|                                |                           |                                 | EXTENDED TO MAY 15, 2020  |                | _                          | 0ND No. 4545-0047               |
|--------------------------------|---------------------------|---------------------------------|---|----------------|----------------------------|---------------------------------|
| For                            | <b> 9</b>                 | 90                              | Return of Organization Exempt Fro<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod                               | de (except pr  | ivate foundation           | s) 2018                         |
|                                |                           | of the Treasury<br>snue Service | <ul> <li>Do not enter social security numbers on this form as it</li> <li>Go to www.irs.gov/Form990 for instructions and the</li> </ul> | -              | •                          | Open to Public<br>Inspection    |
|                                |                           |                                 |   | ing JUN        |                            | Inspection                      |
| B                              | Check if                  | C Name o                        | f organization  |                | mployer identific          | ation number                    |
| a<br>                          | upplicabl                 |                                 |   |                |                            |                                 |
|                                | Addre<br>chang            | ≫ LLAKĽ                         | MICHIGAN COLLEGE FOUNDATION   |                |                            |                                 |
|                                | _chang                    |                                 | usiness as  |                |                            | 14753                           |
| -                              | _]return<br>∏Final        |                                 |   | n/suite E Te   | elephone number            | 007 0100                        |
|                                | lreturn<br>termir<br>ated |                                 | EAST NAPIER AVENUE           wown, state or province, country, and ZIP or foreign postal code   |                | OLO)<br>oss receipts \$    | -927-8100<br>8,493,430.         |
|                                | Amen                      |                                 | ON HARBOR, MI 49022   |                | Is this a group ret        |                                 |
|                                | _Applic                   | <sup>a-</sup> F Name a          | nd address of principal officer: KELLI HAHN   |                | for subordinates?          |                                 |
|                                | pendi                     | " <sup>9</sup> SAME             | AS C ABOVE  | H(b)           | Are all subordinates inc   |                                 |
|                                |                           | empt status:                    |   |                |                            | ist. (see instructions)         |
|                                |                           |                                 | LAKEMICHIGANCOLLEGE.EDU/COMMUNITY           X         Corporation         Trust         Association         Other ►                     |                | Group exemption            |                                 |
|                                | orm of<br>ort I           |                                 |   | L Year of form | ation: 1986 M              | State of legal domicile: MI     |
|                                |                           |                                 | be the organization's mission or most significant activities: THE MIS   | SION O         | F THE LAK                  | E MICHIGAN                      |
| nce                            |                           |                                 | FOUNDATION IS TO RAISE FUNDS IN SUPE  |                |                            |                                 |
| Activities & Governance        | 2                         | Check this bo                   | x      x      if the organization discontinued its operations or disposed of  | f more than 2  | 5% of its net asse         | ets.                            |
| ove                            |                           |                                 | ting members of the governing body (Part VI, line 1a)   |                |                            | 28                              |
| & G                            |                           |                                 | lependent voting members of the governing body (Part VI, line 1b)   |                |                            | 24                              |
| ties                           |                           |                                 | of individuals employed in calendar year 2018 (Part V, line 2a)   |                |                            | <u>0</u> 0<br>150               |
| stivi                          |                           |                                 | of volunteers (estimate if necessary)   |                |                            | 0.                              |
| Ă                              |                           |                                 | business taxable income from Form 990-T, line 38  | ÷              | 7b                         | 0.                              |
|                                |                           |                                 |   | Pr             | ior Year                   | Current Year                    |
| a                              | 8                         | Contributions                   | and grants (Part VIII, line 1h)   |                | 786,496.                   | 1,874,908.                      |
| Revenue                        |                           |                                 | ce revenue (Part VIII, line 2g)   |                | 0.                         | 0.                              |
| Rev                            |                           |                                 | come (Part VIII, column (A), lines 3, 4, and 7d)  | ·              | 750,783.                   | 895,143.                        |
|                                |                           |                                 | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).  | ·              | <u>59,140.</u><br>596,419. | <u>5,425.</u><br>2,775,476.     |
|                                |                           |                                 | nilar amounts paid (Part IX, column (A), lines 13)  |                | 165,800.                   | 828,751.                        |
|                                |                           |                                 | to or for members (Part IX, column (A), line 4)   |                | 0.                         | 0.                              |
| ő                              |                           |                                 | compensation, employee benefits (Part IX, column (A), lines 5-10)   |                | 0.                         | 0.                              |
| Expenses                       |                           |                                 | undraising fees (Part IX, column (A), line 11e)   |                | 0.                         | 0.                              |
| ă                              |                           |                                 | ng expenses (Part IX, column (D), line 25)  0.  |                | 101 ECA                    |                                 |
| "                              |                           |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)<br>s. Add lines 13-17 (must equal Part IX, column (A), line 25)                        |                | 131,564.                   | <u>    105,996.</u><br>934,747. |
|                                |                           |                                 | expenses. Subtract line 18 from line 12   |                | 700,945.                   | 1,840,729.                      |
| ъś                             |                           |                                 |   |                | of Current Year            | End of Year                     |
| Net Assets or<br>Fund Balances | 20                        | Total assets (F                 | Part X, line 16)  | 10             | 917,792.                   | 18,292,937.                     |
| at As                          | 21                        |                                 | (Part X, line 26)   |                | <u>684,460.</u>            | 1,447,734.                      |
|                                | 22<br>rt II               | Net assets or to<br>Signature   | Iund balances. Subtract line 21 from line 20  | 15,            | 233,332.                   | 16,845,203.                     |
| _                              |                           |                                 | declare that I have examined this return, including accompanying schedules and s  | statements and | to the best of my k        | nowledge and helief, it is      |
|                                |                           |                                 | Declaration of preparer (other than officer) is based on all information of which pre-  |                |                            | alowiedge and benef, it is      |
|                                |                           |                                 |   |                |                            |                                 |
| Sign                           | 1                         | Signature                       | e of officer  |                | Date                       |                                 |
| Here                           | •                         |                                 | I HAHN, TREASURER   |                |                            |                                 |
|                                |                           |                                 | rint name and title   | Date           | Check                      | TI PTIN                         |
| Paid                           |                           | Print/Type prep                 | oarer's name Preparer's signature • VANDENBERG, CPA VICKI L. VANDENBERG   |                |                            |                                 |
| Prep                           |                           | Firm's name                     | ▶ PLANTE & MORAN, PLLC  |                | Firm's EIN                 | 38-1357951                      |
| Use                            |                           | Firm's address                  |   |                |                            |                                 |
|                                |                           |                                 | PORTAGE, MI 49002   |                | Phone no. (26              | 9) 567-4500                     |
| May                            | the IF                    |                                 | return with the preparer shown above? (see instructions)  | <u></u>        | ····                       | X Yes No                        |
| 83200                          | 1 12-31<br>S              |                                 | or Paperwork Reduction Act Notice, see the separate instructions. DULE O FOR ORGANIZATION MISSION STATE                                 | MENT C         | ONTINUATI                  | Form <b>990</b> (2018)<br>ON    |

|           |  | MICHIGAN COLLEGE FOUNDATION   | 38-2714753 Page 2                          |
|-----------|--|---|--|
| Pa        | t III Statement of Program S                                 | Service Accomplishments   |  |
| <u> </u>  |  | a response or note to any line in this Part III   |  |
| 1         | Briefly describe the organization's mi<br>THE MISSION OF THE | ssion:<br>LAKE MICHIGAN COLLEGE FOUNDAT   | ION IS TO RAISE FUNDS                      |
|           | IN SUPPORT OF LAKE   | MICHIGAN COLLEGE AND ITS STUD   | ENTS. THE LAKE                             |
|           | MICHIGAN COLLEGE FC  | DUNDATION IS THE MAIN FUND-RAI  | SING ORGANIZATION OF                       |
|           | LAKE MICHIGAN COLLE  | GE FOR THE SOLICITATION, RECE   | IPT AND MANAGEMENT OF                      |
| 2         | Did the organization undertake any si                        | ignificant program services during the year which were not I  |  |
|           |  |   |  |
|           | If "Yes," describe these new services                        |   |  |
| 3         | Did the organization cease conductin                         | ng, or make significant changes in how it conducts, any prog  | gram services? Yes X No                    |
|           | If "Yes," describe these changes on S                        |   |  |
| 4         |  | service accomplishments for each of its three largest progra  |  |
|           |  | izations are required to report the amount of grants and allo   | cations to others, the total expenses, and |
|           | revenue, if any, for each program ser                        |   | 751  |
| 4a        |  | 828,751. including grants of \$ 828,7<br>STS TO SUPPORT LAKE MICHIGAN CO  | (Revenue s 0.)                             |
|           |  | HIPS WERE AWARDED TO VARIOUS S  |  |
|           |  | RT VARIOUS COLLEGE PROGRAMS.  | ODENIS AND FAIMENIS                        |
|           | MINI MADE TO BOFFOF  | VI VARIOOD COLLEGE FROGRAD.   |  |
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|           |  | Control of the second secon |  |
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|           |  |   |  |
| 4b        | (Code: ) (Expenses \$  | including grants of \$  | ) (Revenue \$ )                            |
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|           | <u> </u>   |   |  |
|           | ·····  |   |  |
|           |  |   |  |
| 4c        | (Code: ) (Expenses \$  | including grants of \$  | ) (Revenue \$)                             |
|           |  |   |  |
|           | •  | <u></u>   | · · · · · · · · · · · · · · · · · · ·      |
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|           |  |   |  |
|           |  |   |  |
| 4d        | Other program services (Describe in S                        | Schedule O.)  |  |
|           | (Expenses \$   | including grants of \$ (Revenue   | s)   |
| <u>4e</u> | Total program service expenses 🕨                             | 828,751.  |  |
|           |  |   | Form <b>990</b> (2018)                     |
| 832002    | 12-31-18   | <u>^</u>  |  |
|           |  | 2   |  |

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| Form 990 (2018) |                   |           | COLLEGE | FOUNDATION |
|-----------------|-------------------|-----------|---------|------------|
| Part IV Chec    | klist 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?  | 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          |              | <u>X</u> |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5          |              | <u>X</u> |
| 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  |            |              | 77       |
| _      | 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?   |            |              | х        |
| 10     | If "Yes," complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent                                 | 9          |              | A        |
| 10     |   | 10         | x            |          |
| 11     | endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10         | <u>A</u>     |          |
| ••     | as applicable.  |            |              |          |
| 2      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D,   |            |              |          |
| a      | Part VI   | 11a        |              | х        |
| Ь      | Did the organization report an amount for investments - other securities in Part Xaine-12 that is 5% or more of its total   | -110       |              |          |
| -      | assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VI   | 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        |              | Х        |
| 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        |              | X        |
| 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        |              | <u>X</u> |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? // "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   | <u>12b</u> | X            |          |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |              | <u>X</u> |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?   | <u>14a</u> |              | 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  |            |              | v        |
| 1E     | or more? If "Yes," complete Schedule F, Parts I and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                     | 14b        |              | <u>X</u> |
| 15     | • • • • • •   | 15         |              | x        |
| 16     | foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i><br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13         |              |          |
| 10     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |              | х        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |            |              |          |
| ••     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17         |              | X        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |              |          |
| -      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         | X            |          |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"  |            |              |          |
|        | complete Schedule G, Part III   | 19         | X            |          |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | <u>20a</u> |              | X        |
|        | 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   |            |              |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II   | 21         | X            |          |
| 832003 | 12-31-18  | Form       | <b>AAO</b> ( | 2018)    |

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| Form   | aan | (201 | 8) |
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|            |   |            | Yes | No       |
|------------|---|------------|-----|----------|
| 00         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |            | res |          |
| 22         | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         |     | x        |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |            |     |          |
| 20         | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |            |     |          |
|            | Schedule J  | 23         | x   |          |
| 24 a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |            |     |          |
|            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |            |     |          |
|            | Schedule K. If "No," go to line 25a   | 24a        |     | X        |
| b          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     |          |
| c          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |            |     |          |
|            | any tax-exempt bonds?   | 24c        |     |          |
| d          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |          |
| 25a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |            |     |          |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | X        |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |            |     |          |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |            |     |          |
|            | Schedule L, Part I  | 25b        |     | X        |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   |            |     |          |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"  |            |     |          |
|            | complete Schedule L, Part II  | 26         |     | X        |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |            |     |          |
|            | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member   |            |     | v        |
| ~~         | 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 Schedule L, Part IV   |            |     |          |
| _          | instructions for applicable filing thresholds, conditions, and exceptions):   | 000        |     | X        |
|            | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV<br>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a<br>28b |     | X        |
|            | An antity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   | 200        |     |          |
| U          | director, trustee, or direct or indirect owner? // "Yes," complete Schedule L Part //   | 28c        |     | х        |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         | х   |          |
|            | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   | 23         |     | <u> </u> |
| ~          | contributions? <i>If</i> "Yes," complete Schedule M   | 30         | х   |          |
| 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  |            |     |          |
|            | Schedule N, Part II   | 32         |     | Х        |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |            |     |          |
|            | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | Х        |
| 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   |          |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     | X        |
| b          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |            |     |          |
|            | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |     |          |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |            |     |          |
|            | If "Yes," complete Schedule R, Part V, line 2   | 36         |     | <u>x</u> |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |     | v        |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | <u> </u> |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |            | x   |          |
| Par        | Note. All Form 990 filers are required to complete Schedule O<br>t V Statements Regarding Other IRS Filings and Tax Compliance  | 38         | А   |          |
| <u>. a</u> | Check if Schedule O contains a response or note to any line in this Part V  |            |     |          |
|            |   |            | Yes | No       |
| 19         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |            |     |          |
|            | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b1b1b1b   |            |     |          |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |            |     |          |
| v          | (gambling) winnings to prize winners?   | 1c         |     |          |
| 832004     | 12-31-18  | Form       | 990 | (2018)   |
|            | 4   |            |     |          |

| Form 990 (2018)   | LAKE     | MICHIGAN      | COLLEGE       | FOUNDATIO     | N N         |
|-------------------|----------|---------------|---------------|---------------|-------------|
| Part V Statements | Regardin | g Other IRS F | ilings and Ta | ax Compliance | (continued) |

|     |   |                | Yes                                      | No       |
|-----|---|----------------|--|----------|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   | <sup>6</sup> . |  | an an    |
|     | filed for the calendar year ending with or within the year covered by this return 2a 0  |                |  |          |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b             |  |          |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | 1 d            |  |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a             |  | X        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b             |  |          |
|     | 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             |  | X        |
| b   | If "Yes," enter the name of the foreign country: ►  |                |  | 1.1      |
|     | 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             |  | X        |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b             |  | X        |
| C   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c             |  |          |
| 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             |  | X        |
| 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).   |                | - <i>c</i>                               |          |
| 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?                               | 7a             | X  |          |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b             | X  |          |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |                |  |          |
|     | to file Form 8282?  | 7c             |  | _X       |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year7d   |                |  |          |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e             |  | X        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f             |  | <u> </u> |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g             |  |          |
| -   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <u>7h</u>      |  |          |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |                | . 1                                      | · .      |
| 9   | sponsoring organization have excess business holdings at any time during the year?<br>Sponsoring organizations maintaining donor advised funds                                | 8              |  |          |
| а   | Did the energy and a superior instance and the distribution under anti-   | 9a             |  |          |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b             |  |          |
| 10  | Section 501(c)(7) organizations. Enter:   | 30             |  |          |
| 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 10b   | 12             |  |          |
| 11  | Section 501(c)(12) organizations. Enter:  |                | anda<br>Maria<br>Maria                   |          |
| 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.)   |                |  |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a            |  |          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |                |  |          |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                | -1 - <sup>1</sup>                        | - 17     |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | 13a            |  |          |
|     | 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  |                | с А. — — — — — — — — — — — — — — — — — — |          |
|     | organization is licensed to issue qualified health plans  |                |  |          |
|     | Enter the amount of reserves on hand  |                |  |          |
|     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a            |  | X        |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | <u>14b</u>     |  |          |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |                |  | х        |
|     | excess parachute payment(s) during the year?  | 15             |  | <u> </u> |
| 16  | If "Yes," see instructions and file Form 4720, Schedule N.<br>Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16             |  | X        |
| .0  | If "Yes," complete Form 4720, Schedule O.   | 10             |  |          |
|     |   |                |  |          |

Form 990 (2018)

