Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

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

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

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

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

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Do not enter social security numbers on this form as it may be made public.

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

Open to Public

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, C Name of organization D Employer identification number Check if applicable Address change LAKE MICHIGAN COLLEGE FOUNDATION Name 38-2714753 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2755 EAST NAPIER AVENUE (616) - 927 - 81001,354,233. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 49022 BENTON HARBOR, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KELLI HAHN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.LAKEMICHIGANCOLLEGE.EDU/COMMUNITY **H(c)** Group exemption number ▶ K Form of organization: X Corporation Year of formation: 1986 M State of legal domicile: MI Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LAKE MICHIGAN **Activities & Governance** COLLEGE FOUNDATION IS TO RAISE FUNDS IN SUPPORT OF LAKE MICHIGAN if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 3 Number of voting members of the governing body (Part VI, line 1a) 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Prior Year Current Year** 656,171. 1,874,908. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 895,143. 535,781. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -106,148.5,425. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,775,476. ,085,804. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 828,751. 3,948,326. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 105,996. 127,391. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 934,747. 4,075,717. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,840,729. -2,989,913. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Ы 18,292,937. 15,449,105. Total assets (Part X, line 16) $1,447,\overline{734}$,732,333. 21 Total liabilities (Part X, line 26) 三年 16,845,203. 13,716,772 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KELLI HAHN, TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/13/21 P00223532 LISA FORT LISA FORT Paid self-employed Firm's name PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 Preparer Firm's address > 750 TRADE CENTRE WAY, STE. 300 Use Only Phone no. (269) 567-4500 PORTAGE, MI 49002 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Page 2

Pa	Statement of Program Service Accomplishments	- T.
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE LAKE MICHIGAN COLLEGE FOUNDATION IS TO RAISE FUNDS	
	IN SUPPORT OF LAKE MICHIGAN COLLEGE AND ITS STUDENTS. THE LAKE	
	MICHIGAN COLLEGE FOUNDATION IS THE MAIN FUND-RAISING ORGANIZATION OF	
	LAKE MICHIGAN COLLEGE FOR THE SOLICITATION, RECEIPT AND MANAGEMENT OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4-		
4a	(Code:) (Expenses \$3,948,326. including grants of \$3,948,326.) (Revenue \$THE FOUNDATION EXISTS TO SUPPORT LAKE MICHIGAN COLLEGE AND ITS	— '
	STUDENTS. SCHOLARSHIPS WERE AWARDED TO VARIOUS STUDENTS AND PAYMENTS	
	WERE MADE TO SUPPORT VARIOUS COLLEGE PROGRAMS.	
4b	(Code:) (Expenses \$	
		— <i>'</i>
4c	(Code:) (Expenses \$	
		— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 3,948,326.	
	Form 990 ((2019)

Form 990 (2019) LAKE MICHIGAN COLLEGE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		37	
	complete Schedule G, Part III	19	X	37
20a	the state of the s	20a		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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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Pal	Crecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			۱
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
•	contributions? If "Yes," complete Schedule M	30	X	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-		34	х	1
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	550		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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> </u>	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 T	لـــا
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	1	

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Form 990 (2019) LAKE MICHIGAN COLLEGE FOUNDATION

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

	i jointined)			V	N.					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No					
Za	filed for the calendar year ending with or within the year covered by this return	2a 0								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions									
За		7	За		х					
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule		3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-0.5							
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X					
b	If "Yes," enter the name of the foreign country	,								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х					
С	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									
	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 contribution	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х						
b			7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			.,					
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		Х					
e	3 7 7 7 171									
f	3 , 3 , 1 , 1									
g										
h 8										
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8							
9	Sponsoring organizations maintaining donor advised funds.		Ů							
а	Did the agreement in a constitution made and to the distribution and according 40000		9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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.									
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	405								
_	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c	14-		Х					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a 14b		 ^					
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		140							
13	excess parachute payment(s) during the year?		15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.		<u>.</u> _							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х					
-	If "Yes," complete Form 4720, Schedule O.									
				000						

Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	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 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DOUG SCHAFFER - (616)-927-8100			
	2755 E NAPIER AVE, BENTON HARBOR, MI 49022			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and title	(B) Average hours per	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TREVOR KUBATZKE DIRECTOR	39.75	х						0.	225,357.	55,342.
(2) KELLI HAHN	1.00							-	- ,	
TREASURER	39.00	Х		х				0.	134,808.	46,311.
(3) DOUG SCHAFFER	1.00							-	. ,	
CURRENT SECRETARY	39.00	Х		х				0.	115,516.	43,559.
(4) MARY KLEMM	1.00								•	•
RETIRED SECRETARY	39.00	Х		Х				0.	57,806.	21,397.
(5) DAVID SCHAFFER	0.50									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(6) GLORIA ENDER	1.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(7) AMY WHITE	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(8) CRAIG ERIKSON	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(9) DEB O'CONNOR	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(10) TINA ACKERMAN VAUGHT	0.25									_
DIRECTOR	0.00	Х						0.	0.	0.
(11) ALLOYD BLACKMON	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(12) KELLY FERNEAU	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(13) JOHN JANICK	0.25								•	
DIRECTOR	0.00	Х				_		0.	0.	0.
(14) TIM TATE	0.25								•	_
DIRECTOR	0.00	X				_		0.	0.	0.
(15) MARY JO TOMASINI	0.25	37							^	_
DIRECTOR	0.00	Λ						0.	0.	0.
(16) MICHAEL CARLSON	0.25	v							0.	_
DIRECTOR (17) STEVEN HADAWAY	0.00	Λ			-	\vdash		0.	U •	0.
DIRECTOR	0.25	v						0.	0.	0.
932007 01-20-20	0.00	Λ						<u> </u>	U •	Form 990 (2019)

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(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson i	than is both	n an	(D) Reportable compensation	(E) Reportable compensation		(I Estin		
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer D	Key employee	Highest compensated //tra		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	()	compe	n the izatio elate	e on ed
(18) TIM PASSARO DIRECTOR	0.25	х						0.		o.			0.
(19) PATSY HARTZELL	0.25									$\overline{}$			
DIRECTOR	0.00	Х						0.	().			0.
(20) RANDY BETTICH	0.25	٦,							,	,			^
DIRECTOR (21) RANDY REIMERS	0.00	Х						0.) .			0.
DIRECTOR	0.25	х						0.		o.			0.
(22) KEN KOZMINSKI	0.25	25				\vdash		1	`	'			•
DIRECTOR	0.00	х						0.		o.			0.
(23) ROBERT BURCH	0.25									\top			
DIRECTOR	0.00	Х						0.	().			0.
(24) SCOTT DIENES	0.25												
DIRECTOR	0.00	Х						0.	().			0.
(25) SCOTT GEIK DIRECTOR	0.25	х						0.		o.			0.
(26) SCOTT MCFARLAND	0.00	^						0.	,	'			<u> </u>
DIRECTOR	0.00	х						0.		0.			0.
1b Subtotal	0 522 407						166	, 60					
c Total from continuation sheets to Part VI							•	0.).			0.
d Total (add lines 1b and 1c)								0.	533,48	7. 1	166,	, 60	19.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization													0
3 Did the organization list any former officer.	director twict	aa 1					, bia	boot componented own	lavos an		1	es	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si										,	3		Х
4 For any individual listed on line 1a, is the su										.			
and related organizations greater than \$150											4 2	x	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch į	oers	on				<u> L</u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	•	•							•	nsatior	า from		
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	,	ear.		(0)		
(A) Name and business	address	NO	ONE	7				(B) Description of s	services	Con	(C)	ation	1
								·					
							_						
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to		_	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz)		IDE C					
SEE PART VII, SECTION	I A CONT	ΤŊ	UΑ	ΤŢ	ON	S	нΕ	ETS		Fo	_{rm} 99	JU (2	019)

