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#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

I AVE MICUICANI COLLECE ECINDATION

Employer identification number

				COLLEGE FOUND				8-2/14/53
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of chi					)(A)(i).	
2	$\Box$	A school described in <b>sect</b> i					, , , , , , , , , , , , , , , , , , ,	
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	Ħ	A medical research organization					•	the hospital's name.
•	ш	city, and state:	anon operated in con	ijanotion with a noophar	docomboa	ocono	11 17 0(B)( 1)(A)(III). Enter	the respitate riams,
_	X	An organization operated for	or the benefit of a col	lege or university owned	or operat	ad by a go	vernmental unit describ	ed in
3	22			lege of difficersity owned	or operat	ed by a go	verninental unit describ	5u III
_		section 170(b)(1)(A)(iv). (C						
6	$\vdash$	A federal, state, or local gov	-				-	
7		An organization that norma		ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor				·	, ,	·
11		An organization organized a	•	vely to test for public sat	etv. See	section 50	)9(a)(4).	
12	一	An organization organized a	•	•	•			purposes of one or
		more publicly supported or	•	•	•			•
		lines 12a through 12d that						SHOOK THO BOX OH
а		Type I. A supporting orga	• •					aivina
a			· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization			majority C	i trie direc	tors or trustees or the si	apporting
		organization. You must o						
b	· L		•					-
		control or management o			ame perso	ns that coi	ntrol or manage the sup	ported
		organization(s). You mus						
С	: L_		= ::				• •	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
е	. L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1874908.	656,171.	361,629.	539,948.	1185944.	4618600.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1874908.	656,171.	361,629.	539,948.	1185944.	4618600.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						359,050.
6	Public support. Subtract line 5 from line 4.						4259550.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1874908.	656,171.	361,629.	539,948.	1185944.	4618600.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	331,351.	387,317.	233,545.	798,175.	842,718.	2593106.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	205,904.	150,745.	12,800.	11,430.	136,419.	517,298.
11	Total support. Add lines 7 through 10						7729004.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	55.11 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	55.55 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t <b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		
							(Form 990) 2022

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#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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- 1	3с		
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1	40		
H	4a		
	<b>A1</b> .		
H	4b		
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	10b		
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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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.	. د المرسل	اء	
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instactivities Test. Answer lines 2a and 2b below.	truction	S). Yes	No
2			168	INO
а	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	20		
L	that these activities constituted substantially all of its activities.	2a		
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	ΛL		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the experienting base the power to require the power to releast a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

e Excess from 2022

# Schedule B

#### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

**Employer identification number** 

38-2714753

LAKE MICHIGAN COLLEGE FOUNDATION Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753

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		\$ 479,045.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$161,527 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 56,819.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15	00		Schedule B (Form 990) (2022)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** LAKE MICHIGAN COLLEGE FOUNDATION 38-2714753 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

**Employer identification number** 38-2714753

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	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	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