832005 12-31-18

| Form     | 990 (2018) LAKE MICHIGAN COLLEGE FOUNDATION   |          | 38-2714              |          |           | age 6    |
|----------|---|----------|----------------------|----------|-----------|----------|
| Pa       | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th  | rough    | 7b below, and for a  | "No" n   | espon     | se       |
|          | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.  | See in   | structions.          |          | -         |          |
|          | Check if Schedule O contains a response or note to any line in this Part VI   |          |                      |          |           | X        |
| Sec      | tion A. Governing Body and Management   |          |                      |          |           |          |
|          |   |          |                      |          | Yes       | No       |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   | 1a       | 28                   |          | 1.1       |          |
|          | If there are material differences in voting rights among members of the governing body, or if the governing   |          |                      | 7        |           |          |
|          | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   |          |                      |          |           |          |
| b        | Enter the number of voting members included in line 1a, above, who are independent  | 1b       | 24                   |          |           |          |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship   | with a   | ny other             |          |           |          |
|          | officer, director, trustee, or key employee?  |          | •                    | 2        | X         |          |
| 3        | Did the organization delegate control over management duties customarily performed by or under the  |          |                      |          |           |          |
|          | of officers, directors, or trustees, or key employees to a management company or other person?  |          |                      | 3        |           | X        |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 9   | 90 was   | i filed?             | 4        |           | X        |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's ass  | ets?     |                      | 5        |           | X        |
| 6        | Did the organization have members or stockholders?  |          |                      | 6        |           | X        |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or ap  | point o  | one or               |          |           |          |
|          | 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  | ockhol   | ders, or             |          |           |          |
|          | persons other than the governing body?  |          |                      | 7b       |           | X        |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year   | r by the | following:           |          |           |          |
| а        | The governing body?   | <u>.</u> |                      | _8a      | X         |          |
| b        | The governing body?   |          |                      | 8b       | X         |          |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read  | ched at  | the                  |          |           |          |
|          | organization's mailing address? If "Yes." provide the names and addresses in Schedule O   |          |                      | 9        |           | X        |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Rev   | enue_    | Code.)               |          |           |          |
|          |   |          |                      |          | Yes       | No       |
|          | Did the organization have local chapters, branches, or affiliates?  |          |                      | 10a      |           | X        |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such cha  | apters,  | affiliates,          |          |           |          |
|          |   |          |                      | 10b      |           |          |
|          | Has the organization provided a complete copy of this Form 990 to all members of its governing body   | before   | e filing the form?   | 11a      | X         |          |
|          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          |                      |          |           |          |
|          |   |          |                      | _12a     | X         |          |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise   |          |                      | 12b      | X         | <u> </u> |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y   | •        |                      |          | x         |          |
| 10       | in Schedule O how this was done   |          |                      | 12c      |           | x        |
| 13<br>14 | Did the organization have a written whistleblower policy?   |          |                      | 13<br>14 | X         |          |
| 15       |   |          |                      | 14       | <u> </u>  |          |
| 15       | Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | by ind   | ependent             |          |           |          |
| -        | The organization's CEO, Executive Director, or top management official  |          |                      | 45.0     |           | X        |
| a        |   |          |                      | 15a      |           | X        |
| b        | Other officers or key employees of the organization   |          | ••••••               | 15b      | province. |          |
| 16-      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem   | ont wi   | iha                  |          |           |          |
| IUa      | taxable entity during the year?   |          |                      | 16a      |           | x        |
| h        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate  |          |                      |          |           |          |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi  |          | •                    |          |           |          |
|          | 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, and   | 1 990-1  | (Section 501(c)(3)   | only) a  | availab   | ole      |
|          | for public inspection. Indicate how you made these available. Check all that apply.   |          |                      |          |           |          |
|          | Own website Another's website X Upon request Other (explain   |          |                      |          |           |          |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, con  | flict of | interest policy, and | financi  | 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 book   | ks and   | records 🕨            |          |           |          |
|          | DOUG SCHAFFER - $(616) - 927 - 8100$  |          |                      |          |           |          |
|          | 2755 E NAPIER AVE, BENTON HARBOR, MI 49022  |          |                      | <b>Г</b> | 000       | (2018)   |
| 832006   | 12-31-18 6  |          |                      | Form     | 330       | (2018)   |
|          |   |          |                      |          |           |          |

2018.05040 LAKE MICHIGAN COLLEGE FOU 112762-1

| Form 990 (2  |   | 38-2714753 | Page 7 |  |  |  |  |  |  |  |
|--|---|------------|--------|--|--|--|--|--|--|--|
| 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 cr within the organization's tax year.

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)                        | (B)  |                                |                       | (          | C)           |                                 |        | (D)              | (E)                              | (F)                      |
|----------------------------|--|--------------------------------|-----------------------|------------|--------------|---------------------------------|--------|------------------|----------------------------------|--------------------------|
| Name and Title             | Average (do not check more than one<br>hours per box, unless person is both an |                                | Reportable            | Reportable | Estimated    |                                 |        |                  |                                  |                          |
|                            | hours per  | box                            | , unle                | ss pe      | rson i       | is bot                          | h an   | compensation     | compensation                     | amount of                |
|                            | week   |                                | cer ar                | 10 a c     | weck         | ar/trus                         | (100)  | from             | from related                     | other                    |
|                            | (list any<br>hours for   | Individual trustee or director |                       |            |              |                                 |        | the organization | organizations<br>(W-2/1099-MISC) | compensation<br>from the |
|                            | related  | eord                           | tee                   |            |              | Highest compensated<br>employee |        | (W-2/1099-MISC)  | (1099-10130)                     | organization             |
|                            | organizations  | truste                         | al trus               | }          | yee          | ubeu                            |        |                  |                                  | and related              |
|                            | below  | idual                          | Institutional trustee | 5          | Key employee | estco                           | 1      |                  |                                  | organizations            |
|                            | line)  | Indiv                          | Instit                | Officer    | Keye         | High                            | Former |                  |                                  | •                        |
| (1) DAVID SCHAFFER         | 0.00   |                                |                       |            |              |                                 | ÷.     |                  |                                  |                          |
| VICE PRESIDENT             |  | X                              |                       | Х          |              | 4                               |        | 0.               | 0.                               | 0.                       |
| (2) JIM MAROHN             | 0.00   |                                |                       |            |              |                                 | et lin |                  |                                  |                          |
| PRESIDENT                  |  | X                              |                       | X          | ÷            | ÷.                              |        | 0.               | 0.                               | 0.                       |
| (3) KELLI HAHN             | 1.00   |                                |                       | <b>4</b>   | 25           |                                 |        |                  |                                  |                          |
| TREASURER                  |  | X                              |                       | X          |              | 1                               | 114    | 0.               | 123,110.                         | 43,364.                  |
| (4) MARY KLEMM             | 1.00   |                                | <u>/</u> @            |            | W.           |                                 | 5      |                  |                                  |                          |
| SECRETARY                  |  | X                              |                       | X          |              | ×ε                              | ľ      | 0.               | 81,165.                          | 33,813.                  |
| (5) ALFRED M. BUTZBAUGH    | 0.00   |                                | 2                     |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       | Fa.f       | Ş            |                                 |        | 0.               | 0.                               | 0.                       |
| (6) AMY WHITE              | 0.00   |                                |                       | 뼿          | 4            |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (7) CRAIG ERIKSON          | 0.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (8) DEB O'CONNOR           | 0.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (9) DOUG SCHAFFER          | 1.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 107,573.                         | <u>39,854.</u>           |
| (10) GLORIA ENDER          | 0.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (11) ROBERT BURCH          | 0.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (12) SCOTT DIENES          | 0.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (13) SCOTT GEIK            | 0.00   |                                |                       |            |              |                                 |        |                  |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (14) SCOTT MCFARLAND       | 0.00   |                                |                       |            |              |                                 |        |                  |                                  | _                        |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (15) STEVEN HADAWAY        | 0.00   |                                |                       |            |              |                                 |        |                  |                                  | _                        |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (16) JOHN BRINKER          | 0.00   |                                |                       |            |              |                                 |        | -                |                                  |                          |
| DIRECTOR                   |  | X                              |                       |            |              |                                 |        | 0.               | 0.                               | 0.                       |
| (17) TREVOR KUBATZKE       | 1.00   |                                |                       |            |              |                                 |        | _                |                                  |                          |
| DIRECTOR/COLLEGE PRESIDENT |  | X                              |                       |            |              |                                 |        | 0.               | 217,095.                         | 53,176.                  |
| 832007 12-31-18            |  |                                |                       | _          | -            |                                 |        |                  |                                  | Form <b>990</b> (2018)   |

#### 13180207 147228 112762-1

| Form | 990 | (201 | 8) |
|------|-----|------|----|
|------|-----|------|----|

LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753 Page 8

| Part VII Section A. Officers, Directors, Trust  |                       | <u>ploy</u>                   | ees,            |           |              | ghes                            | st C      | ompensated Employee      | s (continued)                                |         |                 |          |
|---|-----------------------|-------------------------------|-----------------|-----------|--------------|---------------------------------|-----------|--------------------------|--|---------|-----------------|----------|
| (A)   | (B)                   |                               |                 | •         | C)           | _                               |           | (D)                      | (E)  |         | (F)             |          |
| Name and title  | Average               |                               | not c           |           | more         | than o                          |           | Reportable               | Reportable                                   |         | Estimat         |          |
|   | hours per<br>week     |                               |                 |           |              | is boti<br>x/trus               |           | compensation             | compensation                                 | '       | amount          |          |
|   | (list any             | ĕ                             |                 |           | [            |                                 |           | from<br>the              | from related<br>organizations                |         | other<br>mpensa |          |
|   | hours for             | direc                         |                 |           | i            | 2                               |           | organization             | (W-2/1099-MISC)                              |         | from th         |          |
|   | related               | tee or                        | trustee         |           |              | ensate                          |           | (W-2/1099-MISC)          | <b>,</b> , , , , , , , , , , , , , , , , , , | c       | rganiza         |          |
|   | organizations         | al trus                       | nal tr          |           | loyee        | Ĩ.                              | ĺ         |                          |  | a       | nd rela         | ted      |
|   | below<br>line)        | ndividual trustee or director | Institutional ( | Officer   | Key employee | Highest compensated<br>employee | Former    |                          |  | or      | ganizat         | ions     |
| (18) TIM PASSARO  | 0.00                  | μ.                            | Ë               | 0         | 1<br>2<br>2  | 훈등                              | 2         |                          |  |         |                 |          |
| DIRECTOR  | 0.00                  | X                             |                 |           |              |                                 |           | 0.                       | 0  |         |                 | 0.       |
| (19) JOHN JANICK  | 0.00                  | 42                            |                 |           | -            |                                 |           | 0                        | 0  | •       |                 |          |
| DIRECTOR  |                       | x                             |                 |           |              |                                 |           | 0.                       | 0  |         |                 | 0.       |
| (20) KEN KOZMINSKI  | 0.00                  |                               | -               |           |              |                                 |           |                          |  | -       | _               |          |
| DIRECTOR  |                       | X                             |                 |           |              |                                 |           | 0.                       | 0  |         |                 | 0.       |
| (21) MARY JO TOMASINI   | 0.00                  |                               |                 |           |              |                                 |           |                          |  |         |                 |          |
| DIRECTOR  |                       | X                             |                 |           |              |                                 |           | 0.                       | 0  | •       |                 | 0.       |
| (22) MICHAEL CARLSON  | 0.00                  |                               |                 |           |              |                                 |           |                          |  |         | _               |          |
| DIRECTOR  |                       | X                             |                 |           |              |                                 |           | 0.                       | 0  | •       |                 | 0.       |
| (23) MIKE KNYTYCH   | 0.00                  |                               |                 |           |              |                                 |           |                          |  |         |                 | _        |
| DIRECTOR  |                       | X                             |                 |           |              |                                 |           | 0.                       | 0  | •       |                 | 0.       |
| (24) MIKE WELCH<br>DIRECTOR   | 0.00                  | x                             |                 |           |              |                                 |           |                          | 0  |         |                 | ^        |
| (25) PATSY HARTZELL   | 0.00                  | -                             |                 |           |              |                                 |           | 0.                       | 0  | •       |                 | 0.       |
| DIRECTOR  | 0.00                  | x                             |                 |           |              | ala.                            | Q.4       | 0.                       | 0  |         |                 | 0.       |
| (26) RANDY BETTICH  | 0.00                  | <u> </u>                      |                 |           | -            |                                 | 1         |                          |  | •+      |                 | <u> </u> |
| DIRECTOR  |                       | x                             |                 |           |              | 1941.                           | Ċ,        | <b>0.</b>                | 0  |         |                 | Ο.       |
| 1b Sub-total  |                       |                               |                 | Å         | 7            |                                 | 5         | 0.                       | 528,943                                      |         | 70,2            |          |
| c Total from continuation sheets to Part VI   | Section A             |                               |                 |           | è.           | đ                               |           | 0.                       | 0  |         |                 | 0.       |
| d Total (add lines 1b and 1c)   |                       |                               |                 |           | ÷.           | È.                              |           | 0.                       | 528,943                                      | . 17    | 70,2            | 07.      |
| 2 Total number of individuals (including but no   | t limited to the      | ose:                          | iste            | d ab      | ove          | ) wh                            | ,<br>o re | ceived more than \$100,0 | 00 of reportable                             |         |                 |          |
| compensation from the organization  |                       |                               |                 |           |              |                                 |           |                          |  |         |                 | 0        |
|   |                       | -                             |                 | ħ.(       | Ŧ            |                                 |           |                          |  |         | Yes             | No       |
| 3 Did the organization list any former officer, of  |                       | stee                          | , ke            | y en      | iplo         | yee,                            | or h      | nighest compensated en   | ployee on                                    | - Prink |                 |          |
| line 1a? If "Yes," complete Schedule J for su   |                       |                               |                 |           |              |                                 |           |                          |  | 3       |                 | X        |
| 4 For any individual listed on line 1a, is the sur  |                       |                               | -               |           |              |                                 |           | -                        | -  |         | v               |          |
| and related organizations greater than \$150,   |                       |                               | -               |           |              |                                 |           |                          |  | 4       |                 |          |
| 5 Did any person listed on line 1a receive or ad  |                       |                               |                 |           | -            |                                 |           | -                        |  | 5       |                 | x        |
| rendered to the organization? If "Yes." comp<br>Section B. Independent Contractors              | <u>piete Schedule</u> | JIC                           | or su           | cn t      | iers         | on.                             |           |                          | <u> </u>                                     |         |                 | <u> </u> |
| 1 Complete this table for your five highest con   | pensated ind          | eper                          | nder            | nt co     | ontra        | actor                           | s th      | at received more than \$ | 100.000 of compens                           | ation f | rom             |          |
| the organization. Report compensation for the   | •                     | •                             |                 |           |              |                                 |           |                          | •  |         |                 |          |
| (A)   |                       |                               |                 |           |              |                                 |           | (B)                      |  |         | (C)             |          |
| Name and business a   | address               | NC                            | )NE             |           |              |                                 |           | Description of se        | ervices                                      | Comp    | ensatio         | n        |
|   |                       |                               |                 |           |              |                                 |           |                          |  |         |                 |          |
|   |                       |                               |                 |           |              |                                 | +         |                          |  |         |                 |          |
|   |                       |                               |                 |           |              |                                 |           |                          |  |         |                 |          |
|   | . <u> </u>            |                               |                 |           |              |                                 | +         | <u> </u>                 |  |         |                 |          |
|   |                       |                               |                 |           |              |                                 |           |                          |  |         |                 |          |
|   |                       |                               |                 |           |              |                                 | Τ         |                          |  |         |                 |          |
| *****   |                       |                               |                 |           |              |                                 |           |                          |  |         |                 |          |
|   |                       |                               |                 |           |              |                                 |           |                          |  |         |                 |          |
|   |                       |                               |                 |           |              |                                 | <u> </u>  |                          | 1250 C                                       |         |                 |          |
| 2 Total number of independent contractors (in<br>\$100,000 of componentian from the contractors |                       | ot lim                        | nited           | τοt       | hos:<br>0    |                                 | ied a     | above) who received mo   | re than                                      |         |                 |          |
| \$100,000 of compensation from the organize<br>SEE PART VII, SECTION                            |                       | IN                            | UA'             | <b>FI</b> | _            |                                 | HE        | ETS                      | of   | Forn    | 990 (           | 2018)    |

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8

| Form 990 LAKE MICI                                  |                               |                                | _                     |         |                   |                              |                 |  | 38-271                                | 4753                     |
|---|-------------------------------|--------------------------------|-----------------------|---------|-------------------|------------------------------|-----------------|--|---------------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Tru<br>(A) | i <u>stees, Key Er</u><br>(B) | nplo                           | yee                   |         | <u>nd H</u><br>C) | ugh                          | est             | Compensated Employ<br>(D)  | ees <u>(continued)</u><br>(E)         | (F)                      |
| Name and title                                      | Average                       |                                |                       | Pos     |                   |                              |                 | Reportable   | Reportable                            | Estimated                |
|   | hours                         | ) (c                           |                       | alli    |                   |                              | ly)             | compensation   | compensation                          | amount of                |
|   | per                           |                                | Γ                     |         |                   |                              |                 | from   | from related                          | other                    |
|   | week                          | 2                              |                       |         |                   | loyee                        |                 | the  | organizations                         | compensation             |
|   | (list any<br>hours for        | directo                        |                       |         |                   | d emp                        |                 | organization<br>(W-2/1099-MISC)  | (W-2/1099-MISC)                       | from the<br>organization |
|   | related                       | ee or                          | stee                  |         |                   | nsater                       |                 | (11-2/1033-14100)  |                                       | and related              |
|   | organizations                 | Individual trustee or director | Institutional trustee |         | oyee              | Highest compensated employee |                 |  |                                       | organizations            |
|   | below                         | vidual                         | itution               | Otficer | Key employee      | hest c                       | Former          |  |                                       |                          |
|   | line)                         | Ē                              | list –                | ŝ       | Key               | Hig                          | For             |  |                                       |                          |
| (27) RANDY REIMERS                                  | 0.00                          |                                |                       |         |                   |                              |                 |  |                                       |                          |
| DIRECTOR  | 0.00                          | X                              |                       |         |                   |                              |                 | 0.   | 0.                                    | 0                        |
| (28) RICK BLAKE<br>DIRECTOR                         | 0.00                          | x                              |                       |         |                   |                              |                 | 0.   | 0.                                    | 0                        |
| (29) GREG O'NIEL                                    | 0.00                          | ┢╸                             | -                     |         |                   |                              |                 | 0.   |                                       | 0                        |
| DIRECTOR-PART YEAR                                  |                               | x                              |                       |         |                   |                              |                 | 0.   | 0.                                    | 0                        |
| (30) JEFF CURRY                                     | 0.00                          | <u> </u>                       |                       |         |                   |                              |                 |  |                                       |                          |
| DIRECTOR-PART YEAR                                  |                               | x                              |                       |         |                   |                              |                 | ÷ 0.   | 0.                                    | 0                        |
| (31) JOAN SMITH                                     | 0.00                          |                                |                       |         |                   |                              |                 | All and a second |                                       |                          |
| DIRECTOR-PART YEAR                                  |                               | X                              |                       | _       |                   |                              |                 | . 0.   | 0.                                    | 0                        |
| (32) JOHN GROVER                                    | 0.00                          |                                |                       |         |                   |                              |                 |  |                                       |                          |
| DIRECTOR-PART YEAR                                  |                               | X                              |                       |         |                   |                              |                 | <u>a a</u> 0.  | 0.                                    | 0                        |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              | ेंस्ट्र<br>जन्म |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
| ······  |                               |                                |                       |         |                   | à.                           | 9 <u>9</u>      |  |                                       |                          |
|   | ······                        | 1                              |                       |         |                   |                              |                 |  |                                       |                          |
| <u> </u>  |                               | <u> </u>                       |                       |         | ÷.,               |                              |                 | · · · · · · · · · · · · · · · · · · ·  |                                       |                          |
|   |                               | 1                              | -57                   | 82      |                   | i<br>Linte                   | _               |  |                                       |                          |
|   |                               | Ŕ                              |                       | đ.      |                   | 6                            |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                | at de                 | ALL .   | 7                 |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               | 1                              |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               | · · ·                          |                       |         |                   |                              |                 |  |                                       | <u> </u>                 |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  | · · · · · · · · · · · · · · · · · · · |                          |
|   |                               | 1                              |                       |         |                   |                              |                 |  |                                       |                          |
| <u> </u>  |                               | ⊢                              | -                     |         | -                 |                              |                 |  |                                       |                          |
|   |                               | 1                              |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                | -                     |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               | <b> </b>                       |                       |         |                   |                              |                 |  |                                       | <u></u>                  |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |
|   |                               |                                |                       |         |                   |                              |                 |  |                                       |                          |