Form 990 LAKE MICHIGAN COLLEGE FOUNDATION 38-2714753										
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per week	(c	heck	all	all that apply			compensation from	compensation from related	amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(27) ALFRED BUTZBAUGH DIRECTOR-PART YEAR	0.25	х						0.	0.	0
(28) MIKE WELCH	0.00	Λ						0.	0.	0
DIRECTOR-PART YEAR	0.00	х						0.	0.	0
(29) JIM MAROHN	0.25									
DIRECTOR	0.00	Х						0.	0.	0
(30) JOHN BRINKER DIRECTOR	0.25	х						0.	0.	0
(31) RICH REMUS	0.25	-25						•	•	•
DIRECTOR	0.00	х						0.	0.	0
	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>			
otal to Part VII, Section A, line 1c										

Form 990 (2019) LAKE MI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts s		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
s, (Am		Fundraising events 1c	116,271.				
ar E		Related organizations 1d					
S, jimi		Government grants (contributions) 1e					
ti o	f	All other contributions, gifts, grants, and	500 000				
혈		similar amounts not included above 1f	539,900.				
dat	_	Noncash contributions included in lines 1a-1f 1g \$	194,336.	656 454			
<u>8</u> 0	h	Total. Add lines 1a-1f	_	656,171.			
			Business Code				
Se	2 a						
Program Service Revenue	b						
n Si	С						
Jev Sev	d						
rog T	е						
<u>-</u>		All other program service revenue					
-		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		207 217			207 217
	_	other similar amounts)		387,317.			387,317.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real	(ii) Personal				
	•		(ii) Fersonai				
		Gross rents 6a	+				
		Less: rental expenses 6b	-				
		Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	1.60.000	. ,				
	L	assets other than inventory Less: cost or other basis	-				
a)	b	and sales expenses					
ğ		Gain or (loss) 76 11, 350.					
ther Revenue		Net gain or (loss)		148,464.			148,464.
<u>بر</u> ۳		Gross income from fundraising events (not		140,404.			110,101.
Oth	o a	including \$ of					
~		contributions reported on line 1c). See					
		. , , , ,	120,745.				
	b	Less: direct expenses 8b	245,193.				
		Net income or (loss) from fundraising events		-124,448.			-124,448.
		Gross income from gaming activities. See					
		Part IV, line 19 9a	30,000.				
	b	Less: direct expenses 9b	11,700.				
		Net income or (loss) from gaming activities		18,300.			18,300.
		Gross sales of inventory, less returns					
		and allowances 10a	3				
	b	Less: cost of goods sold10k					
	С	Net income or (loss) from sales of inventory	>				
_{so}			Business Code				
e jo	11 a						
ane	b						<u> </u>
Miscellaneous Revenue	С						<u></u>
Ais	d	All other revenue					
		Total. Add lines 11a-11d		1 005 004			400 600
	12	Total revenue. See instructions	>	1,085,804.	0.	0.	429,633.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,948,326. 3,948,326. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 14,350. 14,350. Accounting Lobbying Professional fundraising services. See Part IV, line 17 50,915. 50,915. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,608. 7,608. column (A) amount, list line 11g expenses on Sch O.) 750. 750. Advertising and promotion 12 16,296. 16,296. Office expenses 13 6,000. 6,000. Information technology 14 Royalties 15 16 Occupancy 950. 950. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,915. 15,915. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 5,635. 5,635. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,235. 5,235. DUES AND SUBSCRIPTIONS BANK FEES 605. 605. BAD DEBT EXPENSE 450. 450. С d 2,682. 2,682. All other expenses 4,075,717. 3,948,326. 127,391. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,228,326.	1	2,940,661.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	446,289.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	1 12 072 1	9	13,206.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	11,953,088.	11	9,420,565.
	12	Investments - other securities. See Part IV, line 11	3,038,796.	12	2,627,809.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,037.	15	575.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	15,449,105.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	10.510
	19	Deferred revenue		19	13,640.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 417 170		1 710 602
		of Schedule D			1,718,693. 1,732,333.
	26	Total liabilities. Add lines 17 through 25	1,447,734.	26	1,/34,333.
Ś		Organizations that follow FASB ASC 958, check here X			
nce		and complete lines 27, 28, 32, and 33.	388,758.	27	452,712.
<u>a</u>	27	Net assets without donor restrictions		28	13,264,060.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	10,430,443.	20	13,204,000.
Ë		and complete lines 29 through 33.			
Þ	20	•		29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss(30	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	31			32	13,716,772.
Ž	32	Total liabilities and not assets/fund balances	10 000 000	33	15,449,105.
	33	Total liabilities and net assets/fund balances	1 10,474,331.	აა	