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	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Si	mila	Assets	(contin	ued)	<u>.gc</u>
3	Using the organization's acquisition, accessio							COTTENT	<u>100)</u>	
•	collection items (check all that apply):	.,	,	one imig and mane i	J. 9					
а										
b	Scholarly research	e	Other							
c	Preservation for future generations	Č								
4	Provide a description of the organization's col	llections and explain	how they further th	e organization's eve	mnt	nurno	se in Part	ΧIII		
5	During the year, did the organization solicit or	·	•	· ·	•		se iiii ait.	AIII.		
3	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang				n For	m 990	 I Part IV I			<u> </u>
	reported an amount on Form 990, Part		te ii tile organizatio	Transwered res of	111 01	111 330	,, , a,,,,,	1110 0, 01		
	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets not	incli	ıded				
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a							J 100		, 110
	ii res, explain the arrangement iiir ait Ain a	and complete the folk	owing table.		1			Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes	X	No
	If "Yes," explain the arrangement in Part XIII.				-			J 100		]
Par										
		(a) Current year	(b) Prior year	(c) Two years back		Three \	ears back	(e) Four	vears	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses	1,028,281.	-1,834,482.	·						
d	Grants or scholarships			-,,						
	Other expenditures for facilities									
·	624 292   574 762   290 206   206 124   412 145						143.			
	Administrative expenses									
		13,350,748.	12,160,616.	14,497,265.		11 4	43,438.	11	309,	545.
g 2	Provide the estimated percentage of the curre	•				,_	, ,	,		
a	Board designated or quasi-endowment	•1000	%	) Helu as.						
b	Permanent endowment 39.4900	%								
	Term endowment 60.4100 %									
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ion that are held an	nd administered for t	he					
oa	organization by:	Sion of the organizat	ion that are neid ar	ia administerea for t	110			Γ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)	$\neg$	X
h	If "Yes" on line 3a(ii), are the related organizations	ions listed as require	nd on Schedule R2					3b	$\neg$	
4	Describe in Part XIII the intended uses of the							OD		
	t VI Land, Buildings, and Equipme		vinciti idilas.							
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part X	. line	10.				
	Description of property	(a) Cost or ot		i i		mulate	<sup>24</sup>	(d) Book	value	
	bescription of property	basis (investm		' '		ciation		(a) Door	value	,
	Land		,							
b		<b>I</b>								
	Buildings Leasehold improvements									
d	Equipment									
	Other									
	Add lines 1a through 1e (Column (d) must co		( luna - (D) line - 1	0- \						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	LAKE MICHIGA	N COLLEGE FOUNDATION	38-2714753	Page 3
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) VANGUARD INSTITUTIONAL				
(B) INDEX FUND	1,520,575.	END-OF-YEAR MARKET VALUE		
(C) AB LARGE CAP GROWTH-ADV	1,165,154.	END-OF-YEAR MARKET VALUE		
(D) BOSTON PARTNERS INV ALL				
(E) CAP VAL INST	924,515.	END-OF-YEAR MARKET VALUE		
(F) VANGUARD MSCI EAFE ETF	1,064,449.	END-OF-YEAR MARKET VALUE		
(G)				
(H)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,674,693.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(a) Mothod of valuation: Cost or and of year market value		

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

Other Assets. Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990 Part X col. (R) 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) RELATED PARTY PAYABLE - LAKE	
(3) MICHIGAN COLLEGE	897,263.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part Y col. (R) line 25.)	897,263.

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

	t XI Reconciliation of Revenue per Audited Financial Statemen				2714753 Page 4
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		nevellue pei ne	turri.	
1				1	2,973,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	2,515,515
a	Net unrealized gains (losses) on investments	2a	704,665.		
b	Donated services and use of facilities		518,659.	•	
c	Recoveries of prior year grants		320,0031	•	
d	Other (Describe in Part XIII.)		150,136.	•	
	Add lines 2a through 2d			2e	1,373,460.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,599,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , -
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,794.		
b	Other (Describe in Part XIII.)		- · <b>,</b> -		
-	Add lines 4a and 4b			4c	56,794.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 12.)			5	1,656,707.
	t XII   Reconciliation of Expenses per Audited Financial Statemen	ents With	Expenses per F	Returr	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,319,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	518,659.		
b	Prior year adjustments	1 1			
С	Other losses	1 _ 1			
d	Other (Describe in Part XIII.)		155,136.		
е	Add lines 2a through 2d			2e	673,795.
3	Subtract line 2e from line 1			3	1,645,988.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,794.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	56,794.
5				5	1,702,782.
Pa	t XIII Supplemental Information.				-
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	•		; Part X	K, line 2; Part XI,
	20 and 45, and 1 arrivin, integral and 45.7 lies complete this part to provide any addi-	tional inform	idion.		
PAI	RT V, LINE 4:				
FOU	UNDATION ENDOWMENT FUNDS ARE USED TO PROVID	E OPER	RATIONAL, P	ROGI	RAM, AND
SCI	HOLARSHIP SUPPORT FOR LMC.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPI	ECIAL EVENT EXPENSES				138,636.
GAMING EXPENSES					11,500.
TOTAL TO SCHEDULE D, PART XI, LINE 2D					150,136.
101	TAL TO SCHEDULE D, FART AI, HINE ZD				130,130.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

