

Public Inspection Copy

Form **990**

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FEEDING AMERICA WEST MICHIGAN		D Employer identification number 38-2439659
	Doing business as		E Telephone number 616-784-3250
	Number and street (or P.O. box if mail is not delivered to street address) 864 WEST RIVER CENTER DRIVE	Room/suite	G Gross receipts\$ 69,651,165
	City or town, state or province, and ZIP or foreign postal code COMSTOCK PARK MI 49321		
F Name and address of principal officer: KENNETH R. ESTELLE 864 W RIVER CENTER DRIVE COMSTOCK PARK MI 49321			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.FEEDWM.ORG			L Year of formation: 1981
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE GATHER AND DISTRIBUTE FOOD TO RELIEVE HUNGER AND INCREASE FOOD SECURITY IN WEST MICHIGAN AND THE UPPER PENINSULA. CONTRIBUTIONS AND NET ASSETS CONSIST PRIMARILY OF DONATED FOOD FOR DISTRIBUTION. SEE SCHEDULE O.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	70	
	6	Total number of volunteers (estimate if necessary)	570	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	44,622,729	66,252,198
	9	Program service revenue (Part VIII, line 2g)	2,675,573	3,341,581
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,216	12,238
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,396	45,148
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,345,914	69,651,165	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,864,354	48,194,080
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,210,427	3,505,375
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	256,431	270,235
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 736,388		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,990,484	5,921,294
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	45,321,696	57,890,984	
19	Revenue less expenses. Subtract line 18 from line 12	2,024,218	11,760,181	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	12,279,365	24,041,595
	21	Total liabilities (Part X, line 26)	571,448	486,735
22	Net assets or fund balances. Subtract line 21 from line 20	11,707,917	23,554,860	

Part II Signature Block

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

Sign Here	Signature of officer KENNETH R. ESTELLE		Date _____	
	Type or print name and title PRESIDENT/CEO			
Paid Preparer Use Only	Print/Type preparer's name ERIC A. RYAN	Preparer's signature <i>Eric A Ryan</i>	Date 06/24/2021	Check <input type="checkbox"/> if self-employed PTIN P01388772
	Firm's name ▶ ANDREWS HOOPER PAVLIK PLC		Firm's EIN ▶ 38-3133790	
	Firm's address ▶ 2311 EAST BELTLINE AVE SE STE 200 GRAND RAPIDS, MI 49546		Phone no. 616-942-6440	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. FEEDING AMERICA WEST MICHIGAN	Taxpayer identification number (TIN) 38-2439659
	Number, street, and room or suite no. If a P.O. box, see instructions. 864 WEST RIVER CENTER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COMSTOCK PARK MI 49321	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KENNETH ESTELLE
864 WEST RIVER CENTER DRIVE

• The books are in the care of ► **COMSTOCK PARK MI 49321**

Telephone No. ► **616-784-3250** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ... ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2020** or

► tax year beginning, and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE GATHER AND DISTRIBUTE FOOD TO RELIEVE HUNGER AND INCREASE FOOD SECURITY IN WEST MICHIGAN AND THE UPPER PENINSULA. CONTRIBUTIONS AND NET ASSETS CONSIST PRIMARILY OF DONATED FOOD FOR DISTRIBUTION. SEE SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 56,521,347 including grants of \$ 48,194,080) (Revenue \$ 3,341,581) SURPLUS PRODUCTS ARE RECEIVED AS DONATIONS FROM U.S.D.A., FOOD WHOLESALERS, FARMS, AND DISTRIBUTORS. PRODUCTS ARE STORED, SORTED AND DISTRIBUTED TO FOOD PANTRIES FOR A SMALL HANDLING FEE AS PROGRAM REVENUE FOR THE ORGANIZATION. THE FOOD PANTRY THEN DISTRIBUTES THE FOOD TO NEEDY PEOPLE FREE OF CHARGE.

NOT INCLUDING THE ESTIMATED NON-CASH VALUE OF FOOD DONATED AND DISTRIBUTED, THE FOOD BANK HAD A GAIN OF \$8.8 MILLION. SEE SCHEDULE O FOR ADDITIONAL INFORMATION RELATED TO THE NON-CASH VALUE OF FOOD DONATED AND DISTRIBUTED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 56,521,347

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 70		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	17	
b	Enter the number of voting members included on line 1a, above, who are independent	16	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

Section 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?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**

**KENNETH ESTELLE
COMSTOCK PARK**

864 WEST RIVER CENTER DRIVE

MI 49321

616-784-3250

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY CALVERT	2.00									
BOARD PRESIDENT	0.00	X		X			0	0	0	
(2) PAT REPINS	2.00									
TREASURER	0.00	X		X			0	0	0	
(3) F.C. BAKER	2.00									
BOARD VICE PRESIDENT	0.00	X		X			0	0	0	
(4) MARK LUBBERTS	2.00									
SECRETARY	0.00	X		X			0	0	0	
(5) TOM BYLENGA	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(6) KAY HAHN	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(7) AMANDA MCVAY	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(8) MARY ARCHAMBEAU	2.00									
PT. YR. BOARD MEMBER	0.00	X		X			0	0	0	
(9) RICHARD HASLINGER	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) JEFFREY BATTERSHALL	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MIKE DEVRIENDT	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROBERT STARK DIRECTOR	1.00 0.00	X						0	0	0
(13) REV. BRUCE MCCOY DIRECTOR	1.00 0.00	X						0	0	0
(14) JOAN GARETY DIRECTOR	1.00 0.00	X						0	0	0
(15) KEVIN MAHONEY DIRECTOR	1.00 0.00	X						0	0	0
(16) DANIELLE VELDMAN DIRECTOR	1.00 0.00	X						0	0	0
(17) BEULAH GYDON DIRECTOR	1.00 0.00	X						0	0	0
(18) KENNETH R. ESTELLE PRESIDENT/CEO	40.00 0.00			X				148,261	0	28,879
1b Subtotal								148,261		28,879
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								148,261		28,879