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,08						
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,07	5,7	<u> 17.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,98	9,9	13.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,84	5,2	03.				
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	6,2	50.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	13,71	6,7	<u>72.</u>				
Pa	rt XII Financial Statements and Reporting								
	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		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis X Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2019)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

38 - 2714753

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

-		,	,			- (//	N N I						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5	X	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C			·	, ,							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
7	\Box	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	H	An agricultural research org				ad in coni	unction with a land-grant	college					
9		or university or a non-land-g				-	_	-					
		· · · · · · · · · · · · · · · · · · ·	grant college or agric	ulture (see iristructions).	Litter tile i	name, city	, and state of the college	· UI					
40		university: An organization that norma	Ily rossiyos: (1) more	than 22 1/20/ of its supp	oort from o	ontributio	no momborobin food an	d grass resoints from					
10	ш												
		activities related to its exem	-	•			* *	-					
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	mer June 30, 1975.					
		See section 509(a)(2). (Cor	•										
11	\vdash	An organization organized a	· ·	•	•			_					
12		An organization organized a	· ·	•	•		· · · · · · · · · · · · · · · · · · ·	•					
		more publicly supported or	~					Check the box in					
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting					
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by hav	ring					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	d with,					
		its supported organization	n(s) (see instructions)). You must complete i	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	reness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.							
f	Ente	r the number of supported o											
g		ide the following information											
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
ota	.I												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and					• •		
	membership fees received. (Do not							
	include any "unusual grants.")	2205723.	1146824.	786,496.	1874908.	656,171.	6670122.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2205723.	1146824.	786,496.	1874908.	656,171.	6670122.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1826488.	
	Public support. Subtract line 5 from line 4.						4843634.	
	ction B. Total Support				r			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	2205723.	1146824.	786,496.	1874908.	656,171.	6670122.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	166 604	014 006	005 610	224 254	205 215	1205550	
	and income from similar sources	166,694.	214,806.	285,610.	331,351.	387,317.	1385778.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	220 270	720 707	266 257	205 004	150 745	1 5 0 2 7 0 2	
	assets (Explain in Part VI.)	229,379.	730,797.	200,957.	205,904.	150,745.	1583782.	
	Total support. Add lines 7 through 10		`				9639682.	
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for	-			-		. □	
Sec	organization, check this box and stop ction C. Computation of Publi		centage					
	Public support percentage for 2019 (li			olumn (f))		14	50.25 %	
	Public support percentage from 2018					15	63.55 %	
	33 1/3% support test - 2019. If the co							
	stop here. The organization qualifies							
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization quali	-						
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac-	ū					·	
	meets the "facts-and-circumstances"		•	•	•	•		
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ						>	
18	• • • • • • • • • • • • • • • • • • • •							

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support	,					
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	<u> </u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(u) 2010	(5) 2010	(0) 2011	(4) 2010	(6) 2010	(i) rotal
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here					-	>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	<u>%</u>
Section D. Computation of Inves					T T	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation If the organization						

Т..

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 organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 I 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		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	Eh		
\vdash	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		
	IUD OU	O E7	

Pal	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
	,	11c		
Sec	tion B. Type I Supporting Organizations		1	
_	Did the director has been been been been been been been bee		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			
	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		
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			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	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 instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Tool Anguar (a) and (b) below		Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 /	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d 1	Total (add lines 1a, 1b, and 1c)	1d		
е [Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by .035.	6		
7 F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Enter 85% of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	fied 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	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		anount annual by mile of annual n	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		uning underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		uning underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
	and 4	-			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		ss from 2019			
_	_,.000	2 . 2			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2010