138,636. SPECIAL EVENT EXPENSES

UNCOLLECTIBLE PLEDGES

5,000. Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LAKE MICHIGAN COLLEGE FOUNDATION  Part XIII   Supplemental Information (continued)	38-2714753 Page 5
Tar Am Supplemental Information (continued)	
GAMING EXPENSES	11,500.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	155,136.
· · · · · · · · · · · · · · · · · · ·	

#### **SCHEDULE G** (Form 990)

Department of the Treasury

compensated at least \$5,000 by the organization.

(i) Name and address of individual

or entity (fundraiser)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

Schedule G (Form 990) 2022

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Internal Reven	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Name of the organization		Employer	identification number			
		LAKE MICHIGAN	COLLEG	E FOUNDATION	38-27	14753
Part I	Fundrais	ing Activities. Complete if t	the organizat	tion answered "Yes" on Form 990, Part IV, line 1	7. Form 990	)-EZ filers are not
	required to	complete this part.				
1 Indica	ate whether th	e organization raised funds thro	ugh any of tl	ne following activities. Check all that apply.		
а	Mail solicita	ions	е 🗌	Solicitation of non-government grants		
b	Internet and	email solicitations	f	Solicitation of government grants		
с 🗌	] Phone solici	tations	g 🗆	Special fundraising events		
d	] In-person so	licitations				
<b>2</b> a Did t	the organization	n have a written or oral agreem	ent with any	individual (including officers, directors, trustees,	or	
key	employees list	ed in Form 990, Part VII) or entit	ty in connect	ion with professional fundraising services?		Yes No
b If "Y	b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be					

(ii) Activity

(iii) Did fundraiser have custody or control of contributions?

Yes No (iv) Gross receipts

from activity

- Total					
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontributio	ns or has been noti	fied it is exempt from re	gistration

232081 10-27-22

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

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GOLF OUTING	(b) Event #2 AUCTION	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(GVGHE LYPS)	(GVGIII LYPO)	(total Hambol)	
Revenue	1	Gross receipts	41,479.	200,143.		241,622.
	2	Less: Contributions	22,110.	113,093.		135,203.
	3	Gross income (line 1 minus line 2)	19,369.	87,050.		106,419.
	4	Cash prizes	400.			400.
"	5	Noncash prizes	2,424.			2,424.
Direct Expenses	6	Rent/facility costs	12,960.	3,931.		16,891.
rect Ex	7	Food and beverages	3,793.	36,588.		40,381.
Ö	8	Entertainment	1,337.	12,550. 64,653.		12,550. 65,990.
	9	Other direct expenses		04,033.		138,636.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line				-32,217.
Pa	rt I	II Gaming. Complete if the organization a		990 Part IV line 19 or i		52,211.
		\$15,000 on Form 990-EZ, line 6a.			operiod more trial.	
4			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue			30,000.	30,000.
es	2	Cash prizes			11,500.	11,500.
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes % No	X Yes 100 %	
	7	11,500.				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			18,500.
_	Г	toutho otato(a) in judich the a superiorities and the	oto gomina catinitica. M	т		
		ter the state(s) in which the organization condu	_			X Yes No
<ul><li>a Is the organization licensed to conduct gaming activities in each of these states?</li><li>b If "No," explain:</li></ul>						LZZ TES NO
IJ		. то, олрішії.				
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	•	/ear?	Yes X No
-	_	, 45				