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| orm 990  | ) (2       | 2018) LAKE                                   | MICHIGAN         | COLLEGE             | FOUNDATION                                  | 1  | 38-271   | 4753 Page   |
|--|------------|--|------------------|---------------------|---|--|--|---|
| Part V   |            |  | nue              |                     |   |  |  |   |
|  | NAME AND A | Check if Schedule O cont                     | tains a response | or note to any line | e in this Part VIII<br>(A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue  | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue exclude<br>from tax under<br>sections<br>512 - 514 |
| st 1   | a          | Federated campaigns                          | 1a               |                     |   |  |  |   |
|  |            | Membership dues                              |                  |                     |   |  |  |   |
| Am S.  | С          | Fundraising events                           |                  | 58,752.             |   |  |  |   |
|  | d          | Related organizations                        | <u>1d</u>        |                     | President President                         | 建一种主义的   |  |   |
| ini.   | е          | Government grants (contribut                 | ions) <b>1e</b>  |                     |   |  |  |   |
| S  | f          | All other contributions, gifts, grar         | nts, and         |                     |   |  |  |   |
| 2<br>3<br>3<br>3   |            | similar amounts not included abo             | 2017 (2018) U.C. | 1,816,156.          |   |  |  | The second  |
| contributions, clifts, crants<br>and Other Similar Amounts |            | Noncash contributions included in lines      |                  |                     | 1 974 999                                   |  |  |   |
| 5 10   | h          | Total. Add lines 1a-1f                       |                  | Business Code       | 1,874,908.                                  |  |  |   |
| e 2  | а          |  |                  | Business Code       |   |  |  |   |
| 2  |            |  |                  |                     |   |  |  |   |
| DILE   |            |  |                  |                     |   |  |  |   |
| eve  | d          |  |                  |                     |   | 17   |  |   |
| b <sup>a</sup>   | е          |  |                  |                     |   | ATS.   |  |   |
| Ê   .  | f          | All other program service reve               | enue             |                     | 4   |  |  |   |
|  |            | Total. Add lines 2a-2f                       |                  |                     | ÂŶ  |  |  |   |
| 3  |            | Investment income (including                 |                  |                     |   |  |  |   |
|  |            | other similar amounts)                       |                  |                     | 331,351.                                    | <u> </u>   |  | 331,351   |
| 4  |            | Income from investment of ta                 | x-exempt bond p  | roceeds 🕨           | (Markey                                     |  |  |   |
| 5  |            | Royalties                                    |                  | ▶                   | V A MARKED                                  |  |  |   |
|  |            |  | (i) Real         | (ii) Personal       |   |  |  |   |
| 6 :  | а          | Gross rents                                  |                  |                     | AN AN                                       |  |  |   |
|  | b          | Less: rental expenses                        |                  | 4                   |   | 法主任法律  |  |   |
|  | С          | Rental income or (loss)                      |                  |                     |   |  |  |   |
| 3  | d          | Net rental income or (loss)                  |                  |                     |   |  | 0 1000 00 00 00 00 00 00 00 00 00 00 00        |   |
| 7 :  | а          | Gross amount from sales of                   | (i) Securities   | (ii) Other          |   | 检查社 型 建制   |  |   |
|  |            | assets other than inventory                  | 6,081,267.       |                     | 加重型目  |  |  |   |
| 1 1  |            | Less: cost or other basis                    |                  |                     |   | <b>霍</b> 哈子 11   |  |   |
|  |            | and sales expenses                           | 5,517,475.       |                     |   |  |  |   |
|  |            | Gain or (loss)                               | 563,792.         |                     |   |  |  |   |
| 10.00  |            | Net gain or (loss)                           |                  | ▶                   | 563,792.                                    | and the second |  | 563,792   |
| e 8 a  |            | Gross income from fundraising including \$58 |                  |                     |   |  |  |   |
| Other Revenue  |            | contributions reported on line               |                  |                     | 2 禮外華市 2 智利                                 | 12月1日日 在1  |  |   |
| Re   |            | Part IV, line 18                             |                  | 176,004.            |   |  |  |   |
| her her  |            | Less: direct expenses                        |                  | 188,779.            |   | 電電孔 四方   |  |   |
| 5 [  |            | Net income or (loss) from func               |                  |                     | -12,775.                                    |  |  | -12,775   |
|  |            | Gross income from gaming ac                  |                  |                     |   |  |  |   |
|  |            | Part IV, line 19                             |                  | 29,900.             |   |  |  |   |
| ł  |            | Less: direct expenses                        |                  | 11,700.             |   | Harry Harris   |  |   |
|  |            | Net income or (loss) from gam                |                  | ►                   | 18,200.                                     |  |  | 18,200  |
|  |            | Gross sales of inventory, less               |                  |                     | 1. 法正律 毛                                    |  |  |   |
|  |            | and allowances                               |                  |                     |   |  |  |   |
| ł  | b          | Less: cost of goods sold                     | ь                |                     |   |  |  |   |
|  | с          | Net income or (loss) from sale               | s of inventory   | ▶                   |   |  |  |   |
|  |            | Miscellaneous Revenue                        | e                | Business Code       |   |  |  |   |
|  |            |  |                  |                     |   |  |  |   |
|  | b          |  |                  |                     |   |  |  |   |
| ~ ~  | C.         | A11 - 11                                     |                  |                     |   |  |  |   |
|  |            | All other revenue                            |                  | N                   |   |  |  |   |
| 0.000  |            | Total. Add lines 11a-11d                     |                  |                     | 2,775,476.                                  | 0.   | 0  | 900,568   |
| 12   | 31-1       | Total revenue. See instructions              |                  |                     | -,,.,,                                      | ••   | •  | Form <b>990</b> (2018   |

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| Form | 990 | (201 | 8) |
|------|-----|------|----|
|      |     |      |    |

#### LAKE MICHIGAN COLLEGE FOUNDATION Part IX | Statement of Functional Expenses

|    | Check if Schedule O contains a respons   | e or note to any line in t<br>(A)   | (B)                                | (Č)  |   |
|----|--|---|------------------------------------|--|---|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                               | Total expenses  | (B)<br>Program service<br>expenses | Management and general expenses  | Fundraising<br>expenses   |
| 1  | Grants and other assistance to domestic organizations  |   |                                    |  |   |
|    | and domestic governments. See Part IV, line 21   | 828,751.  | 828,751.                           |  | and the second                              |
| 2  | Grants and other assistance to domestic  |   |                                    |  |   |
|    | individuals. See Part IV, line 22  |   |                                    | 그는 가슴이 그렇는 가슴이   | a gu ta Antonio agus sa sa<br>Tanàna ao amin' |
| 3  | Grants and other assistance to foreign   |   |                                    |  |   |
|    | organizations, foreign governments, and foreign  |   |                                    |  |   |
|    | individuals. See Part IV, lines 15 and 16  |   |                                    |  |   |
| 4  | Benefits paid to or for members  |   |                                    |  |   |
| 5  | Compensation of current officers, directors,   |   |                                    |  |   |
|    | trustees, and key employees  |   |                                    |  |   |
| 6  | Compensation not included above, to disqualified   |   |                                    |  |   |
|    | persons (as defined under section 4958(f)(1)) and  |   |                                    |  |   |
|    | persons described in section 4958(c)(3)(B)   |   |                                    |  |   |
| 7  | Other salaries and wages   |   | <u> </u>                           |  |   |
| 8  | Pension plan accruals and contributions (include   |   |                                    | t.a.   |   |
|    | section 401(k) and 403(b) employer contributions)  |   |                                    | Amilia<br>Second States<br>Second States |   |
| 9  | Other employee benefits  |   |                                    | THE REAL PROPERTY AND A DECIMAL OF THE REAL PROPERT   |   |
| 0  | Payroll taxes  |   |                                    |  |   |
| 1  | Fees for services (non-employees):   |   |                                    | -  |   |
| а  | Management   |   |                                    |  |   |
| Ь  | Legal  |   |                                    |  |   |
| c  | Accounting   | 5,000.  |                                    | 5,000.   |   |
| d  | Lobbying   | Â   |                                    |  |   |
| e  | Professional fundraising services. See Part IV, line 17  | A   |                                    |  |   |
| f  | Investment management fees   | 34,693  |                                    | 34,693.  |   |
| g  |  |   |                                    | 01/0501  |   |
| Э  | column (A) amount, list line 11g expenses on Sch O.)   | 30,308  |                                    | 30,308.  |   |
| 2  | Advertising and promotion  |   |                                    |  | · · · · · · · · · · · · · · · · · · ·   |
| 13 | Office expenses  | 7,580   |                                    | 7,580.   |   |
| 4  |  | 595.  |                                    | 595.   |   |
| -  | Information technology   | • <u>6, 6</u>   |                                    |  |   |
| 5  | Royalties  |   |                                    |  |   |
| 6  |  | 404   |                                    | 404.   |   |
| 7  |  |   |                                    | 404.   |   |
| 8  | Payments of travel or entertainment expenses   |   |                                    |  |   |
| _  | for any federal, state, or local public officials  | 7,749.  |                                    | 7,749.   |   |
| 9  | Conferences, conventions, and meetings   | / , / 4 7 •   |                                    | /,/4].   |   |
| 20 | Interest   |   |                                    |  |   |
| 1  | Payments to affiliates   |   |                                    |  |   |
| 2  | Depreciation, depletion, and amortization  |   |                                    | 3 003  | ·   |
| 3  |  | 3,083.  |                                    | 3,083.   |   |
| 4  | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line | 이는 것은 것을 가지 않는 것이다.<br>같은 것은 것은 것은 것은 것은 것을 수 있는 것을 수<br>같은 것은 것은 것은 것은 것은 것을 수 있는 것을 수 있 |                                    |  | prostantes de la composition de la comp                               |
|    | 24e amount exceeds 10% of line 25, column (A)  | 에 관계 관계 개 <b>보</b> 기  |                                    |  | 학생 왕이 고려되어 있다.<br>  |
|    | amount, list line 24e expenses on Schedule O.)   |   |                                    | <u> </u>   |   |
| а  | BANK FEES  | 6,846.  |                                    | 6,846.   |   |
| b  | DUES AND SUBSCRIPTIONS   | 4,390.  |                                    | 4,390.   |   |
| ¢  | BAD DEBT EXPENSE   | 1,000.  |                                    | 1,000.   |   |
| d  |  |   |                                    |  |   |
| е  | All other expenses   | 4,348.  |                                    | 4,348.   |   |
| 5  | Total functional expenses. Add lines 1 through 24e   | 934,747.  | 828,751.                           | 105,996.   | 0   |
| 6  | 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 I if following SOP 98-2 (ASC 958-720)   |   |                                    |  | Eorm <b>990</b> (20)  |

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Form 990 (2018)

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Form 990 (2018)

| LAKE | MICHIGAN | COLLEGE | FOUNDATION |
|------|----------|---------|------------|
|      |          |         |            |

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|                             |     | Check if Schedule O contains a response or note to any line in this Part X   |  | <u></u>   |                           |
|-----------------------------|-----|--|--|---|---------------------------|
|                             |     |  | (A)<br>Beginning of year   |   | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing  | 1,644,279.   | 1   | 2,228,326.                |
|                             | 2   | Savings and temporary cash investments   |  | 2   |                           |
|                             | 3   | Pledges and grants receivable, net   | 1,003,440.   | 3   | 1,056,717.                |
|                             | 4   | Accounts receivable, net   |  | 4   |                           |
|                             | 5   | Loans and other receivables from current and former officers, directors,   |  |   |                           |
|                             |     | trustees, key employees, and highest compensated employees. Complete   |  | i de la comunicación de la comunica<br>Comunicación de la comunicación de l |                           |
|                             |     | Part II of Schedule L  |  | 5   |                           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under  |  | (j. 67)   |                           |
|                             |     | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing  |  |   |                           |
|                             |     | employers and sponsoring organizations of section 501(c)(9) voluntary  |  | -   |                           |
| 2                           |     | employees' beneficiary organizations (see instr). Complete Part II of Sch L  |  | 6   |                           |
| Assets                      | 7   | Notes and loans receivable, net  |  | 7   |                           |
| As                          | 8   | Inventories for sale or use  |  | 8   |                           |
|                             | 9   | Prepaid expenses and deferred charges  | 14,207.  | 9   | 13,973.                   |
|                             | 10a | Land, buildings, and equipment: cost or other  | E E  |   |                           |
|                             |     | basis. Complete Part VI of Schedule D 10a  |  |   |                           |
|                             | Ь   | Less: accumulated depreciation   |  | 10c   |                           |
|                             | 11  | Investments - publicly traded securities   | 14,255,866.  | 11  | 11,953,088.               |
|                             | 12  | Investments - other securities. See Part IV, line 11   |  | 12  | 3,038,796.                |
|                             | 13  | Investments - program-related. See Part IV, line 11  |  | 13  |                           |
|                             | 14  | Intangible assets  |  | 14  |                           |
|                             | 15  | Intangible assets         Other assets. See Part IV, line 11         Total assets. Add lines 1 through 15 (must equal line 34) | 0.   | 15  | 2,037.                    |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  | 16,917,792.  | 16  | 18,292,937.               |
|                             | 17  | Accounts payable and accrued expenses  |  | 17  |                           |
|                             | 18  | Grants payable   | 10.100   | 18  |                           |
|                             | 19  | Deferred revenue   | 18,408.  | 19  | 30,564.                   |
|                             | 20  | Tax-exempt bond liabilities  |  | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV or Schedule D  |  | 21  |                           |
| ŝ                           | 22  | Loans and other payables to current and former officers, directors, trustees,  |  |   |                           |
| iliti                       |     | key employees, highest compensated employees, and disqualified persons.  |  |   |                           |
| Liabilities                 |     | Complete Part II of Schedule L   |  | 22  |                           |
| _                           | 23  | Secured mortgages and notes payable to unrelated third parties   |  | 23  |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties   |  | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, payables to related third   |  |   |                           |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X of  | 1,666,052.   |   | 1,417,170.                |
|                             |     | Schedule D   | 1,684,460.   | 25  | 1,447,734.                |
|                             | 26  | Total liabilities. Add lines 17 through 25   | 1,004,400.   | 26  | 1,44/,/34.                |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here <b>Solution</b> and   | 영상에 가지 않는 물건이  |   | 알고 물건을 들어 나는              |
| Ses                         | 27  | complete lines 27 through 29, and lines 33 and 34.<br>Unrestricted net assets  | 277,526.   | 27  | 388,758.                  |
| lan                         | 28  | Temporarily restricted net assets  | 11,720,194.  | 28  | 13,124,380.               |
| Net Assets or Fund Balances | 20  | Permanently restricted net assets  | 3,235,612.   | <u>20</u><br>29   | 3,332,065.                |
| P                           | 23  | Organizations that do not follow SFAS 117 (ASC 958), check here  |  | 23  |                           |
| Ę                           |     | and complete lines 30 through 34.  |  | gen d   |                           |
| <u>8</u>                    | 30  | Capital stock or trust principal, or current funds   | and the second | 30  |                           |
| sse                         | 31  | Paid-in or capital surplus, or land, building, or equipment fund   |  | 31  |                           |
| t A:                        | 32  | Retained earnings, endowment, accumulated income, or other funds   |  | 32  |                           |
| Š                           | 33  | Total net assets or fund balances  | 15,233,332.  | 33  | 16,845,203.               |
| -                           | 34  | Total liabilities and net assets/fund balances   | 16,917,792.  | 34  | 18,292,937.               |