2019

OMB No. 1545-0047

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number

38-2714753

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$109,834.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ <u>43,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 42,348.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 23,743.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, address, and ZIF + +	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$13,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LAKE MICHIGAN COLLEGE FOUNDATION

38-2714753

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
1	2 SEMI TRUCKS WITH TRAILERS					
		\$108,934.	10/29/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
5	PERISHABLE TOOLING					
		\$\$	06/24/20			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
8	WEBER GRILL					
		\$	11/07/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** LAKE MICHIGAN COLLEGE FOUNDATION 38-2714753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number 38-2714753

Pal			ei Siiilliai Funds	or Accour	Complete if t	ne
	organization answered "Yes" on Form 990, Part IV, lin		advised funds	(b) Fur	nds and other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v			ed funds		
	are the organization's property, subject to the organization's	exclusive legal cont	trol?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?				Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered	d "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oply).			
	Preservation of land for public use (for example, recrea			f a historically	important land are	a
	Protection of natural habitat		Preservation of	f a certified hi	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ontribution in the form	of a conserva	tion easement on t	he last
	day of the tax year.				Held at the End of t	he Tax Year
а				2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel				during the tax	
	year ▶					
4	Number of states where property subject to conservation eas	sement is located	·			
5	Does the organization have a written policy regarding the per	riodic monitoring, in	spection, handling of			
	violations, and enforcement of the conservation easements it	t holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,					/ear
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, ar	nd enforcing conserva	tion easemen	ts during the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) abov	e satisfy the require	ements of section 170((h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No.
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	statement an	ıd	
	balance sheet, and include, if applicable, the text of the footn	note to the organiza	tion's financial statem	ents that desc	cribes the	
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of			ther Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in it	s revenue statement a	and balance sl	heet works	
	of art, historical treasures, or other similar assets held for pub	blic exhibition, educ	ation, or research in fu	urtherance of	public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements tha	ıt describes these item	ıs.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its re	venue statement and I	balance sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, educati	on, or research in furth	nerance of pu	blic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			>	\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treatment				Э	
	the following amounts required to be reported under FASB A	SC 958 relating to t	these items:			
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X)	\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Forn	n <mark>990) 201</mark> 9

	t III Organizations Maintaining C	ollections of Ar			r Simila		(continu	
3	Using the organization's acquisition, accession						(COITIII)	icu)
	collection items (check all that apply):							
а								
b	Scholarly research	е		0 1 0				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	on answered "Yes" or	n Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets not	included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				<u>1e</u>			
	Ending balance						_	
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account liabi	lity?	L	Yes	X No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete in						I	
		(a) Current year	(b) Prior year	(c) Two years back		years back		ears back
	Beginning of year balance	11,309,545.	11,040,152.	-	<u> </u>	16,816.		379,363.
	b Contributions 105,226. 96,453. 174,711. 1,249,094. 124,277							
	The transfer out of the transfer of the transf					17,599.		
d	Grants or scholarships							
е	Other expenditures for facilities				_		_	
	and programs	306,165.	413,143.	564,314.	2	298,864.	2	269,225.
f	Administrative expenses	44 442 225	44 200 545	11 010 150	10.6			
g	End of year balance		11,309,545.	•	10,6	37,101.	8,7	716,816.
2	Provide the estimated percentage of the curr)) held as:				
	Board designated or quasi-endowment	.11	_%					
	Permanent endowment ► 30.04	%						
С	Term endowment 69.85							
_	The percentages on lines 2a, 2b, and 2c should be a sh	•						
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered for t	ne organiz	ation		, ,,
	by:							Yes No X
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations	tions listed as requir	ad an Cabadula D2				3a(ii)	
р 4	If "Yes" on line 3a(ii), are the related organizates Describe in Part XIII the intended uses of the						3b	
	t VI Land, Buildings, and Equipm		willett fullus.					
	Complete if the organization answered		Part IV line 11a 9	See Form 990 Part X	line 10			
	Description of property	(a) Cost or o			Accumulate	ed l	(d) Book	value
	bescription of property	basis (investn	` ,		epreciation		(a) Book	value
12	Land	`	,	, ,				
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must ea		X column (R) line 1	0c.)				0.
	S (Solution (s) Musical		<u></u>	<u>v</u>		Schedule	D (Form	990) 2019