Schedule G (Form 990) 2022

232082 10-27-22

Sch	ledule G (Form 990) 2022 LAKE MICHIGAN COLLEGE FOUNDATION 38-2	2714753	
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a 100	.00 %
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
	Effect the frame and address of the person who prepares the organization's garning/special events books and records.		
	Name DOUG SCHAFFER		
	Address 2755 EAST NAPIER AVE - BENTON HARBOR, MI 49022		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name DOUG SCHAFFER		
	Gaming manager compensation \$0 .		
	DECORDINEDED		
	Description of services provided RECORDKEEPER		
	☐ Director/officer		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	X No
	retain the state gaming license?	165	
L	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		0h 10h
ı u		rt III, IIries 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			-

Schedule G (Form 990) LAKE MICHIGAN COLLEGE FOUNDATION	38-2714753 Page 4
Schedule G (Form 990)  LAKE MICHIGAN COLLEGE FOUNDATION  Part IV   Supplemental Information (continued)	
Testimos,	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 38-2714753 LAKE MICHIGAN COLLEGE FOUNDATION Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) LAKE MICHIGAN COLLEGE 2755 E NAPIER AVE 38-1738980 501(C)(3) BENTON HARBOR, MI 49022 0.N/A N/A SUPPORT OF THE COLLEGE 1,522,939. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
(a) Type of grant of abbidiance	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(i) Description of Heriodesi desictation
Part IV Supplemental Information. Provide the information	on required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
THE FOUNDATION INFORMS THE COLL	EGE OF AMOUN	TS AVAILAI	BLE FOR SCH	OLARSHIPS.	
THE COLLEGE DIRECTS THE AWARDS '	ro individua	L STUDENTS	S. THE SAME	OCCURS WITH	
ANY DONOR-DESIGNATED CONTRIBUTION	ONS. THE FOU	NDATION TI	ELLS THE CO	LLEGE HOW	
THE FUNDS ARE TO BE EXPENDED AN	THE COLLEG	E MAKES SU	URE THE FUN	DS ARE	
EXPENDED AS DIRECTED.					
-					

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LAKE MICHIGAN COLLEGE FOUNDATION

 $Employer\ identification\ number \\ 38-2714753$ 

Pa	art I Questions Regarding Compensation							
			Yes	No				
<b>1</b> a	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.							
	First-class or charter travel  Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations  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:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х				
	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:			77				
	The organization?	5a		X				
b	Any related organization?	5b		_ A				
	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:			v				
	The organization?	6a		X				
b	Any related organization?	6b						
_	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	-		Х				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a						
	Berniannis Seriini 13 /498.001/							

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TREVOR KUBATZKE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/COLLEGE PRESIDENT	(ii)	251,990.	0.	0.	30,374.	40,304.	322,668.	0.
(2) KELLI HAHN	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER/COLLEGE CFO	(ii)	170,563.	0.	0.	24,430.	32,432.	227,425.	0.
(3) DOUG SCHAFFER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	144,567.	0.	0.	20,584.	29,896.	195,047.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						]	<u> </u>

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3
THREE DIRECTORS AND OFFICERS OF THE FOUNDATION BOARD ARE COMPENSATED BY
LAKE MICHIGAN COLLEGE, A RELATED ORGANIZATION, FOR THE POSITIONS THEY
HOLD AT THE COLLEGE. THEREFORE, NONE OF THE LINE 3 BOXES HAVE BEEN
CHECKED.
THE COLLEGE USES THE FOLLOWING METHODOLOGIES TO ESTABLISH THE
COMPENSATION OF OFFICERS OF THE ORGANIZATION: COMPENSATION SURVEY OR
STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