Form 990 (2018)
Part X Balance Sheet

| Form 990 (2018)       LAKE MICHIGAN COLLEGE FOUNDATION       36-2/14 (73)       Fage 12         Part XI       Reconciliation of Net Assets  |
|---|
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       2,775,476.         2       Total expenses (must equal Part IX, column (A), line 25)       2       934,747.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,840,729.         4       15,233,332.         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       15,233,332.         5       Net unrealized gains (losses) on investments       6       6         6       Donated services and use of facilities       7       7         7       Investment expenses       7       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       16 , 845 , 203.         Part XIII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   |
| 1       Total expenses (must equal Part IX, column (A), line 25)       2       934, 747.         2       Total expenses (must equal Part IX, column (A), line 25)       3       1, 840, 729.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       15, 233, 332.         5       Net unrealized gains (losses) on investments       5       -228, 858.         6       Donated services and use of facilities       6         7       Investment expenses       7       8         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16, 845, 203.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain in Schedule O.         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule O.       2a   |
| 1       Total expenses (must equal Part IX, column (A), line 25)       2       934, 747.         2       Total expenses (must equal Part IX, column (A), line 25)       3       1, 840, 729.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       15, 233, 332.         5       Net unrealized gains (losses) on investments       5       -228, 858.         6       Donated services and use of facilities       6         7       Investment expenses       7       8         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16, 845, 203.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain in Schedule O.         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule O.       2a   |
| 2       Total expenses (nuclear at rot line 2 from line 1         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         6       5         7       5         8       9         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         10       16,845,203.         9       0.         10       16,845,203.         11       10         12.840,729.         9       0.         10       16,845,203.         10       16,845,203.         11       16,845,203.         12       16,845,203.         13       16,845,203.         14       16,845,203.         15       16,845,203.         16       16,845,203.  |
| 4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       15, 233, 332.         5       Net unrealized gains (losses) on investments       5       -228, 858.         6       7       8         7       8       9         9       0.       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16, 845, 203.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       Accounting method used to prepare the Form 990:       Cash   |
| 5       Net unrealized gains (losses) on investments       5       -228,858.         6       0onated services and use of facilities       7         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16,845,203.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         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 in Schedule O.       2a       X         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:       2a       X         Both consolidated and separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis  |
| 6       Donated services and use of facilities         7       Investment expenses         8       Prior period adjustments         9       Other changes in net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))         10       16 , 845 , 203 .         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual         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 in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, orosolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b  |
| 7 Investment expenses   8 Prior period adjustments   9 Other changes in net assets or fund balances (explain in Schedule O)   9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 16,845,203.   11 Check if Schedule O contains a response or note to any line in this Part XII   11 Accounting method used to prepare the Form 990:   12 Cash   13 Accounting method used to prepare the Form 990:   14 Cash   15 Accrual   16 Yes   17 No         11 Accounting method used to prepare the Form 990:   12 Cash   14 The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   16 Yes   17 Separate basis, consolidated basis, or both:   2b X   16 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   2b X   16 Yes," check a box below to indicate whether the financial statement   |
| 8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16,845,203.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       ft "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:       2b       X         1       ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X  |
| 9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16,845,203.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or, reviewed on a separate basis       Dother.       2b       X         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:       2b       X       X         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:       2b       X       X         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:       2b       X       X |
| 0       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       16,845,203.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         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 in Schedule O.       2a       X         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:       Both consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X  |
| column (B))       10       16,845,203.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other  |
| Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other.       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other.       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         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:       2b       X         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:       2b       X   |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       Both consolidated and separate basis       2b       X         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:       2b       X         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:       2b       X         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:       2b       X  |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other  |
| <ul> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>   |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2b X 2c If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 2b X 2c 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: 2b X   |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       X       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:       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         if "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         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:       2b       X   |
| 2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X  |
| 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?       2b       X         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:       0       0  |
| separate basis, consolidated basis, or both:  |
| Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2       X  |
| 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:  |
| 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:  |
| consolidated basis, or both:  |
|   |
|   |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,   |
| review, or compilation of its financial statements and selection of an independent accountant?  |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |
| 3a As a result of a federal award, was the organization required to undergo anaudit or audits as set forth in the Single Audit  |
| Act and OMB Circular A-133?   |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit   |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |
| Form <b>990</b> (2018)  |

SCHEDULE A

### **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.

OMB No. 1545-0047 18

| Department of<br>Internal Reve | of the Treasury<br>mue Service   |                        | -                             | Attach to Ferm 990 or<br>v/Form990 for instructi   |                                       |                  | nformation                              | Inspection                             |
|--------------------------------|--|------------------------|-------------------------------|--|---------------------------------------|------------------|---|--|
| Name of                        | the organization   |                        | - Go to www.us.go             |  |                                       |                  |   | er identification number               |
|                                |  |                        | MICHIGAN                      | COLLEGE FOUN   | ΟΑΨΤΟ                                 | N                |   | 38-2714753                             |
| Part                           | Reason f   | or Public              | Charity Status                | (All organizations must c  | omplete th                            | is part.) S      | ee instructions.                        | 00_0/11/00                             |
| The organ                      |  |                        |                               | (For lines 1 through 12, c   |                                       |                  |   | ······································ |
| 1                              |  |                        |                               | on of churches described   | -                                     | •                | 1)(A)(i).                               |  |
| 2                              |  |                        |                               | (Attach Schedule E (Forr   |                                       |                  | · · · · · · · · · · · · · · · · · · ·   |  |
| 3 🗔                            |  |                        |                               | anization described in s   |                                       |                  | ii).                                    |  |
| 4                              | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |                        |                               |  |                                       |                  |   |  |
|                                | city, and state:   |                        |                               |  |                                       |                  |   |  |
| 5 🗶                            | An organizatio   | on operated f          | or the benefit of a co        | llege or university owned  | d or operat                           | ed by a go       | overnmental unit descri                 | ped in                                 |
|                                | section 170(   | b)(1)(A)(iv). ((       | Complete Part II.)            | -  |                                       |                  |   |  |
| 6 🗔                            | A federal, stat  | te, or local go        | vernment or govern            | mental unit described in   | section 1                             | 70(b)(1)(A)      | (v).                                    |  |
| 7 🗔                            | An organizatio   | on that norma          | ally receives a substa        | antial part of its support f   | rom a gov                             | ernmental        | unit or from the genera                 | public described in                    |
|                                |  |                        | Complete Part II.)            |  | -                                     |                  | •                                       |  |
| 8 🗌                            | A community  | trust describ          | ed in section 170(b)          | (1)(A)(vi). (Complete Par  | t II.)                                | 244<br>45 84     |   |  |
| 9 🗌                            | An agricultura   | I research or          | ganization described          | in section 170(b)(1)(A)  | ix) operat                            | ed in conji      | nction with a land-gran                 | t college                              |
|                                | or university o  | or a non-land-         | grant college of agric        | culture (see instructions).  | Enter the                             | name, city       | and state of the colleg                 | le or                                  |
|                                | university:  |                        |                               |  | Ś                                     |                  |   |  |
| 10                             | An organizatio   | on that norma          | ally receives: (1) more       | than 33 1/3% of its sup  | port from                             | contributio      | ns, membership fees, a                  | nd gross receipts from                 |
|                                | activities relat   | ed to its exer         | npt functions - subje         | ct to certain exceptions,  | and (2) no                            | more that        | n 33 1/3% of its support                | from gross investment                  |
|                                | income and u   | nrelated busi          | ness taxable income           | (less section 511 tax) fro   | o <b>ni bus</b> ine                   | sses agqui       | red by the organization                 | after June 30, 1975.                   |
|                                | See section 5  | 6 <b>09(a)(2).</b> (Co | mplete Part III.)             |  | E.S.                                  |                  |   |  |
| 11 🛄                           | An organizatio   | on organized           | and operated exclus           | ively to test for public sa  | fety. See                             | section 5        | 09(a)(4).                               |  |
| 12 🛄                           | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or |                        |                               |  |                                       |                  |   |  |
|                                |  |                        |                               | ed in section 509(a)(1) c  |                                       |                  |   | Check the box in                       |
|                                | -  |                        |                               | of supporting organization   |                                       | -                |   |  |
| a 🔄                            |  |                        |                               | supervised, or controlled  | 11                                    | -                |   |  |
|                                |  | -                      |                               | gularly appoint or elect a   | majority c                            | of the direc     | tors or trustees of the s               | upporting                              |
| _                              | _  |                        | complete Part IV, So          | And a state of the |                                       |                  |   |  |
| b 🗌                            |  |                        |                               | or controlled in connect   |                                       |                  |   | -                                      |
|                                |  | -                      |                               | anization vested in the s  | ame perso                             | ns that co       | ntrol or manage the sup                 | ported                                 |
|                                | <b>-</b>   |                        | st complete Part IV,          |  |                                       |                  |   |  |
| с L                            |  | -                      | -                             | g organization operated  |                                       |                  |   | ed with,                               |
| . –                            | -  | -                      |                               | ). You must complete I   |                                       |                  |   |  |
| d [                            |  | -                      |                               | porting organization oper  |                                       |                  | •••                                     |  |
|                                |  | •                      |                               | zation generally must sat  | •                                     |                  | •                                       | iveness                                |
| _                              | -  |                        |                               | nplete Part IV, Sections   |                                       |                  |   |  |
| e 🗋                            |  | -                      |                               | written determination fro  |                                       |                  | Type I, Type II, Type III               |  |
|                                |  |                        |                               | nally integrated supportion  |                                       |                  |   |  |
|                                |  |                        |                               |  | •••••                                 | ••••••           | ••••••••••••••••••••••••••••••••••••••• |  |
|                                | i) Name of suppo   |                        | n about the supporte (ii) EIN | (iii) Type of organization   | (iv) is the organized in your governi | inization listed | (v) Amount of monetary                  | (vi) Amount of other                   |
| •                              | organization   |                        |                               | (described on lines 1-10   | Yes                                   | ng document?     | support (see instructions)              | support (see instructions)             |
|                                | <u> </u>   | <u> </u>               |                               | above (see instructions))  |                                       |                  |   |  |
|                                |  |                        |                               |  |                                       |                  |   |  |
|                                |  |                        |                               |  |                                       |                  |   |  |
|                                |  |                        |                               |  |                                       |                  |   |  |
|                                | · · · · · · · · · · · · · · · · · · ·  |                        |                               |  |                                       |                  | ·····                                   |  |
|                                |  |                        |                               |  |                                       |                  |   |  |
|                                |  |                        |                               |  | -                                     |                  |   |  |
|                                |  |                        |                               |  |                                       |                  |   |  |
|                                |  |                        |                               |  |                                       |                  |   |  |
|                                |  |                        |                               |  |                                       |                  |   | <u> </u>                               |
| Total                          |  |                        |                               |  |                                       |                  |   |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

## Schedule A (Form 990 or 990 EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753 Page 2

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.)

| See  | ction A. Public Support  |   |                      |                        |                              |                    |           |  |
|------|--|---|----------------------|------------------------|------------------------------|--------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2014  | (b) 2015             | (c) 2016               | (d) 2017                     | <b>(e)</b> 2018    | (f) Total |  |
|      | Gifts, grants, contributions, and  |   |                      |                        |                              |                    |           |  |
|      | membership fees received. (Do not  |   |                      |                        |                              |                    |           |  |
|      | include any "unusual grants.")   | 4178331.  | 2205723.             | 1146824.               | 786,496.                     | 1874908.           | 10192282. |  |
| 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  |   |                      |                        |                              |                    |           |  |
| 0    | furnished by a governmental unit to  |   |                      |                        |                              |                    |           |  |
|      | the organization without charge  |   |                      |                        |                              |                    |           |  |
| 4    | Total. Add lines 1 through 3   | 4178331.  | 2205723.             | 1146824.               | 786,496.                     | 1874908.           | 10192282. |  |
| 5    | The portion of total contributions   | 11/05511  | 22057251             | 1110021.               | 100/150.                     | 10/19001           |           |  |
| 5    | by each person (other than a   |   |                      |                        |                              |                    |           |  |
|      | governmental unit or publicly  |   |                      |                        |                              |                    |           |  |
|      | supported organization) included   |   |                      | (老王是一)                 |                              |                    |           |  |
|      | on line 1 that exceeds 2% of the   |   | · 医血管的               | 的复数形式 音乐               |                              |                    |           |  |
|      |  | 的。至今日月1日  | · 新学校 · 新学校          |                        | RA                           |                    |           |  |
|      | amount shown on line 11,   |   |                      |                        |                              |                    | 1000101   |  |
|      | column (f)   |   |                      |                        |                              |                    | 1920101.  |  |
|      | Public support. Subtract line 5 from line 4.   |   |                      |                        |                              |                    | 8272181.  |  |
| -    | ction B. Total Support   |   |                      | - age of a             |                              | Tar Disbrananal    |           |  |
|      | ndar year (or fiscal year beginning in) 🕨  | (a) 2014  | (b) 2015             | (c) 2016               | (d) 2017                     | (e) 2018           | (f) Total |  |
|      | Amounts from line 4  | 4178331.  | 2205723.             | 1146824.               | 786,496.                     | 18/4908.           | 10192282. |  |
| 8    | Gross income from interest,  |   |                      |                        |                              |                    |           |  |
|      | dividends, payments received on  |   | 13                   |                        |                              |                    |           |  |
|      | securities loans, rents, royalties,  |   |                      |                        |                              |                    |           |  |
|      | and income from similar sources $\dots$  | 159,134.  | 166,694.             | 214,806.               | 285,610.                     | 331,351.           | 1157595.  |  |
| 9    | Net income from unrelated business   |   | ARE                  |                        |                              |                    |           |  |
|      | activities, whether or not the   |   | 17 34                |                        |                              |                    |           |  |
|      | business is regularly carried on   |   |                      |                        |                              |                    |           |  |
| 10   | Other income. Do not include gain  |   |                      |                        |                              |                    |           |  |
|      | or loss from the sale of capital   |   |                      |                        |                              |                    |           |  |
|      | assets (Explain in Part VI.)   | 234,038.  | 229,379.             | 730,797.               | 266,957.                     | 205,904.           | 1667075.  |  |
| 11   | Total support. Add lines 7 through 10  |   |                      |                        |                              |                    | 13016952. |  |
| 12   | Gross receipts from related activities,  | etc. (see instructio  | ns)                  |                        |                              | 12                 |           |  |
| 13   | First five years. If the Form 990 is for   | the organization's  | first, second, third | d, fourth, or fifth ta | x year as a section          | 501(c)(3)          |           |  |
|      | organization, check this box and stop  | 232030 (3.66. 0000000000000000000000000000000000  |                      |                        | CONTRACTOR INCOME CONTRACTOR |                    |           |  |
| Sec  | tion C. Computation of Publi   |   |                      |                        |                              |                    |           |  |
| 14   | Public support percentage for 2018 (li   | ine 6, column (f) div   | vided by line 11, co | olumn (f))             |                              | 14                 | 63.55 %   |  |
| 15   | Public support percentage from 2017  |   |                      |                        | SVEEDWEETDLWEETVERVERSUUM    | 15                 | 58.44 %   |  |
|      |  |   |                      |                        |                              | ore, check this bo |           |  |
|      | 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and         stop here. The organization qualifies as a publicly supported organization |   |                      |                        |                              |                    |           |  |
| b    | b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box   |   |                      |                        |                              |                    |           |  |
| ~    | and stop here. The organization qualifies as a publicly supported organization   |   |                      |                        |                              |                    |           |  |
| 17a  | 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   |   |                      |                        |                              |                    |           |  |
|      | and if the organization meets the "fac   |   |                      |                        |                              |                    |           |  |
|      | meets the "facts-and-circumstances"  |   |                      |                        |                              |                    |           |  |
| h    | 10% -facts-and-circumstances test  | 1. The second |                      |                        |                              |                    |           |  |
| 100  | more, and if the organization meets the  |   |                      |                        |                              |                    |           |  |
|      | organization meets the "facts-and-circ   |   |                      |                        |                              |                    |           |  |
| 19   | Private foundation. If the organizatio   |   |                      |                        |                              |                    |           |  |
| 10   | i mate foundation. If the organizatio  | in all not oncore a   |                      |                        |                              | dule A (Form 990   |           |  |

832022 10-11-18

#### Schedule A (Form 990 or 990-EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION 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.)

| Se    | ction A. Public Support   |                       |                      |                        |   |                      |                   |
|-------|---|-----------------------|----------------------|------------------------|---|----------------------|-------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨   | (a) 2014              | (b) 201 <u>5</u>     | (c) 2016               | (d) 2017  | (e) 2018             | (f) Total         |
|       | Gifts, grants, contributions, and   |                       |                      |                        |   |                      |                   |
|       | membership fees received. (Do not   |                       | 1                    |                        |   |                      |                   |
|       | 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<br>organization's tax-exempt purpose                |                       |                      |                        |   |                      |                   |
| 3     | Gross receipts from activities that   |                       |                      |                        |   |                      |                   |
| v     | are not an unrelated trade or bus-  |                       |                      |                        |   |                      |                   |
|       | iness under section 513   |                       |                      |                        |   |                      |                   |
| 4     | Tax revenues levied for the organ-  |                       |                      |                        | 1 <u></u>   |                      |                   |
| •     | ization's benefit and either paid to  |                       |                      |                        |   |                      |                   |
|       | or expended on its behalf   |                       |                      |                        |   |                      |                   |
| 5     | The value of services or facilities   |                       |                      |                        | in the second seco  | 1                    |                   |
| J     | furnished by a governmental unit to   |                       |                      |                        | and and an and a second se<br>Second second second<br>Second second  |                      |                   |
|       | the organization without charge   | ſ                     |                      |                        |   |                      |                   |
| ~     | •   |                       |                      |                        | A Stratter  |                      |                   |
|       | Total. Add lines 1 through 5  |                       |                      |                        |   |                      |                   |
| 78    | Amounts included on lines 1, 2, and   |                       |                      | ( ) d                  | 7   |                      |                   |
| L     | 3 received from disqualified persons  |                       |                      | A 1995                 | 1.02  |                      |                   |
|       | Amounts included on lines 2 and 3 received<br>from other than disgualified 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   |                       |                      |                        |   |                      |                   |
|       | Public support. (Subtract line 7c from line 6.)   |                       |                      |                        | <ul> <li>A Sector Control of Control of</li></ul> |                      |                   |
|       | ction B. Total Support  | ·                     |                      |                        |   |                      |                   |
|       | ndar year (or fiscal year beginning in) 🕨   | (a) 2014              | (b) 2015 - `         | <b>(c)</b> 2016        | (d) 2017  | (e) 2018             | (f) Total         |
|       | Amounts from line 6   |                       |                      |                        |   |                      |                   |
| 10a   | Gross income from interest,<br>dividends, payments received on                          |                       |                      |                        |   |                      |                   |
|       | securities loans, rents, rovalties,   |                       |                      |                        |   |                      |                   |
|       | and income from similar sources   |                       |                      |                        |   |                      |                   |
| Ł     | Unrelated business taxable income   |                       |                      |                        |   |                      |                   |
|       | (less section 511 taxes) from businesses  |                       |                      |                        |   |                      |                   |
|       | acquired after June 30, 1975  |                       |                      |                        |   |                      |                   |
| C     | Add lines 10a and 10b   |                       |                      |                        |   |                      |                   |
| 11    | Net income from unrelated business  |                       |                      |                        |   |                      |                   |
|       | activities not included in line 10b,<br>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 five years. If the Form 990 is for  | the organization's    | first, second, third | i, fourth, or fifth ta | x year as a sectio  | n 501(c)(3) organiza | ition,            |
|       | check this box and stop here  |                       |                      |                        |   |                      |                   |
| Sec   | ction C. Computation of Publi   | c Support Per         | centage              |                        |   |                      |                   |
| 15    | Public support percentage for 2018 (li  | ine 8, column (f), di | ivided by line 13, c | olumn (f))             |   | 15                   | %                 |
|       | Public support percentage from 2017   |                       |                      |                        |   | 16                   | %                 |
| Sec   | ction D. Computation of Inves   | tment Income          | Percentage           |                        |   |                      |                   |
|       | Investment income percentage for 20   |                       |                      | ne 13, column (f))     |   | 17                   | %                 |
|       | Investment income percentage from 2   |                       |                      |                        |   |                      | %                 |
| 19a   | 33 1/3% support tests - 2018. If the  | organization did n    | ot check the box o   | on line 14, and line   | 15 is more than 3   | 33 1/3%, and line 17 | 7 is not          |
|       | more than 33 1/3%, check this box an  | id stop here. The     | organization qualif  | ies as a publicly s    | upported organiza   | ation                |                   |
| b     | 33 1/3% support tests - 2017. If the  | organization did n    | ot check a box on    | line 14 or line 19a    | , and line 16 is mo   | ore than 33 1/3%, a  | nd                |
|       | line 18 is not more than 33 1/3%, che   |                       |                      |                        |   |                      |                   |
| 20    | Private foundation. If the organizatio  | n did not check a l   | box on line 14, 19a  | a, or 19b, check th    | is box and see ins  | structions           |                   |
| 83202 | 23 10-11-18   |                       |                      |                        | Sch   | edule A (Form 990    | ) or 990-EZ) 2018 |