	AN COLLEGE FOU	NDATION 38-	-2714753 _{Page} ;
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
(4) Etamonto Intertonations	(b) BOOK Value	(c) Method of Valuation. Cost of end	Oryear market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) VANGUARD INSTITUTIONAL			
(B) INDEX FUND	2,627,809.	END-OF-YEAR MARKET	VALUE
(C)	2/02//0031		***************************************
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,627,809.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	F 000 D+ N/ E 4	1d Occ Faura 000 Back V Page 45	
Complete if the organization answered "Yes"	Description	1d. See Form 990, Part X, line 15.	(b) Book value
, , ,	Description		(b) Book value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
Part X Other Liabilities. Complete if the organization answered "Yes"	•	1e or 11f See Form 000 Part Y line 25	
1. (a) Description of liability	on rollinggo, Fait IV, iiile I	70 01 111. 066 1 01111 950, Falt A, IIII 25.	(b) Book value
(1) Federal income taxes			(2) 2001 10100
	AKE		
(3) MICHIGAN COLLEGE			1,718,693.
(4)			_,0,000

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

1,718,693.

(5) (6) (7) (8)

Par	Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	1,494,046.
1				7	1,494,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a	-122,268.		
a b	Donated services and use of facilities		324,374.		
C	Recoveries of prior year grants		321/3/11		
d	Other (Describe in Part XIII.)		256,893.		
e	Add lines 2a through 2d			2e	458,999.
3	Subtract line 2e from line 1			3	1,035,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		50,757.		
С	Add lines 4a and 4b			4c	50,757.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State			5	50,757.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returi	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	4,622,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		324,374.		
b	Prior year adjustments				
С	Other losses	l I	072 142		
d	Other (Describe in Part XIII.)		273,143.		F07 F17
_	Add lines 2a through 2d			2e	597,517. 4,024,960.
3	Subtract line 2e from line 1			3	4,024,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما			
a	Investment expenses not included on Form 990, Part VIII, line 7b		50,757.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b		·	4c	50,757.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	4,075,717.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	•		; Part)	K, line 2; Part XI,
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES				256,893.
PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:				
<u>IN</u> T	ESTMENT MANAGMENT FEES				50,757.
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES				256,893.
UNC	COLLECTIBLE PLEDGES				16,250.
TOT	AL TO SCHEDULE D, PART XII, LINE 2D				273,143.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

38-2714753 LAKE MICHIGAN COLLEGE FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

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.

		3		,	5	. ,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AUCTION	GOLF OUTING	NONE	(add col. (a) through
			(event type)	(event type) (total numbe		col. (c))
Jue			(= - =	(= : = : : : - ; = - ;	(
Revenue	1	Gross receipts	201,154.	35,862.		237,016.
Ж						
	2	Less: Contributions	101,656.	14,615.		116,271.
	3	Gross income (line 1 minus line 2)	99,498.	21,247.		120,745.
		areas masma (mile i militas mile 2)	557255			
	4	Cash prizes		610.		610.
	_			1 600		1 600
S	5	Noncash prizes		1,608.		1,608.
ense	6	Rent/facility costs	297.	11,400.		11,697.
Direct Expenses						
ect	7	Food and beverages	51,238.	5,885.		57,123.
₫		Entortoinment	4,195.			4,195.
	8 9	Entertainment Other direct expenses	44-44-	2,123.		169,960.
	10			,	>	245,193.
_	11	Net income summary. Subtract line 10 from line				-124,448.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$13,000 OH FOHH 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue			30,000.	30,000.
	2	Cash prizes			11,700.	11,700.
ses	_	Odsii pii203			2277000	1177000
Direct Expenses	3	Noncash prizes				
ct E	_	D 1/6 ::::				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	X Yes 100 %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	E in calumn (d)			11,700.
	7	birect expense summary. Add lines 2 through	i 5 in column (a)			11,700.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	18,300.
				_		
		ter the state(s) in which the organization condu		X Yes No		
		the organization licensed to conduct gaming ac No," explain:	X Yes No			
	"					
	We	Yes X No				
b	If "	Yes," explain:				
	_					