LAKE MICHIGAN COLLEGE FOUNDATION

Inspection Employer identification number

38-2714753

Pai	rt 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 de noncash contribu		•	6
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	7 841.	FAIR MARKET	7/ A T	JIE	
10	Securities - Closely held stock	- 21		7,041.		V 2 1 1		
11	Securities - Closely field stock Securities - Partnership, LLC, or							
••								
40	trust interests Securities - Miscellaneous							
12 13	Qualified conservation contribution -							
13								
44	Qualified conservation contribution - Other							
14	· · · · · · · · · · · · · · · · · · ·							
15	Real estate - Residential							
16 17	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	37	1.6	20 212	DOMOD TATTIE			
25	Other (AUCTION )	X	46		DONOR VALUE			
26	Other (ACADEMIC )	X	2		DONOR VALUE			
27	Other ( GOLF )	X	6	460.	DONOR VALUE			
28	Other ( )			<u> </u>				
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the							37
	exempt purposes for the entire holding period?					30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po				ions?	31	_X	
32a	Does the organization hire or use third parties of	r related or	ganizations to soli	cit, process, or sell noncash			Ţ.	
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

232141 09-09-22

LHA

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

**Employer identification number** 38-2714753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COLLEGE AND ITS STUDENTS. THE LAKE MICHIGAN COLLEGE FOUNDATION IS THE MAIN FUND-RAISING ORGANIZATION OF LAKE MICHIGAN COLLEGE FOR THE SOLICITATION, RECEIPT AND MANAGEMENT OF ALL PRIVATE GIFTS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ALL PRIVATE GIFTS. FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS DAVID SCHAFFER AND DOUG SCHAFFER HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE CHAIRMAN OF THE BOARD OF TRUSTEES FOR LAKE MICHIGAN COLLEGE HAS THE AUTHORITY TO APPOINT TWO DIRECTORS TO THE LAKE MICHIGAN COLLEGE FOUNDATION BOARD OF TRUSTEES ANNUALLY. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN IT WILL BE SENT TO THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE FOR REVIEW AND COMMENT. THE TAX RETURN IS THEN SENT TO ALL BOARD MEMBERS VIA EMAIL FOR REVIEW AND COMMENT. FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THE ORGANIZATION MONITORS ACTIVITIES

232211 10-28-22

AND IF A QUESTION OF CONFLICT ARISES,

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

Schedule O (Form 990) 2022

THE ORGANIZATION HAS A DISCUSSION

Schedule O (Form 990) 2022	Page 2
Name of the organization  LAKE MICHIGAN COLLEGE FOUNDATION	Employer identification number 38-2714753
WITH THE PERSON OF INTEREST TO DETERMINE IF THERE IS A CON	FLICT AND WHAT
APPROPRIATE ACTIONS SHOULD BE TAKEN.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PLEDGES	-5,000.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

#### SCHEDULE R (Form 990)

Part I

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.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

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

Employer identification number 38-2714753

(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	eme End-of-yea	r assets Direct	<b>(f)</b> controlling entity	g
Part II Identification of Related Tax-Exempt Organorganizations during the tax year.	nizations. Complete if the organizatio	n answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more related tax-exe	 empt	
(a) Name, address, and EIN of related organization	<b>(b)</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	cont	<b>g)</b> 512(b)(13) trolled tity?
LAKE MICHIGAN COLLEGE - 38-1738980				301(0)(3))		Yes	No
2755 E NAPIER AVE BENTON HARBOR, MI 49022	EDUCATIONAL INSTITUTION	MICHIGAN	501(C)(3)	LINE 2	N/A		х
For Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.				Schedule R		90) 2022

		0 11 200 1 11	"\' " F 000 D		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 34, because it had one	or more related
raitiii	organizations treated as a partnership during the tax year.				

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?	
		couritry)						Yes	No	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				_1b	Α_	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11	X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses							
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered relat	onships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determining amount ir	volved		
	Name of foldied organization	type (a-s)	Amount involved	Method of determining amount in	ivoivea		
		-					
1) I	AKE MICHIGAN COLLEGE	В	1,522,939,CA	SH CONTRIBUTED			
-,			, , , , , , , , , , ,				
2)							
3)							
4)							
5)							
6)							
	. 09-14-22		•	Schedule	B (For	n 990	1 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
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Schedule R (Form 990) 2022