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#### Schedule A (Form 990 or 990-EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

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### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 grganization 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 l of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Schedule A (Form 990 or 990-EZ) 2018

10b

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# Schedule A (Form 990 or 990-EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

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|         |   |  | Yes  | No   |
|---------|---|--|--|------|
| 11      | Has the organization accepted a gift or contribution from any of the following persons?   |  | 1.1  |      |
| а       |   | 11a  | 1 × 1 × 1  |      |
| 5       | below, the governing body of a supported organization?<br>A family member of a person described in (a) above?   | 11b  |  |      |
|         | A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 110  |  |      |
|         | tion B. Type I Supporting Organizations   |  | L  | L    |
|         |   |  | Yes  | No   |
| 1       | Did the directors, trustees, or membership of one or more supported organizations have the power to   |  |  |      |
| •       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |  |  |      |
|         | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or   |  | 1.23   | ļ    |
|         | controlled the organization's activities. If the organization had more than one supported organization,   |  |  |      |
|         | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported   |  |  |      |
|         | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1  | 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,   |  |  |      |
|         | supervised, or controlled the supporting organization.  | 2  |  |      |
| Sec     | tion C. Type II Supporting Organizations  |  |  |      |
|         |   |  | Yes  | No   |
| 1       | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |  |  |      |
|         | or trustees of each of the organization's supported organization(s)? If "No," describein Part VI how control  |  |  |      |
|         | or management of the supporting organization was vested in the same persons that controlled or managed  |  | 1.1  |      |
|         | 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 arrite and crisupport provided during the prior tax                                       | <ul> <li>State</li> <li></li></ul>   |  |      |
|         | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  | A COMPANY OF A COM |  |      |
|         | 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 () 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  | 1.11   |  | Í    |
|         | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2  |  |      |
| 3       | By reason of the relationship described in (2), did the organization's supported organizations have a   |  |  |      |
|         | significant voice in the organization's investment policies and in directing the use of the organization's  | 1-12 L<br>1  |  |      |
|         | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |  | a de la composition de la comp |      |
| <u></u> | supported organizations played in this regard.  | 3  |  | L    |
|         | tion E. Type III Functionally Integrated Supporting Organizations   |  |  |      |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio                                   | ns).   |  |      |
| a       | The organization satisfied the Activities Test. Complete line 2 below.  |  |  |      |
| b       | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |  |  |      |
| c       | L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i Activities Test. Answer (a) and (b) below. | nstructions  | Yes  | No   |
| 2       | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |  | 163  | NO   |
| a       | 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,  | an the<br>Second Second  | 1910   |      |
|         | how the organization was responsive to those supported organizations, and how the organization determined   |  | 2017<br>2017   |      |
|         | that these activities constituted substantially all of its activities.  | 2a   |  |      |
| h       | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more   |  |  |      |
| ~       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the  |  |  |      |
|         | reasons for the organization's position that its supported organization(s) would have engaged in these  |  |  |      |
|         | activities but for the organization's involvement.  | 2b   |  |      |
| 3       | Parent of Supported Organizations. Answer (a) and (b) below.  |  |  | [    |
| a       |   |  |  |      |
|         | trustees of each of the supported organizations? Provide details in Part VI.  | 3a   |  |      |
| ь       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |  |  |      |
|         | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.   | 3b   |  | Ĺ.   |
| 832024  | 5 10-11-18 Schedule A (Forr   | n 990 or 99  | 30-EZ)   | 2018 |

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# Schedule A (Form 990 or 990 EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| Sectio     | n A - Adjusted Net Income   |        | (A) Prior Year                | (B) Current Year<br>(optional) |
|------------|---|--------|-------------------------------|--------------------------------|
| 1 N        | let short-term capital gain   | 1      |                               |                                |
| 2 F        | Recoveries of prior-year distributions  | 2      |                               |                                |
| 3 (        | Other gross income (see instructions)   | 3      |                               |                                |
| 4 A        | Add lines 1 through 3   | 4      |                               |                                |
| 5 C        | Depreciation and depletion  | 5      |                               |                                |
| 6 F        | Portion of operating expenses paid or incurred for production or                              |        |                               |                                |
|            | collection of gross income or for management, conservation, or                                |        |                               |                                |
| n          | naintenance of property held for production of income (see instructions)                      | 6      |                               |                                |
| 7 (        | Other expenses (see instructions)   | 7      |                               |                                |
| 8 A        | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                                  | 8      |                               |                                |
|            | n B - Minimum Asset Amount  |        | (A) Prior Year                | (B) Current Year<br>(optional) |
| 1 A        | Aggregate fair market value of all non-exempt-use assets (see                                 |        |                               |                                |
| ir         | nstructions for short tax year or assets held for part of year):                              |        |                               |                                |
| аA         | Average monthly value of securities   | 1a     | Alb.                          |                                |
| bА         | Average monthly cash balances   | 1b     |                               |                                |
| сF         | air market value of other non-exempt-use assets   | 1c     |                               |                                |
| d T        | otal (add lines 1a, 1b, and 1c)   | 1d     |                               |                                |
|            | Discount claimed for blockage or other  |        |                               |                                |
| fa         | actors (explain in detail in Part VI):  |        |                               |                                |
| 2 A        | Acquisition indebtedness applicable to non-exempt-use assets                                  | 2      |                               |                                |
|            | Subtract line 2 from line 1d  | 3      |                               |                                |
|            | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ee instructions) | 4      |                               |                                |
|            | let value of non-exempt-use assets (subtract line 4 from line 3)                              | 5      |                               |                                |
|            | Aultiply line 5 by .035   | 6      |                               |                                |
|            | Recoveries of prior-year distributions  | 7      |                               |                                |
|            | Ainimum Asset Amount (add line 7 to line 6)   | 8      |                               |                                |
|            | n C - Distributable Amount  | 0      |                               | Current Year                   |
| 1 A        | adjusted net income for prior year (from Section A, line 8, Column A)                         | 1      |                               |                                |
|            | Inter 85% of line 1   | 2      | 意见: 医肠炎外型                     |                                |
|            | /inimum asset amount for prior year (from Section B, line 8, Column A)                        | 3      |                               |                                |
|            | Inter greater of line 2 or line 3   | 4      |                               |                                |
| -834 - 65- | ncome tax imposed in prior year   | 5      |                               |                                |
|            | Distributable Amount. Subtract line 5 from line 4, unless subject to                          |        |                               |                                |
|            | mergency temporary reduction (see instructions)   | 6      |                               |                                |
| 7          | Check here if the current year is the organization's first as a non-functionally i            | ntegra | ated Type III supporting orga | nization (see                  |
| 2 d        | instructions).  |        |                               | 9                              |

Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

| Par   | Type III Non-Functionally Integrated 509                        | (a)(3) Supporting Orga        | inizations (continued)  | r   |
|-------|---|-------------------------------|---|---|
| Secti | ion D - Distributions   |                               |   | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe       | empt purposes                 |   |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |   |   |
| -     | organizations, in excess of income from activity                |                               |   |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | S                             |   |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |   |   |
| 5     | Qualified set-aside amounts (prior IRS approval required)       |                               |   |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |   |   |
| _7    | Total annual distributions. Add lines 1 through 6.              |                               |   |   |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive |   |   |
|       | (provide details in Part VI). See instructions.                 |                               |   |   |
| 9     | Distributable amount for 2018 from Section C, line 6            |                               |   |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               |   |   |
| Secti | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018  | (iii)<br>Distributable<br>Amount for 2018 |
| 1     | Distributable amount for 2018 from Section C, line 6            |                               |   |   |
| 2     | Underdistributions, if any, for years prior to 2018 (reason-    |                               |   |   |
|       | able cause required explain in Part VI). See instructions.      |                               | AB  |   |
| 3     | Excess distributions carryover, if any, to 2018                 |                               |   |   |
| а     | From 2013   |                               |   |   |
| b     | From 2014   |                               | 17  |   |
|       | From 2015   |                               | Contraction of the second s |   |
| d     | From 2016   |                               |   |   |
|       | From 2017   |                               |   |   |
|       | Total of lines 3a through e                                     |                               |   |   |
| -     | Applied to underdistributions of prior years                    |                               |   |   |
|       | Applied to 2018 distributable amount                            | 1 MON                         | 國防軍術展展的展生活  |   |
| 1     | Carryover from 2013 not applied (see instructions)              | ALL OF A                      |   |   |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |   |   |
| 4     | Distributions for 2018 from Section D,                          |                               |   |   |
|       | line 7: \$  |                               |   |   |
| 2     | Applied to underdistributions of prior years                    |                               |   |   |
|       | Applied to 2018 distributable amount                            |                               |   |   |
|       | Remainder. Subtract lines 4a and 4b from 4.                     |                               |   |   |
| 5     | Remaining underdistributions for years prior to 2018, if        |                               |   |   |
| 5     | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |   |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.         |                               |   |   |
| 6     | Remaining underdistributions for 2018. Subtract lines 3h        |                               |   |   |
| 5     | and 4b from line 1. For result greater than zero, explain in    |                               |   |   |
|       | Part VI. See instructions.                                      |                               |   |   |
| 7     | Excess distributions carryover to 2019. Add lines 3j            |                               |   |   |
|       | and 4c.   |                               |   |   |
| 8     | Breakdown of line 7:  |                               |   |   |
|       | Excess from 2014  |                               |   |   |
|       | Excess from 2015  |                               |   |   |
|       | Excess from 2015  |                               |   |   |
|       | Excess from 2016  |                               |   |   |
|       | Excess from 2017  |                               |   |   |
| e     |   |                               |   |   |

Schedule A (Form 990 or 990-EZ) 2018

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| Schedule A     | (Form 990 or 990-F  | Z) 2018 LAKE  | MICHIGAN  | COLLEGE   | FOUNDATION   | 38-2714753 Page 8   |
|----------------|---|---|---|---|--|---|
| Part VI        | Supplemental<br>Part IV, Section A,<br>line 1: Part IV, Sec | I <b>Information.</b><br>I lines 1, 2, 3b, 3c<br>Ition D, lines 2 and<br>6, and 8; and Pa | Provide the expla<br>, 4b, 4c, 5a, 6, 9a,<br>1.3: Part IV, Sectio | nations required<br>9b, 9c, 11a, 11b<br>n F, lines 1c, 2a | by Part II, line 10; Part II, l<br>, and 11c; Part IV, Sectior<br>, 2b, 3a, and 3b; Part V, lin<br>so complete this part for a | line 17a or 17b; Part III, line 12;<br>h B, lines 1 and 2; Part IV, Section C,<br>he 1; Part V, Section B, line 1e; Part V,<br>hy additional information. |
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| 832028 10-11-1 | 8   |   |   |   | · · · · · · · · · · · · · · · · · · ·  | Schedule A (Form 990 or 990-EZ) 2018  |
|                |   |   |   | 21  |  |   |

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| Supplementa |  |   | al Financial Statements  |                     | OMB No. 1545-0047                  |  |  |
|-------------|--|---|--|---------------------|------------------------------------|--|--|
|             | HEDULE D   |   | anization answered "Yes" on Form 990,                                |                     | 2018                               |  |  |
| •           | -  | Part IV. line 6, 7, 8, 9, 10  | ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>Attach to Form 990. |                     | Open to Public                     |  |  |
|             | ment of the Treasury<br>Revenue Service  | Go to www.irs.gov/Form9   | 90 for instructions and the latest informati                         | on                  | Inspection                         |  |  |
| Nam         | e of the organizati  | on<br>LAKE MICHIGAN COLL  | ECE FOIDDARTON   |                     | r identification number 38-2714753 |  |  |
| Pa          | t   Organiz  |   | d Funds or Other Similar Funds or                                    |                     |                                    |  |  |
|             | ×  | n answered "Yes" on Form 990, Part IV, lin                            |  |                     |                                    |  |  |
|             |  |   | (a) Donor advised funds  | (b) Funds a         | nd other accounts                  |  |  |
| 1           | Total number at e  | nd of year  |  |                     |                                    |  |  |
| 2           |  | f contributions to (during year)                                      |  |                     |                                    |  |  |
| 3           | Aggregate value o  | f grants from (during year)   |  |                     |                                    |  |  |
| 4           | Aggregate value a  | t end of year   |  |                     |                                    |  |  |
| 5           | -  |   | writing that the assets held in donor advised                        |                     |                                    |  |  |
|             | -  | · · · · · ·   | exclusive legal control?   |                     | 🛄 Yes 🔛 No                         |  |  |
| 6           | -  | -   | dvisors in writing that grant funds can be use                       |                     |                                    |  |  |
|             |  |   | er donor advisor, or for any other purpose cor                       | -                   |                                    |  |  |
| Pa          | impermissible priv   | ate benefit?  | ganization answered "Yes" on Form 990, Par                           | 4 B / B 7           | Yes No                             |  |  |
| L           |  |   | 25000  | t IV, IIne 7.       |                                    |  |  |
| 1           |  | servation easements held by the organization                          |  | Un a linear - at th |                                    |  |  |
|             |  | n of land for public use (e.g., recreation or e<br>of natural habitat | education) Preservation of a historic                                |                     |                                    |  |  |
|             |  | n of open space   |  | a historic struc    | lure                               |  |  |
| 2           |  | • •   | fied conservation contribution in the form of a                      | concondion          | accoment on the last               |  |  |
| -           | day of the tax year  |   |  | 21.000              | at the End of the Tax Year         |  |  |
| а           | • •  | onservation easements   |  |                     | at the Lild of the Tax Teal        |  |  |
| b           | Total acreage rest   | ricted by conservation easements                                      |  |                     |                                    |  |  |
|             | Number of conser   | vation easements on a certified historic stru                         | ucture included in (a)   | <u>2</u> c          |                                    |  |  |
|             |  |   | after 7/25/06 and not on a historic structure                        |                     |                                    |  |  |
|             |  |   |  |                     |                                    |  |  |
| 3           |  |   | eased, extinguished, or terminated by the or                         |                     | g the tax                          |  |  |
|             | year 🕨   |   |  | -                   | -                                  |  |  |
| 4           | Number of states   | where property subject to conservation eas                            | sement is located  |                     |                                    |  |  |
| 5           | Does the organiza  | tion have a written policy regarding the per                          | tedic monitoring, inspection, handling of                            |                     |                                    |  |  |
|             | violations, and enf  | orcement of the conservation easements it                             | holds?   |                     | . 🗌 Yes 🛛 No                       |  |  |
| 6           | Staff and voluntee   | r hours devoted to monitoring, inspecting,                            | handling of violations, and enforcing conserv                        | vation easement     | ts during the year                 |  |  |
|             | ▶  |   |  |                     |                                    |  |  |
| 7           | Amount of expens   | es incurred in monitoring, inspecting, hand                           | lling of violations, and enforcing conservation                      | n easements du      | ring the year                      |  |  |
|             | ►\$  |   |  |                     |                                    |  |  |
| 8           |  |   | e satisfy the requirements of section 170(h)(4                       |                     |                                    |  |  |
| _           |  |   |  |                     |                                    |  |  |
| 9           | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for |   |  |                     |                                    |  |  |
|             |  | •   | uon s iinanciai statements that describes the                        | organization's      | accounting for                     |  |  |
| Par         | conservation ease  |   | Art, Historical Treasures, or Othe                                   | r Similar As        | sets.                              |  |  |
| <u></u>     |  | f the organization answered "Yes" on Form                             |  |                     |                                    |  |  |
| 19          |  |   | C 958), not to report in its revenue statemen                        | t and balance s     | heet works of art.                 |  |  |
|             | -  |   | nibition, education, or research in furtherance                      |                     |                                    |  |  |
|             |  | note to its financial statements that descril                         |  | ,                   |                                    |  |  |
|             |  |   |  |                     |                                    |  |  |

| organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historica      |
|--|
| res, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount |
| g to these items:  |
| J  |

|          | (i) Revenue included on Form 990, Part VIII, line 1   | \$                         |
|----------|---|----------------------------|
|          | (ii) Assets included in Form 990, Part X  | \$                         |
| 2        | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid | e                          |
|          | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:                             |                            |
| а        | Revenue included on Form 990, Part VIII, line 1   | \$                         |
| <u>b</u> | Assets included in Form 990, Part X   | \$                         |
| LHA      | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | Schedule D (Form 990) 2018 |

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|----------|--------|----------|