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 LAKE MICHIGAN COLLEGE FOUNDATION 38-	2714753	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a 100	.00 %
b An outside facility	13D	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ DOUG SCHAFFER		
Address ► 2755 EAST NAPIER AVE - BENTON HARBOR, MI 49022		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name ▶ DOUG SCHAFFER		
Gaming manager compensation ▶ \$0 .		
Description of services provided		
Director/officer X Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lines 9. 9	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
,,,,		

Schedule G	(Form 990 or 990-EZ)	${ t LAKE}$	MICHIGAN	COLLEGE	FOUNDATION	38-2714753	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation	(continued)				
			(continucu)				
_							
_							

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization							Employer identification number
		EGE FOUNDAT	ION				38-2714753
Part I General Information on Grants							
1 Does the organization maintain records		_			-		
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's properties of the Part II Grants and Other Assistance to						/aall am Farma 000 Dart	IV line Of favorer
Part II Grants and Other Assistance to recipient that received more than					anization answered "1	res" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LAKE MICHIGAN COLLEGE 2755 E NAPIER AVE						EDUCATIONAL SUPPORT	
BENTON HARBOR, MI 49022	38-1738980	501(C)(3)	3,806,081.	142,245.	DONOR VALUE	MATERIALS	SUPPORT OF THE COLLEGE
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	-	•					1. 0.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
ART I, LINE 2:					
HE FOUNDATION INFORMS THE COLLEGE	OF AMOUN	TS AVAILAE	BLE FOR SCH	OLARSHIPS.	
HE COLLEGE DIRECTS THE AWARDS TO	INDIVIDUA	L STUDENTS	. THE SAME	OCCURS WITH	
NY DONOR-DESIGNATED CONTRIBUTIONS	. THE FOU	NDATION TE	LLS THE CO	LLEGE HOW	
HE FUNDS ARE TO BE EXPENDED AND T					
XPENDED AS DIRECTED.					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

LAKE MICHIGAN COLLEGE FOUNDATION

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

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2019

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 in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) TREVOR KUBATZKE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	225,357.	0.	0.	23,403.	31,939.	280,699.	0.
(2) KELLI HAHN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	134,808.	0.	0.	20,167.	26,144.	181,119.	0.
(3) DOUG SCHAFFER	(i)	0.	0.	0.	0.	0.	0.	0.
CURRENT SECRETARY	(ii)	115,516.	0.	0.	17,325.	26,234.	159,075.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2010

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

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

Name of the organization LAKE MICHIGAN COLLEGE FOUNDATION Employer identification number 38-2714753

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	6,279.	FAIR MARKET	VAL	UE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12								
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16 17	Real estate - Commercial							
18	Real estate - Other							
19	Collectibles Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (ACADEMIC)	X	7	140.781.	DONOR VALUE			
26	Other (AUCTION)	X	168		DONOR VALUE			
27	Other (GOLF)	X	3		DONOR VALUE			
28	Other ()							
29	Number of Forms 8283 received by the organiza	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828							
)	/es	No
30a	During the year, did the organization receive by	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							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o							
L						32a	X	
	If "Yes," describe in Part II.	dumn (a) f-	o tupo of propert	for which column (a) is about	skod			
33	If the organization didn't report an amount in co	oiumn (c) foi	a type of property	rior which column (a) is chec	;kea,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LAKE MICHIGAN COLLEGE FOUNDATION

Employer identification number 38-2714753

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

COLLEGE AND ITS STUDENTS. THE LAKE MICHIGAN COLLEGE FOUNDATION IS THE

MAIN FUND-RAISING ORGANIZATION OF LAKE MICHIGAN COLLEGE FOR THE

SOLICITATION, RECEIPT AND MANAGEMENT OF ALL PRIVATE GIFTS.