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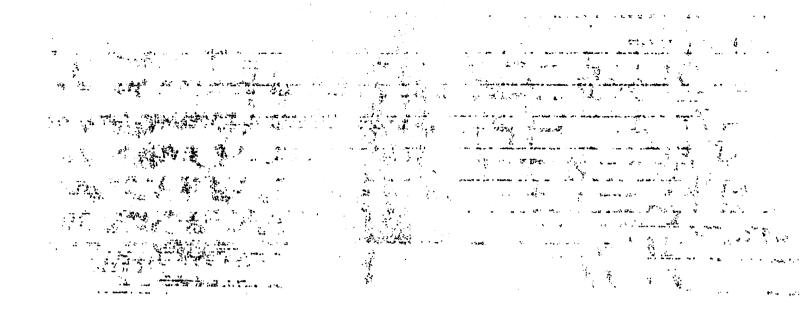
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| Sche   | dule D (Form 990) 2018 LAKE MI   | CHIGAN COLI           | LEGE      | FOUND             | ATION                                  |           |       |                 | <u>38-27</u>    | 1475          | <u>3 P</u>   | age 2    |
|--------|--|-----------------------|-----------|-------------------|--|-----------|-------|-----------------|-----------------|---------------|--------------|----------|
|        | t III Organizations Maintaining C  | ollections of Ar      | t, Hist   | torical Tre       | asures, o                              | r Othe    | er Si | imila           | r Assets        | conti         | nued)        |          |
| 3      | Using the organization's acquisition, accession  | on, and other record  | s, chec   | k any of the f    | following that                         | t are a s | ignif | icant u         | use of its c    | ollection     | ı items      | 6        |
|        | (check all that apply):  |                       | _         |                   |  |           |       |                 |                 |               |              |          |
| а      | Public exhibition  | d                     | ı 🛄       | Loan or exc       | hange progr                            | ams       |       |                 |                 |               |              |          |
| b      | Scholarly research   | e                     |           | Other             |  |           |       |                 |                 |               |              |          |
| C      | Preservation for future generations  |                       |           |                   |  |           |       |                 |                 |               |              |          |
| 4      | Provide a description of the organization's co   |                       |           | -                 |  |           |       |                 | se in Part      | XIII.         |              |          |
| 5      | During the year, did the organization solicit o  |                       |           |                   |  |           |       |                 |                 | -             | _            | ٦        |
|        | to be sold to raise funds rather than to be ma   |                       |           |                   |  |           |       |                 |                 | Yes           |              | No       |
| Pai    | <b><u>t IV</u></b> Escrow and Custodial Arran  |                       | ete if th | e organizatio     | n answered                             | "Yes" o   | n Foi | m 990           | D, Part IV, I   | ine 9, or     |              |          |
|        | reported an amount on Form 990, Par  |                       |           |                   |  |           |       |                 |                 |               |              |          |
| 1a     | Is the organization an agent, trustee, custodia  |                       |           |                   |  |           |       |                 |                 | 7             |              | 7        |
|        | on Form 990, Part X?   |                       |           |                   | •••••                                  |           | ••••• | •••••           | ــــ            | <b>Yes</b>    |              | _ No     |
| D      | If "Yes," explain the arrangement in Part XIII a   | and complete the fol  | llowing   | table:            |  |           |       |                 |                 | Amour         |              |          |
| •      | Basinning balance  |                       |           |                   |  |           |       | 10              |                 | Amoun         | A            |          |
|        | Additions during the year  |                       |           |                   |  |           |       | <u>1c</u><br>1d |                 |               |              |          |
| d<br>e | Additions during the year  |                       |           |                   |  |           |       | 10<br>1e        |                 |               |              |          |
| f      | Ending balance   |                       |           |                   |  |           |       | 1f              |                 |               |              |          |
| 2a     | Did the organization include an amount on Fo   |                       |           |                   |  |           |       |                 |                 | Yes           | X            | No       |
|        | If "Yes," explain the arrangement in Part XIII.  |                       |           |                   |  | 33.<br>A  | -     |                 | ······ <u> </u> |               |              | 1        |
|        | t V   Endowment Funds. Complete i  |                       |           |                   |  |           |       |                 |                 |               |              | <b>-</b> |
|        |  | (a) Current year      |           | Prior year        | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |           |       | Three           | years back      | (e) Fou       | r years      | back     |
| 1a     | Beginning of year balance  | 11,040,152.           | 10        | 0,637,101.        | 8,71                                   | 6,816.    |       | 8,8             | 379,363.        | 8             | ,925,        | 584.     |
| b      | Contributions  | 96,453.               |           | 174 <i>,7</i> 11. | 1,24                                   | 9,094.    |       | 1               | .24,277.        |               | 50,          | 341.     |
| с      | Net investment earnings, gains, and losses   | 586,083.              |           | 792,654.          | 97                                     | 0,055.    |       | -               | 17,599.         |               | 203,         | 723.     |
| d      | Grants or scholarships   |                       |           |                   |  |           |       |                 |                 |               |              |          |
| е      | Other expenditures for facilities  |                       | í.        |                   | 5                                      |           |       |                 |                 |               |              |          |
|        | and programs   | 413,143.              | 47        | 564,314,          | 29                                     | 8,864.    |       | 2               | 69,225.         |               | 300,         | 285.     |
| f      | Administrative expenses  |                       |           |                   |  |           |       |                 |                 |               |              |          |
| g      | End of year balance  | 11,309,545            |           |                   |  | 7,101.    |       | 8,7             | 16,816.         | 8             | <u>,879,</u> | 363.     |
| 2      | Provide the estimated percentage of the curr   |                       |           | g, column (a)     | ) held as:                             |           |       |                 |                 |               |              |          |
| а      | Board designated or quasi-endowment  | .10                   | _%        |                   |  |           |       |                 |                 |               |              |          |
| b      | Permanent endowment  29.47   | %                     | ¢.        | 7                 |  |           |       |                 |                 |               |              |          |
| c      | Temporarily restricted endowment  7  |                       | . S.      |                   |  |           |       |                 |                 |               |              |          |
|        | The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should | -                     |           |                   |  |           |       |                 |                 |               |              |          |
| 3a     | Are there endowment funds not in the posses  | ssion of the organiza | tion that | at are held an    | nd administe                           | red for t | he o  | ganiza          | ation           | 1             | · · · · · ·  |          |
|        | by:  |                       |           |                   |  |           |       |                 |                 |               | Yes          | No       |
|        | (i) unrelated organizations  |                       |           |                   |  |           |       |                 |                 | <u>3a(i)</u>  |              | X        |
|        | (ii) related organizations<br>If "Yes" on line 3a(ii), are the related organization  |                       |           |                   | ••••••                                 |           | ••••• |                 | ••••••          | <u>3a(ii)</u> |              | <u> </u> |
| D      |  |                       |           |                   | •••••                                  | •••••     | ••••• | •••••           | •••••           | <u>3b</u>     | I            |          |
| Par    | Describe in Part XIII the intended uses of the tVI   Land, Buildings, and Equipm   |                       | winent    | iunas.            |  |           |       |                 |                 |               |              |          |
|        | Complete if the organization answered  |                       | ) Part I  | V line 11a S      | ee Form 990                            | ) Part X  | lino  | 10              |                 | ۴.,           |              |          |
|        | Description of property  | (a) Cost or o         |           | 1                 | or other                               |           |       | mulate          | he              | (d) Boo       | k valu       |          |
|        | Description of property  | basis (investr        |           | 1                 | (other)                                |           |       | iation          |                 | (u) 200       |              | •        |
| <br>1a | Land   | `                     | •         | 1                 |  |           | w=    |                 |                 |               |              |          |
|        | Buildings  |                       |           | 1                 |  |           |       |                 |                 |               |              |          |
|        | Leasehold improvements   |                       |           |                   |  |           |       |                 |                 |               |              |          |
|        | Equipment  |                       |           |                   |  |           |       |                 |                 |               |              |          |
|        | Other  |                       |           |                   |  |           |       |                 |                 |               |              |          |
|        | Add lines 1a through 1e. (Column (d) must ed   |                       | X. colur  | mn (B). line 1(   | 0c.)                                   |           |       |                 |                 |               |              | 0.       |
|        |  |                       |           |                   |  |           |       |                 | Schedule        | D (Forn       | n 990)       | 2018     |

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| Schedule D (Form 990) 2018 LAKE MICHIGA   | N COLLEGE   | FOUNDATION             | 3   | 8-2714753 Page   |
|---|---|------------------------|---|--|
| Part VII Investments - Other Securities.  |   |                        |   |  |
| Complete if the organization answered "Yes" or  | n 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 e  | nd-of-year market value  |
| (1) Financial derivatives   |   |                        |   |  |
| 2) Closely-held equity interests  |   |                        |   |  |
| (3) Other   |   |                        |   | ·····  |
| (A) VANGUARD INSTITUTIONAL  | 2 020 70  |                        |   |  |
| (B) INDEX FUND  | 3,038,79  | 56. END-OF-            | EAR MARKE   | I VALUE  |
| (C)   |   |                        |   |  |
| (D)   |   |                        |   |  |
|   |   |                        |   | <u> </u>   |
| (F)<br>(G)  |   |                        |   |  |
| (H)   |   |                        |   |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  | 3,038,79  | 96.                    |   |  |
| Part VIII Investments - Program Related.  |   |                        |   |  |
| Complete if the organization answered "Yes" or  | n Form 990, Part IV,  | line 11c. See Form 990 | Part X, line 13.  |  |
| (a) Description of investment   | (b) Book value  |                        |   | nd-of-year market value  |
| (1)   |   |                        |   |  |
| (2)   |   |                        |   |  |
| (3)   |   |                        | Star.<br>- De<br>- DE |  |
| (4)   |   |                        |   |  |
| (5)   |   |                        |   |  |
| (6)   |   |                        |   |  |
| (7)   |   |                        |   |  |
| (8)   |   |                        |   |  |
| (9)   | (at   |                        | Read with the second second   | ್ ಗಳ್ಳ ಭಾಗ ಎಂದು ಕ್ಷೇ   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |   |                        |   |  |
| Complete if the organization answered "Yes" or  |   | Line 11d See Form 000  | Part V Jina 15  |  |
|   | escription  | The Tru. See Form 550  | Fart A, III 10.   | (b) Book value   |
| (1)   |   |                        |   |  |
| (2)   |   |                        |   |  |
| (3)   |   |                        |   | -  |
| (4)   |   |                        |   |  |
| (5)   |   |                        |   |  |
| (6)   |   | -                      |   |  |
| (7)   |   |                        |   |  |
| (8)   |   |                        |   |  |
| (9)   |   |                        |   |  |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 1   | 15.)  | . <u>.</u>             |   | >  |
| Part X Other Liabilities.   |   |                        |   |  |
| Complete if the organization answered "Yes" or  | n Form 990, Part IV,  |                        | n 990, Part X, line 2   | 5  |
| 1. (a) Description of liability   |   | (b) Book value         | - <b>19</b> - 19 - 19 - 19 - 19 - 19 - 19 - 19 -  | in an that is a second to be a secon |
| (1) Federal income taxes  |   |                        |   |  |
| (2) RELATED PARTY PAYABLE - LAI   | KE  | 1 410 100              | · 홍홍말 수 볼 수 많을  | 통이 가지 않는 것이 같이 많이 많이 많이 많이 했다.   |
| (3) MICHIGAN COLLEGE  |   | 1,417,170.             |   |  |
| (4)   |   |                        |   |  |
| (5)   |   | <u> </u>               |   | n<br>Romali de Caraldo de Servici  |
| <u>(6)</u>  |   |                        |   | 에 가지 않는 것은 것이다.<br>성공 관계 프로그램 이 관계   |
| (7)   |   |                        |   |  |
| (8)   |   |                        | - 1878년 1971년<br>1월: 동영 북한 1971년  | (사람은 가고, 가슴, 신가기).<br>(新國語, 신, 제, 가고, 기기).   |
|   |   | 1,417,170.             |   |  |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 2<br>2. Liability for uncertain tax positions. In Part XIII, provide th |   |                        |   | that reports the   |
| •   |   | -                      |   |  |
| organization's liability for uncertain tax positions under F  | IN $\Delta \mathbf{x} (\Delta \mathbf{S}) : 7\Delta \mathbf{m} \in \mathcal{P}$ |                        |   |  |

Schedule D (Form 990) 2018



|            | dule D (Form 990) 2018 LAKE MICHIGAN COLLEGE FOUNDATION   |                     | 2714753 Page 4      |
|------------|---|---------------------|---------------------|
| Fai        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | per neturn.         |                     |
| 1          | Total revenue, gains, and other support per audited financial statements  | 11                  | 2,950,427.          |
| 2          | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | ·····               |                     |
| a          |   | ,858.               |                     |
| b          |   | ,889.               |                     |
| c          |   |                     |                     |
| d          |   | ,920.               |                     |
| е          | Add lines 2a through 2d   | 2e                  | <u>    174,951.</u> |
| 3          | Subtract line 2e from line 1  | 3                   | 2,775,476.          |
| 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  |                     |                     |
| b          | Other (Describe in Part XIII.)  |                     | _                   |
| C          | Add lines 4a and 4b   |                     | 0.                  |
| 5          | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)   |                     | 2,775,476.          |
| Pal        | rt XII Reconciliation of Expenses per Audited Financial Statements With Expense   | s per Return        | 1.                  |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |                     | 1 220 556           |
| 1          | Total expenses and losses per audited financial statements  |                     | 1,338,556.          |
| 2          | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | ,889.               |                     |
| а<br>⊾     |   | ,003.               |                     |
| b          | Prior year adjustments 20   |                     |                     |
| d          |   | ,920.               |                     |
| -          |   | , <u>520.</u><br>2e | 403,809.            |
| 3          | Subtract line 2e from line 1  |                     | 934,747.            |
| 4          | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                     |                     |
| a          | Investment expenses not included on Form 990, Part VIII, line 7b  |                     |                     |
| b          | Other (Describe in Part XIII.)  |                     |                     |
| c          |   | 40                  | 0.                  |
| 5          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Filme 18.)  |                     | 934,747.            |
| Par        | t XIII Supplemental Information.  |                     |                     |
|            | de the descriptions required for Part II, lines 3, 5, and 9; Part III, Ilines Tarand 4; Part IV, lines 1b and 2b; Par<br>2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | t V, line 4; Part X | , line 2; Part XI,  |
| PAR        | RT XI, LINE 2D - OTHER ADJUSTMENTS:   |                     |                     |
| SPE        | CIAL EVENT EXPENSES   |                     | 200,479.            |
| CHA        | NGE IN TREATMENT OF INVESTMENT INCOME   |                     | -33,559.            |
| <u>TO1</u> | AL TO SCHEDULE D, PART XI, LINE 2D  | <u>.</u>            | 166,920.            |
| PAR        | T XII, LINE 2D - OTHER ADJUSTMENTS:   |                     |                     |
| SPE        | CIAL EVENT EXPENSES   | <u> </u>            | 200,479.            |
| <u>CHA</u> | NGE IN TREATMENT OF INVESTMENT INCOME   |                     | -33,559.            |
| TOI        | AL TO SCHEDULE D, PART XII, LINE 2D   |                     | 166,920.            |
| <u> </u>   |   |                     |                     |

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Schedule D (Form 990) 2018

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| Schedule D (Form 990) 2018 LAKE MICHIGAN COLLEGE F( Part XIII Supplemental Information (continued) | OUNDATION                             | 38-2714753 Page 5                      |
|--|---------------------------------------|--|
| Part Aut   Supplemental Information (continued)  |                                       | <u> </u>                               |
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|  |                                       | Schedule D (Form 990) 2018             |
| 332055 10-29-18  |                                       |  |

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| SCHEDULE G   | Suppleme   | ntal Information Regarding   | Fund   | Iraisi   | ing or Gaming A  | ctiv    | ities   | OMB No. 1545-0047                                       |
|--|--|--|--|--|--|---------|---|---|
| (Form 990 or 990-EZ)   | 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. |  |  |  |  |         |   | 2018  |
| Department of the Treasury<br>Internal Revenue Service   |  | Attach to Form 990   |  |  |  | ~~      |   | Open to Public<br>Inspection                            |
| Name of the organization   |  | to www.irs.gov/Form990 for instru-   | ucuon  | s anu  | the latest mornaud   | л.      | Employer id   | entification number                                     |
|  | LAKE MI  | CHIGAN COLLEGE FOU   | NDA  | <b>FIO</b>                                     | NN   |         | 38-271  | 4753  |
|  | ng Activities.<br>complete this part   | Complete if the organization answe   | red "Y   | 'es" oi  | n Form 990, Part IV, li  | ne 1'   | 7. Form 990-E   | Z filers are not  |
| a Aail solicitati<br>b Internet and c<br>c Phone solicita<br>d In-person soli<br>2 a Did the organization<br>key employees liste | ons<br>amail solicitations<br>ations<br>citations<br>n have a written o<br>d in Form 990, Pa<br>highest paid indiv   | f Solicitat<br>g Special<br>or oral agreement with any individual<br>art VII) or entity in connection with pr<br>viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(incluo<br>rofessi   | non-g<br>gover<br>aising<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trust<br>undraising services? |         | 🛄 Ye  |   |
| (i) Name and address<br>or entity (fund  |  | (ii) Activity  | have c   | Did<br>raiser<br>ustody<br>strol of<br>utions? | (iv) Gross receipts from activity  | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| <del></del>  |  |  | Yes  | No   |  |         |   |   |
| ·  |  |  |  |  |  |         |   |   |
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|  |  |  | rba.   |  | <b>F</b>   |         |   |   |
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|  |  | n is registered or licensed to solicit c   | ontrib   | utions   | or has been notified i   | it is e | exempt from re  |   |
| or licensing.  |  |  |  |  |  |         | •   |   |
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| LHA For Paperwork Re   | duction Act Noti   | ce, see the Instructions for Form 9  | 90 or  | 990-E  | Z. S   | chec    | dule G (Form  | 990 or 990-EZ) 2018                                     |

832081 10-03-18

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        | (b) Event #2   | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through |
|-----------------|----|--|---------------------|----------------|--------------------------|---|
|                 |    |  | AUCTION             | GOLF OUTING    |                          | col. (c))                                 |
| ۵               |    |  | (event type)        | (event type)   | (total number)           |   |
| Revenue         | 1  | Gross receipts                             | 200,026.            | 34,730.        |                          | 234,756.                                  |
|                 | 2  | Less: Contributions                        | 47,015.             | 11,737.        |                          | 58,752                                    |
|                 | 3  | Gross income (line 1 minus line 2)         | 153,011.            | 22,993.        |                          | 176,004.                                  |
|                 | 4  | Cash prizes                                |                     | 1,088.         |                          | 1,088                                     |
|                 | 5  | Noncash prizes                             |                     |                |                          |   |
| bense           | 6  | Rent/facility costs                        | 448.                | 11,240.        |                          | 11,688                                    |
| Direct Expenses | 7  | Food and beverages                         | 58,084.             | 6,352.         | 25.                      | 64,436                                    |
| -1              | 8  | Entertainment                              | 4,500.              |                |                          | 4,500.                                    |
|                 | 9  | Other direct expenses                      | <u>    103,114.</u> | <b>₹3,953.</b> |                          | 107,067.                                  |
| 1               | 10 | Direct expense summary. Add lines 4 throug | h 9 in column (d)   |                | ▶                        | 188,779                                   |
|                 | 11 | Net income summary. Subtract line 10 from  | line 3, column (d)  |                |                          | -12,775                                   |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, Iline 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| anue            |  |   |      | (a) Bingo  |          |      | ) Pull tabs/instant<br>o/progressive bing |       | (c) Other gaming | (d) Total gan<br>col. (a) throug |              |
|-----------------|--|---|------|------------|----------|------|---|-------|------------------|----------------------------------|--------------|
| Revenue         | 1  | Gross revenue   |      |            |          |      | ······································    |       | 29,900.          | 29                               | <u>,900.</u> |
| s               | 2  | Cash prizes   |      |            | C. State |      |   |       | 11,700.          | 11                               | <u>,700.</u> |
| Direct Expenses | 3  | Noncash prizes  |      |            | V        |      |   |       |                  | 1.<br>19                         |              |
| Direct E        | 4  | Rent/facility costs   |      |            |          |      |   |       |                  |                                  |              |
| _               | 5  | Other direct expenses   |      |            | -        |      |   |       |                  |                                  |              |
|                 | 6  | Volunteer labor   |      | Yes<br>No  | _ %      |      | Yes9                                      | %     | X Yes 100 %      |                                  |              |
|                 | 7  | Direct expense summary. Add lines 2 through                       | 5 in | column (d) |          |      |   |       | ►                | 11                               | <u>,700.</u> |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) |   |      |            |          |      |   |       |                  | 18                               | ,200.        |
| 9               |  | ter the state(s) in which the organization conduc                 |      |            |          |      |   |       |                  |                                  |              |
|                 |  | he organization licensed to conduct gaming ac<br>No," explain:    |      |            |          |      |   |       |                  | X Yes                            | No           |
|                 |  |   | -    |            |          |      |   |       |                  |                                  |              |
|                 |  | re any of the organization's gaming licenses re<br>Yes," explain: |      |            |          | mina | ted during the ta                         | ix ye | ear?             | Yes                              | X No         |
|                 |  |   |      |            |          |      |   |       |                  |                                  |              |

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

| Schedule G (Form 990 or 990-EZ) 2018 LAKE MICHIGAN COLLEGE FOUNDATION  | 38-2                      | 714753            | Page 3     |
|--|---------------------------|-------------------|------------|
| 11 Does the organization conduct gaming activities with nonmembers?  |                           |                   | X No       |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit   |                           |                   |            |
| to administer charitable gaming?   |                           | Yes               | X No       |
| 13 Indicate the percentage of gaming activity conducted in:  |                           |                   |            |
| a The organization's facility  |                           | 13a 100           | .00 %      |
| b An outside facility  |                           | 13b               | %          |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events book   |                           |                   |            |
| Name DOUG SCHAFFER   |                           |                   |            |
| Address   Address  Ad |                           |                   |            |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming re   |                           | . L Yes           | X No       |
| b If "Yes," enter the amount of garning revenue received by the organization <b>&gt;</b> \$  | and the amount            |                   |            |
| of gaming revenue retained by the third party <b>&gt;</b> \$   |                           |                   |            |
| c If "Yes," enter name and address of the third party:   |                           |                   |            |
| Name   |                           |                   |            |
|  |                           |                   |            |
| Address  |                           |                   |            |
| 16 Gaming manager information:   | 7                         |                   |            |
| Name DOUG SCHAFFER   |                           |                   |            |
| Gaming manager compensation  \$  |                           |                   |            |
| Description of services provided   |                           |                   |            |
|  |                           |                   |            |
|  |                           |                   |            |
| Director/officer  Employee   |                           |                   |            |
| 17 Mandatory distributions:  |                           |                   |            |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds t   | 0                         |                   |            |
| retain the state gaming license?   |                           | Yes               | No 🔍       |
| b Enter the amount of distributions required under state law to be distributed to other exempt organization  | ns or spent in the        |                   |            |
| organization's own exempt activities during the tax year <b>\$</b>   |                           |                   |            |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns  | s (iii) and (v); and Parl | : III, lines 9, 9 | 9b, 10b,   |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   |                           |                   |            |
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| 832083 10-03-18  | Schedule G (Form          | 990 or 990        | -EZ) 2018  |

|         | 6 (Form 990 or 990-EZ) |          |             | COLLEGE | FOUNDATION |
|---------|------------------------|----------|-------------|---------|------------|
| Part IV | Supplemental Infor     | mation ( | (continued) |         |            |

| Schedule G (Form 990 or 990-EZ) |
|---------------------------------|

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| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service   | Gov   | rants and Oth<br>vernments, an<br>ete if the organization | d Individual                | <b>s in the Ŭni</b><br>on Form 990, Pa<br>m 990. | ted States<br>rt IV, line 21 or 22.                           |                                       | OMB No. 1545-0047                     |
|--|---|---|-----------------------------|--|---|---------------------------------------|---------------------------------------|
| Name of the organization   |   |   |                             |  |   |                                       | Employer identification number        |
|  | MICHIGAN COLLE  | GE FOUNDAT  | LON                         |  |   |                                       | 38-2714753                            |
| 1 Does the organization maintain r<br>criteria used to award the grants  | records to substantiate the s or assistance?                | _   |                             |  | -   |                                       |                                       |
| 2 Describe in Part IV the organizat  | tion's procedures for monito<br>ance to Domestic Organiz    |   |                             |  | anization answered "  |                                       | W line 21 for any                     |
|  | ance to Domestic Organiz<br>are than \$5,000. Part II can I |   |                             |  | anzation answered f   | es on ronn 990, ran                   |                                       |
| 1 (a) Name and address of organi<br>or government  |   | (c) IRC section<br>(if applicable)                        | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance          | (f) Method of<br>valuation (book,<br>FMV(appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| LAKE MICHIGAN COLLEGE<br>2755 E NAPIER AVE   |   |   |                             |  | FAIR MARKET   | EDUCATIONAL<br>SUPPORT                |                                       |
| BENTON HARBOR, MI 49022  | 38-1738980  | 501(C)(3)   | 823,466.                    | 5,285,   |   | MATERIALS                             | SUPPORT OF THE COLLEGE                |
|  |   | Ţ   |                             |  |   |                                       |                                       |
|  |   |   | al Cum.                     |  |   |                                       |                                       |
|  |   |   |                             |  |   |                                       |                                       |
|  |   |   |                             |  |   |                                       |                                       |
| 2 Enter total number of section 50<br>3 Enter total number of other organized by the section Action Ac | anizations listed in the line 1                             | table   | e line 1 table              | I  | L   |                                       | Schedule I (Form 990) (2018)          |

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

#### Schedule I (Form 990) (2018) LAKE MICHIGAN COLLEGE FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990. Part IV. line 22.

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE FOUNDATION INFORMS THE COLLEGE OF AMOUNTS AVAILABLE FOR SCHOLARSHIPS. THE COLLEGE DIRECTS THE AWARDS TO INDIVIDUAL STUDENTS. THE SAME OCCURS WITH ANY DONOR-DESIGNATED CONTRIBUTIONS. THE FOUNDATION TELLS THE COLLEGE HOW THE FUNDS ARE TO BE EXPENDED AND THE COLLEGE MAKES SURE THE FUNDS ARE EXPENDED AS DIRECTED.

Part (II

38-2714753

Page 2

| SC  | HEDULE J   | Compensation Information  |             |               | MB No.   | 1545-00              | 47                |  |  |
|-----|--|---|-------------|---------------|--|----------------------|-------------------|--|--|
| (Fc | orm 990)   | For certain Officers, Directors, Trustees, Key Employees, and High                          | est         |               | 2018   |                      |                   |  |  |
|     | -  | Compensated Employees   |             |               | ZU   |                      |                   |  |  |
| D   | -t   | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Attach to Form 990. | ne 23.      | 1 a. C        | )pen t   | o Pub                | lic               |  |  |
|     | Go to www.irs.gov/Form990 for instructions and the latest information. |   |             |               |  |                      |                   |  |  |
| Nar | ne of the organizatio  | n   | Er          | nployer iden  |  |                      | mber              |  |  |
|     |  | LAKE MICHIGAN COLLEGE FOUNDATION  |             | <u>38-271</u> | 475  | 3                    |                   |  |  |
| Pa  | art I Question   | s Regarding Compensation  |             |               |  |                      |                   |  |  |
|     |  |   |             |               |  | Yes                  | No                |  |  |
| 1a  | Check the appropri   | ate box(es) if the organization provided any of the following to or for a person listed o   | n Form 990  | ),            |  |                      |                   |  |  |
|     | Part VII, Section A,   | line 1a. Complete Part III to provide any relevant information regarding these items.       |             |               |  |                      |                   |  |  |
|     | First-class or c   | charter travel Housing allowance or residence for   | r personal  | use           |  |                      |                   |  |  |
|     | Travel for com   | panions Payments for business use of pers   | onal reside | ence          | <b>[</b>   |                      |                   |  |  |
|     | Tax indemnific   | cation and gross-up payments Health or social club dues or initia                           | tion fees   |               |  | in tegri<br>P        |                   |  |  |
|     | Discretionary  | spending account Personal services (such as maid, o   | hauffeur, c | hef)          |  | 1.1                  |                   |  |  |
|     |  |   |             |               |  |                      |                   |  |  |
| b   | If any of the boxes  | on line 1a are checked, did the organization follow a written policy regarding payment      | tor         |               |  | 1                    |                   |  |  |
|     | reimbursement or p   | provision of all of the expenses described above? If "No," complete Part III to explain     |             |               | 1b   |                      |                   |  |  |
| 2   | Did the organization   | n require substantiation prior to reimbursing or allowing expenses incurred by all direc    | tors,       |               |  |                      |                   |  |  |
|     | trustees, and office   | rs, including the CEO/Executive Director, regarding the items checked on line 1a?           |             |               | 2  |                      |                   |  |  |
|     |  |   |             |               |  | 1.16                 |                   |  |  |
| 3   | Indicate which, if ar  | ny, of the following the filing organization used to establish the compensation of the o    | rganization | 's            |  |                      |                   |  |  |
|     | CEO/Executive Dire   | ctor. Check all that apply. Do not check any boxes for methods used by a related or         | anization t | 0             |  |                      |                   |  |  |
|     | establish compensa   | ation of the CEO/Executive Director, but explain in Part III.                               |             |               | la sur de la seconda de la s | i.                   |                   |  |  |
|     | Compensation   | committee Written employment contract   |             |               |  |                      |                   |  |  |
|     | Independent c  | ompensation consultant Compensation survey or study   |             |               |  |                      | $p_{T} = 1$       |  |  |
|     | Form 990 of of   | ther organizations Approval by the board or compens   | sation comr | nittee        |  |                      |                   |  |  |
|     |  |   |             |               | 10-18<br>10-18   | n diyê ye.<br>Kiriyê | 15. Mar<br>7      |  |  |
| 4   | During the year, did   | any person listed on Form 990, Part VII, Section A, Ine ta, with respect to the filing      |             |               |  | 1.1                  |                   |  |  |
|     | organization or a re   | lated organization:   |             |               |  |                      |                   |  |  |
| а   | Receive a severanc   | e payment or change-of-control payment?   |             |               | 4a   |                      | X                 |  |  |
| b   | Participate in, or rec   | ceive payment from, a supplemental nonqualified retirement plan?                            |             |               | 4b   |                      | X                 |  |  |
| С   | Participate in, or rec   | ceive payment from, an equity-based compensation arrangement?                               |             |               | 4c   |                      | X                 |  |  |
|     | If "Yes" to any of lin   | es 4a-c, list the persons and provide the applicable amounts for each item in Part III.     |             |               |  |                      |                   |  |  |
|     |  |   |             |               | •  |                      | Б., ,             |  |  |
|     | Only section 501(c   | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                      |             |               |  | <u> </u>             |                   |  |  |
| 5   | For persons listed o   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp       | ensation    |               |  |                      | 14.2 <sup>4</sup> |  |  |
|     | contingent on the re   |   |             |               |  | =                    |                   |  |  |
|     |  |   |             |               | 5a   |                      | X                 |  |  |
|     | Any related organization   | ation?  |             |               | 5b   |                      | X                 |  |  |
|     | If "Yes" on line 5a o  | r 5b, describe in Part III.   |             |               |  |                      |                   |  |  |
| 6   | For persons listed o   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp       | ensation    |               |  | · 문화로<br>· · · · ·   | 19.               |  |  |
|     | contingent on the n  | •   |             |               |  |                      |                   |  |  |
|     |  |   |             |               | 6a   |                      | X                 |  |  |
|     | Any related organization   | ation?  |             |               | 6b   |                      | X                 |  |  |
|     | If "Yes" on line 6a o  | r 6b, describe in Part III.   |             |               |  |                      |                   |  |  |
| 7   |  | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay     |             |               |  |                      |                   |  |  |
|     |  | es 5 and 6? If "Yes," describe in Part III  |             |               | 7  |                      | X                 |  |  |
| 8   | -  | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subje       |             |               |  |                      |                   |  |  |
|     |  | otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III      |             |               | 8  |                      | X                 |  |  |
| 9   |  | d the organization also follow the rebuttable presumption procedure described in            |             |               |  | $< 32^{+1} + 1$      |                   |  |  |
|     |  | 53,4958-6(c)?   | <u></u>     |               | 9  |                      |                   |  |  |
| LHA | For Paperwork Re   | eduction Act Notice, see the Instructions for Form 990.                                     |             | Schedule .    | (Forn  | n 990)               | 2018              |  |  |

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Schedule J (Form 990) 2018

#### 38-2714753

Page 2

#### 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-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and                      | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|----------------------------|------|--------------------------|---|---|---|----------------|----------------------|--|
| (A) Name and Title         |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred benefits<br>compensation |                | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) KELLI HAHN             | (i)  | 0.                       | 0.  | 0.  | 0.                                      | 0.             | 0.                   | 0.   |
| TREASURER                  | (ii) | 123,110.                 | 0.  | 0.  | 18,336.                                 | 25,028.        | 166,474.             | 0.   |
| (2) TREVOR KUBATZKE        | (i)  | 0.                       | 0.  | 0.  | 0.                                      | 0.             | 0.                   | 0.   |
| DIRECTOR/COLLEGE PRESIDENT | (ü)  | 217,095.                 | 0.  | 0.  | 21,024.                                 | 32,152.        | 270,271.             | 0.   |
|                            | (i)  |                          |   |   | A A A A A A A A A A A A A A A A A A A   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   | "ISI-                                     |   |                |                      |  |
|                            | (ii) |                          |   | Upper State                               |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   | bu.                                     |                |                      |  |
|                            | (i)  |                          |   | 【 法规则 》《 的时间的 资料 资料                       |   |                |                      |  |
|                            | (ii) |                          | ATHE                                      |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          | VIII                                      |   |   |                |                      |  |
|                            | (i)  |                          | - Villes                                  | Sav.                                      |   |                |                      |  |
|                            | (ii) |                          | ់បុត្ត                                    | 12  |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      | 1  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                |                      |  |
|                            | (ii) |                          |   |   |   |                |                      |  |
|                            | (i)  |                          |   |   |   |                | 1                    |  |
|                            | (ii) |                          |   | Ī   |   |                |                      | 1  |

| <u>Schedule J (Form 990) 2018</u> |
|-----------------------------------|
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#### 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.

| afficiation.       |          |
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| Schedule J (Form 9 | 90) 2018 |

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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