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

ALL PRIVATE GIFTS.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS DAVID SCHAFFER AND DOUG SCHAFFER HAVE A FAMILY RELATIONSHIP.

DIRECTOR ROBERT BURCH IS AN EMPLOYEES OF CHEMICAL BANK.

DIRECTOR AMY WHITE IS AN EMPLOYEE OF 1ST SOURCE BANK.

DIRECTORS MIKE WELCH AND KEN KOZMINSKI BOTH SERVE ON THE ADVISORY BOARD OF

THE LOCAL TCF BANK. TCF BANK AND 1ST SOURCE BANK ARE THE INVESTMENT

MANAGERS FOR THE FOUNDATION.

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

THE COMPLETED 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN IT WILL BE SENT TO THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE FOR REVIEW AND COMMENT. THE TAX RETURN IS THEN SENT TO ALL BOARD MEMBERS VIA EMAIL FOR REVIEW AND COMMENT.

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

TRUSTEES, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT

OF INTEREST DISCLOSURE FORM ANNUALLY. THE ORGANIZATION MONITORS ACTIVITIES

AND IF A QUESTION OF CONFLICT ARISES, THE ORGANIZATION HAS A DISCUSSION

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization LAKE MICHIGAN COLLEGE FOUNDATION	Employer identification number 38-2714753
WITH THE PERSON OF INTEREST TO DETERMINE IF THERE IS A CON	FLICT AND WHAT
APPROPRIATE ACTIONS SHOULD BE TAKEN.	
TORM 000 PART UT GROWTON G I THE 10	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PLEDGES	-16,250.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LAKE MICHIGA	AN COLLEGE FOUNDATION	N				38-27147	53	
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct o	(f) controlling	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	unizations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?
LAKE MICHIGAN COLLEGE - 38-1738980 2755 E NAPIER AVE				501(c)(3))			Yes	No
BENTON HARBOR, MI 49022	EDUCATIONAL INSTITUTION	MICHIGAN	501(C)(3)	LINE 2	N/A			Х

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

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	tion b)(13) rolled tity?
		country)		,				Yes	No
	-								
-									
	-								
									

Page 3

Yes No

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

b Gift, grant, or capital contribution to related organization(s)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

				_		77				
c Gift, grant, or capital contribution from related organization(s)				1c		X				
						X				
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) g Sale of assets the related organization(s) h Purchase of assets from related organization(s) g Exchange of assets with related organization(s) g Exchange of assets with related organization(s) g Exchange of assets with related organization(s) g Exchange of services or membership or other assets to related organization(s) g I Lease of facilities, equipment, or other assets to related organization(s) g Performance of services or membership or fundraising solicitations for related organization(s) g Performance of services or membership or fundraising solicitations by related organization(s) g Performance of services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related organization(s) g Pacific the services or membership or fundraising solicitations by related org										
f Dividends from related organization(s)				1f		X				
e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Transaction Amount involved Method of determining amount										
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	Х					
				1m	Х					
				1n	х					
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) q Reimbursement paid to related organization(s) q Reimbursement paid										
Containing of paid ornprofessor manifestation (c)				10	Х					
n Reimbursement paid to related organization(s) for expenses				1n		х				
				-		X				
The imbursement paid by related organization (s) for expenses				19						
Other transfer of each or property to related organization(e)				12		х				
						X				
				15						
If the answer to any of the above is Tes, see the instructions for information on w		Is line, including covered in								
(a) Name of related organization				volved						
Traine of Folded organization		Amount involved	Wethod of determining amount in	voived						
	71 \ 7									
ALLAKE MICHICAN COLLEGE	l R	3 948 326	CASH CONTRIBUTED & NON-C	чраг	тмт	7				
IJ DANG MICHIGAN CODDEGE	 	3,540,520.	CADII CONTRIBUTED & NON (71011	111					
0)										
2)										
0)										
3)										
4)										
4)										
E)										
5)										
6)										
6)	1		0.11.1.	D /F	- 000	0040				
32163 09-10-19			Schedule	H (Forr	n 990)	2019				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040