2018 **Open to Public** Inspection

Name of the organization

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

| Employer | identifica | ation nu | mber |
|----------|------------|----------|------|
| 3        | 8-271      | 4753     |      |

| LAKE | MICHIGAN | COLLEGE | FOUNDATION |  |
|------|----------|---------|------------|--|
|      |          |         |            |  |
|      |          |         |            |  |

| Pa  | rt I Types of Property                             |                               |   |  |   |            |            |           |
|-----|--|-------------------------------|---|--|---|------------|------------|-----------|
|     |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | terminin   |            | 5         |
| 1   | Art - Works of art                                 |                               |   |  |   |            |            |           |
| 2   | Art - Historical treasures                         |                               |   |  |   |            |            |           |
| 3   | Art - Fractional interests                         |                               |   |  |   |            |            |           |
| 4   | Books and publications                             |                               |   |  |   |            |            |           |
| 5   | Clothing and household goods                       | X                             |   | 27,221.  | FAIR MARKET                             | VAL        | UE         |           |
| 6   | Cars and other vehicles                            |                               |   |  |   |            |            |           |
| 7   | Boats and planes                                   |                               |   |  |   |            |            |           |
| 8   | Intellectual property                              |                               |   |  |   |            |            |           |
| 9   | Securities - Publicly traded                       |                               |   |  |   |            |            |           |
| 10  | Securities - Closely held stock                    |                               |   |  |   |            |            |           |
| 11  | Securities - Partnership, LLC, or                  |                               |   |  |   |            |            |           |
|     | trust interests                                    |                               |   |  |   |            |            |           |
| 12  | Securities - Miscellaneous                         |                               |   |  |   |            |            |           |
| 13  | Qualified conservation contribution -              |                               |   |  |   | _          |            |           |
|     | Historic structures                                |                               |   |  |   |            |            |           |
| 14  | Qualified conservation contribution - Other        |                               |   |  |   |            |            |           |
| 15  | Real estate - Residential                          |                               |   | 御動   |   |            |            |           |
| 16  | Real estate - Commercial                           |                               |   |  |   |            |            |           |
| 17  | Real estate - Other                                |                               |   |  |   |            |            |           |
| 18  | Collectibles                                       |                               | が   |  |   |            |            |           |
| 19  | Food inventory                                     |                               |   | •  |   |            |            |           |
| 20  | Drugs and medical supplies                         |                               |   | ·  |   |            |            |           |
| 21  | Taxidermy  |                               |   |  |   |            |            |           |
| 22  | Historical artifacts                               |                               |   |  |   |            |            |           |
| 23  | Scientific specimens                               |                               |   |  |   |            |            |           |
| 24  | Archeological artifacts                            |                               |   |  |   |            |            |           |
| 25  | Other  ( ENTERTAINMENT )                           | X                             | 41  |  | FAIR MARKET                             |            |            |           |
| 26  | Other ( CATERING )                                 | X                             | 30  |  | FAIR MARKET                             |            |            |           |
| 27  | Other $\blacktriangleright$ (ELECTRONICS)          | X                             | 1   | 120.   | FAIR MARKET                             | VALU       | JE         |           |
| 28  | Other 🕨 ()   |                               |   |  |   |            |            |           |
| 29  | Number of Forms 8283 received by the organiz       | -                             | -   |  |   |            |            |           |
|     | for which the organization completed Form 828      | 83, Part IV, D                | Donee Acknowledg  | ement 29   |   |            |            |           |
|     |  |                               |   |  | 1                                       | Y          | 'es        | <u>No</u> |
| 30a | During the year, did the organization receive by   | y contributio                 | n any property rep  | orted in Part I, lines 1 throug  | h 28, that it                           |            |            |           |
|     | must hold for at least three years from the date   | of the initial                | l contribution, and                                       | which isn't required to be us  | ed for                                  |            |            |           |
|     | exempt purposes for the entire holding period?     | ?                             |   |  |   | <u>30a</u> |            | <u> </u>  |
| b   | If "Yes," describe the arrangement in Part II.     |                               |   |  |   |            |            |           |
| 31  | Does the organization have a gift acceptance p     |                               |   |  | ions?                                   | 31         | <u>x  </u> |           |
| 32a | Does the organization hire or use third parties of | or related org                | ganizations to solic                                      | it, process, or sell noncash   |   |            |            |           |
|     | contributions?                                     |                               |   |  |   | 32a -      | X          |           |
|     | If "Yes," describe in Part II.                     |                               |   |  |   |            |            |           |
| 33  | If the organization didn't report an amount in co  | olumn (c) for                 | a type of property  | for which column (a) is chec   | ked,                                    |            | 1.2        |           |
|     | describe in Part II.                               |                               |   |  |   | . ex3      | 1.15       |           |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

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

#### SCHEDULE M, LINE 32B:

#### THE FOUNDATION USES THEIR PORTFOLIO MANAGERS TO LIQUIDATE STOCK

DONATIONS.

SCHEDULE M, LINE 33:

#### THE NUMBER LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

#### RECEIVED.

| 832142 10-18-18 Schedule M (Form 990) 2018 |
|--|
| 44   |

| SCHEDULE O<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 99<br>Complete to provide information for responses to specific questions or<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or 990-EZ.<br>Go to www.irs.gov/Form990 for the latest information. |               | OMB No. 1545-0047<br><b>2018</b><br>Open to Public<br>Inspection |
|--|--|---------------|--|
| Name of the organization   | LAKE MICHIGAN COLLEGE FOUNDATION   |               | identification number 714753                                     |
| FORM 990, PAR  | T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS   | SION:         | ·  |
| COLLEGE AND I  | TS STUDENTS. THE LAKE MICHIGAN COLLEGE FOUND   | ATION I       | S THE  |
| MAIN FUND-RAI  | SING ORGANIZATION OF LAKE MICHIGAN COLLEGE F   | OR THE        | ,_,_,_,  |
| SOLICITATION,  | RECEIPT AND MANAGEMENT OF ALL PRIVATE GIFTS  | •             |  |
| FORM 990, PAR  | T III, LINE 1, DESCRIPTION OF ORGANIZATION M   | ISSION:       |  |
| ALL PRIVATE G  | IFTS.  | <u> </u>      | ·····  |
|  |  |               |  |
| FORM 990, PAR  | T VI, SECTION A, LINE 2:   | ·             |  |
| YES, DIRECTOR  | S DAVID SCHAFFER AND DOUG SCHAFFER HAVE A FA   | MILY RE       | LATIONSHIP.  |
| DIRECTOR ROBE  | RT BURCH IS AN EMPLOYEES OF CHEMICAL BANK.   | ·             |  |
| DIRECTOR AMY   | WHITE IS AN EMPLOYEE OF 1ST SOURCE BANK.   |               |  |
| DIRECTORS MIK  |  | ADVISOR       | Y BOARD OF   |
| THE LOCAL CHE  | MICAL BANK. CHEMICAL BANK AND 1ST SOURCE BAN   | K ARE T       | HE   |
| INVESTMENT MA  | NAGERS FOR THE FOUNDATION.   |               |  |
|  |  |               | ·  |
| FORM 990, PAR  | T VI, SECTION B, LINE 11B:   | <u></u>       |  |
| THE COMPLETED  | 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR A  | ND THEN       | IT WILL BE   |
| SENT TO ALL B  | OARD MEMBERS VIA EMAIL FOR REVIEW AND COMMEN   | T             |  |
| FORM 990, PAR  | T VI, SECTION B, LINE 12C:   |               |  |
| TRUSTEES, DIR  | ECTORS, AND KEY EMPLOYEES ARE REQUIRED TO CO   | MPLETE        | A CONFLICT   |
| OF INTEREST D  | ISCLOSURE FORM ANNUALLY. THE ORGANIZATION MO   | NITORS        | ACTIVITIES   |
| AND IF A QUES  | TION OF CONFLICT ARISES, THE ORGANIZATION HA   | S A DIS       | CUSSION  |
| WITH THE PERS  | ON OF INTEREST TO DETERMINE IF THERE IS A CO   | NFLICT        | AND WHAT   |
|  | CTIONS SHOULD BE TAKEN.  | edule O (Form | 990 or 990-EZ) (2018)  |

832211 10-10-18

45

| Name of the organization LAKE MICHIGAN COLLEGE FOUNDATION | Employer identification number<br>38-2714753 |
|---|--|
|   |  |
|   |  |
| FORM 990, PART VI, SECTION C, LINE 19:                    |  |
| DOCUMENTS ARE AVAILABLE UPON REQUEST.                     |  |
| DOCOMBNIS ARE AVAILABLE OF ON REQUEST.                    |  |
| FORM 990, PART XII, LINE 2C:                              |  |
| THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.         |  |
|   |  |
|   | ······································       |
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| 832212 10-10-18 Sch<br>46                                 | edule O (Form 990 or 990-EZ) (2018)          |

| SCHEDULE I | R |
|------------|---|
|------------|---|

(Form 990)

#### **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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

38-2714753

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### LAKE MICHIGAN COLLEGE FOUNDATION

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|--|--------------------------------|---|----------------------------|---------------------------|--|
|  |                                |   | and s                      |                           |  |
|  |                                |   |                            |                           |  |
|  |                                |   | . ajing                    |                           |  |
|  | ्रा<br>स्ट्रि                  |   |                            |                           |  |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity |     | 9)<br>12(b)(13)<br>rolled<br>ity? |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|-----|-----------------------------------|
|  |                         |   |                               | 501(c)(3))                                  |                                     | Yes | No                                |
| LAKE MICHIGAN COLLEGE - 38-1738980                       |                         |   |                               |   |                                     |     |                                   |
| 2755 E NAPIER AVE  |                         |   |                               |   |                                     |     |                                   |
| BENTON HARBOR, MI 49022                                  | EDUCATIONAL INSTITUTION | MICHIGAN  | 501(C)(3)                     | LINE 2                                      | N/A                                 |     | X                                 |
|  |                         |   |                               |   |                                     |     |                                   |
|  | ]                       |   |                               |   |                                     |     |                                   |
|  |                         |   |                               |   |                                     |     |                                   |
|  |                         |   |                               |   |                                     |     |                                   |
|  |                         |   |                               |   |                                     |     |                                   |
|  | -                       |   |                               |   |                                     |     |                                   |
|  |                         |   |                               |   |                                     |     |                                   |
|  | 1                       |   |                               |   |                                     |     |                                   |
|  | 1                       |   |                               |   |                                     |     |                                   |

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Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

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

| (a)<br>Name, address, and EiN   | (b)<br>Primary activity                             | (C)<br>Legal                | (d)          |                                       | (e)                 | <b>(f)</b><br>Share of total                                  |                                       | (g)                                  | f) (ł               |        | (i)                            |                    | (i)                                | (k)   |                         |
|---|---|-----------------------------|--------------|---------------------------------------|---------------------|---|---------------------------------------|--------------------------------------|---------------------|--------|--------------------------------|--------------------|------------------------------------|---|-------------------------|
| of related extension  |   | domicile entity (related, t |              | unrelated,                            | ed, income<br>under |   | tal Share of<br>end-of-year<br>assets |                                      | -of-year allocation |        |                                | a maas such in has |                                    | managing<br>partner?  | Percentage<br>ownership |
|   |   | country)                    |              | sections                              | 512-514)            |   | a5                                    |                                      | Yes                 | No     | K-1 (Form 1                    | 065)               | íes No                             |   |                         |
|   | 4   |                             |              |                                       |                     |   |                                       |                                      |                     |        |                                |                    |                                    |   |                         |
|   | -   |                             |              |                                       |                     |   |                                       |                                      |                     |        |                                |                    |                                    |   |                         |
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|   |   |                             |              |                                       |                     | <u>م</u><br>مالا ا  | <u>3</u>                              |                                      |                     |        |                                |                    |                                    |   |                         |
|   | 1   |                             |              |                                       |                     | بع الله الألم من<br>1993 - ما المراجع<br>1994 - مسلمان المحاص | (h)                                   |                                      |                     |        |                                |                    |                                    |   |                         |
|   |   |                             |              |                                       |                     | بې تىلىشى ئې<br>مەنبى ئىلىشى ئىلىكى                           | W.                                    |                                      |                     |        |                                |                    |                                    |   |                         |
|   |   |                             |              |                                       | Ň                   | ALLS MILLE  | - Filler                              | ·                                    |                     |        |                                |                    |                                    |   |                         |
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| · · · · · · · · · · · · · · · · · · ·   |   |                             |              |                                       | 1.2.1.4             | iller Wille   |                                       |                                      |                     |        |                                |                    |                                    |   |                         |
|   |   |                             |              |                                       | . Val 1             |   |                                       |                                      |                     |        |                                |                    |                                    |   |                         |
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| organizations treated as a c  | rganizations Taxable a<br>orporation or trust durin | as a Corpo                  | /ear.        |                                       | · •••               |   |                                       |                                      |                     | ine 34 |                                |                    |                                    |   |                         |
| V Identification of Related O<br>organizations treated as a c<br>(a)<br>Name, address, and<br>of related organizati | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | , (q)               | rolling Type<br>(C corr                                       | (e)<br>of entity                      | rm 990, Pa<br>(f)<br>Share o<br>inco | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | e or mo<br>(h)<br>entage<br>ership | re relate<br>(i)<br>Section<br>512(b)(1<br>controllo<br>entity) |                         |
| organizations treated as a c<br>(a)<br>Name, address, and   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal domicile                         | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of                | Perc               | (h)<br>entage                      | (i)<br>Section<br>512(b)(1<br>controlle                         |                         |
| (a)   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Sectio<br>512(b)(1<br>controll<br>entity)                |                         |
| organizations treated as a c<br>(a)<br>Name, address, and   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Sectio<br>512(b)(1<br>controll<br>entity)                |                         |
| organizations treated as a c<br>(a)<br>Name, address, and   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Sectio<br>512(b)(1<br>controll<br>entity)                |                         |
| organizations treated as a c<br>(a)<br>Name, address, and   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Sectio<br>512(b)(1<br>controll<br>entity)                |                         |
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| (a)   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Section<br>512(b)(1<br>controll<br>entry)                |                         |
| (a)   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Sectio<br>512(b)(1<br>controll<br>entity)                |                         |
| (a)   | erporation or trust durir                           | ng the tax y                | /ear.<br>(b) | egal comicile<br>(state or<br>toreign | <b>(d)</b>          | rolling Type<br>(C corr                                       | (e)<br>of entity                      | (f)<br>Share o                       | )<br>of total       |        | (g)<br>Share of<br>end-of-year | Perc               | (h)<br>entage                      | (i)<br>Sectio<br>512(b)(<br>control<br>entity                   |                         |

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                                 |                                  |  | _            | Yes      | No  |
|---|---------------------------------|----------------------------------|--|--------------|----------|---|
| 1 During the tax year, did the organization engage in any of the following transact   |                                 |                                  |  |              |          |   |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled  |                                 |                                  |  |              |          | X   |
| b Gift, grant, or capital contribution to related organization(s)   |                                 |                                  |  |              | X        |   |
| c Gift, grant, or capital contribution from related organization(s)   |                                 |                                  |  | . <u>1c</u>  |          | X   |
| d Loans or loan guarantees to or for related organization(s)  |                                 |                                  |  | . <u>1d</u>  | <u> </u> | X   |
| e Loans or loan guarantees by related organization(s)   | ••••••                          |                                  |  | . <u>1e</u>  |          | X   |
|   |                                 |                                  |  |              |          |   |
| f Dividends from related organization(s)  |                                 |                                  |  | . <u>1f</u>  |          | X   |
| g Sale of assets to related organization(s)   |                                 |                                  |  | . <u>1g</u>  |          | X   |
| h Purchase of assets from related organization(s)   |                                 |                                  |  | . <u>1h</u>  |          | X   |
| i Exchange of assets with related organization(s)   | ••••••••••••••••••••••••••••••• |                                  |  | . <u>1i</u>  |          | X   |
| j Lease of facilities, equipment, or other assets to related organization(s)  |                                 | <sup>م</sup> قابالکی<br>معمد کمب |  | . <b>1</b> j |          | X   |
|   |                                 | A CHINNE                         |  | sector.      |          | a ann.<br>Aige an                             |
| k Lease of facilities, equipment, or other assets from related organization(s)  |                                 |                                  | k  | . 1k         |          | X   |
| I Performance of services or membership or fundraising solicitations for related  | organization(s)                 | NA AP N                          | 1 DS<br>12 <sup>4</sup>                  | . 11         | X        |   |
| m Performance of services or membership or fundraising solicitations by related   | organization(s)                 |                                  |  | 1m           | X        |   |
| <ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organistic of paid employees with related organization(s)</li> </ul> | nization(s)                     |                                  |  | 1n           | X        |   |
| o Sharing of paid employees with related organization(s)  | , with the                      |                                  |  | . 10         | X        |   |
|   |                                 |                                  |  |              |          |   |
| p Reimbursement paid to related organization(s) for expenses  |                                 | n Sp                             |  | . 1p         |          | X   |
| <ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>        |                                 |                                  |  | . 1q         |          | X   |
| •   |                                 |                                  |  | 11 A         |          |   |
| 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 who must complete th         | nis line, including covered r    | elationships and transaction thresholds. |              |          |   |
| (a)   | (b)                             | (c)                              | (ď)                                      |              |          |   |
| Name of related organization  | Transaction                     | Amount involved                  | Method of determining amount             | involved     |          |   |
|   | type (a-s)                      |                                  |  |              |          |   |
|   |                                 |                                  |  |              |          |   |
| (1) LAKE MICHIGAN COLLEGE   | B                               | 828,751.                         | CASH CONTRIBUTED & NON                   | -CASH        | FM       | <u>v                                     </u> |
|   |                                 |                                  |  |              |          |   |
| (2)   |                                 |                                  |  |              |          |   |
|   |                                 |                                  |  |              |          |   |
| (3)   |                                 |                                  |  |              |          |   |
|   |                                 |                                  |  |              |          |   |
| (4)   |                                 |                                  |  |              |          |   |
|   |                                 |                                  |  |              |          |   |
| (5)   |                                 |                                  |  |              |          |   |
|   |                                 |                                  |  |              |          |   |
| (6)   |                                 |                                  |  |              |          |   |

#### Schedule R (Form 990) 2018 LAKE MICHIGAN COLLEGE FOUNDATION

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)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e<br>Are<br>partner<br>501(c<br>org:<br>Yes | e)<br>all<br>rs sec.<br>:)(3)<br>s.?<br><b>No</b> | (f)<br>Share of<br>total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (I<br>Dispi<br>tion<br>attoca<br><b>Yes</b> | h)<br>ropor-<br>nate<br>stions? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General<br>managi<br>partner<br>Yes N | (k)<br>Percentage<br>ownership |
|--|--------------------------------|--|---|--|---|------------------------------------|---|---|---------------------------------|---|--|--------------------------------|
|  |                                |  |   |  |   |                                    |   |   |                                 |   |  |                                |
|  |                                |  |   |  |   |                                    |   |   |                                 |   |  |                                |
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Schedule R (Form 990) 2018

| Schedule F     | (Form 990) 2018<br>Supplemental Info  | LAKE MICHIGAN COLLEGE FOUNDATION                                   | 38-2714753 Page 5          |
|----------------|---------------------------------------|--|----------------------------|
| L              | Provide additional inform             | nation for responses to questions on Schedule R. See instructions. |                            |
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