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHARRAT PROVISIONS 31928 WRIGHTWOOD RD		
BONSALL CA 92003	SUPPLY CHAIN	836,154
STAR TRUCK RENTALS INC 3940 EASTERN SE		
GRAND RAPIDS MI 49508	TRUCKING SERVC	496,045
MCLANE GLOBAL 1902 CYPRESS STATION DR		
HOUSTON TX 77090	SUPPLY CHAIN	410,054
PACE TRANSPORTATION SERVICES 8788 BRYON COMMERCE DR SW		
BRYON CENTER MI 49315	TRUCKING SERVC	290,814
TRUE SENSE MARKETING 156 COMMERCER DR		
FREEDOM PA 15042	FUNDRAISING	282,243

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,947,723				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	58,304,475				
	g Noncash contributions included in lines 1a-1f	1g	\$ 51,254,917				
	h Total. Add lines 1a-1f		66,252,198				
Program Service Revenue	2a SHARED MAINTENANCE	Business Code 624210	3,341,581	3,341,581			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		3,341,581				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,738			11,738	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		500			
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c		500			
d Net gain or (loss)			500			500	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code 624210	45,148	45,148			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		45,148				
12 Total revenue. See instructions		69,651,165	3,386,729	0	12,238		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,529,332	44,529,332		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,664,748	3,664,748		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	177,140	44,285	97,427	35,428
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,492,396	1,890,615	340,961	260,820
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	117,658	90,536	15,051	12,071
9 Other employee benefits	521,586	389,975	75,965	55,646
10 Payroll taxes	196,595	143,514	31,456	21,625
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7	270,235			270,235
f Investment management fees	3,769		3,769	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	206,217	155,075	25,777	25,365
12 Advertising and promotion				
13 Office expenses	428,306	373,887	19,490	34,929
14 Information technology				
15 Royalties				
16 Occupancy	148,492	142,866	2,813	2,813
17 Travel	647,445	644,661	777	2,007
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,033	1,231	1,160	4,642
20 Interest	4,795	4,795		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	307,454	292,082	7,686	7,686
23 Insurance	91,286	86,720	2,283	2,283
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD AND STORAGE COSTS	1,946,811	1,946,811		
b SHARED MAINTENANCE CHARGES	1,607,658	1,607,658		
c FREIGHT IN	178,957	178,957		
d EQUIPMENT & IMPROVEMENTS	166,033	166,033		
e All other expenses	177,038	167,566	8,634	838
25 Total functional expenses. Add lines 1 through 24e	57,890,984	56,521,347	633,249	736,388
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,206,171	1	3,427,932
	2 Savings and temporary cash investments		2	4,000,000
	3 Pledges and grants receivable, net	229,331	3	262,540
	4 Accounts receivable, net	435,899	4	1,603,868
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,960,128	8	10,237,386
	9 Prepaid expenses and deferred charges	97,545	9	78,365
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,073,089		
	b Less: accumulated depreciation	10b 3,766,981	10c	3,306,108
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	734,890	12	1,125,396
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,279,365	16	24,041,595	
Liabilities	17 Accounts payable and accrued expenses	369,800	17	294,868
	18 Grants payable		18	
	19 Deferred revenue		19	191,867
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	190,562	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,086	25	
	26 Total liabilities. Add lines 17 through 25	571,448	26	486,735
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,623,591	27	19,979,632
	28 Net assets with donor restrictions	2,084,326	28	3,575,228
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,707,917	32	23,554,860	
33 Total liabilities and net assets/fund balances	12,279,365	33	24,041,595	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,651,165
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,890,984
3	Revenue less expenses. Subtract line 2 from line 1	3	11,760,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,707,917
5	Net unrealized gains (losses) on investments	5	86,762
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,554,860

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,722,754	47,066,640	44,583,230	44,622,729	66,252,198	247,247,551
2 Tax revenues levied for the organization'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	44,722,754	47,066,640	44,583,230	44,622,729	66,252,198	247,247,551
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)						32,294,478
6 Public support. Subtract line 5 from line 4						214,953,073

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	44,722,754	47,066,640	44,583,230	44,622,729	66,252,198	247,247,551
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,684	17,194	15,563	9,146	11,738	61,325
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	42,716	44,103	80,830	33,396	45,148	246,193
11 Total support. Add lines 7 through 10						247,555,069

12 Gross receipts from related activities, etc. (see instructions) 12 13,861,535

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	86.83 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.37 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ **246,193**

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

2020

Open to Public Inspection

Name of the organization

Employer identification number

FEEDING AMERICA WEST MICHIGAN

38-2439659

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	735,892	640,584	879,759	775,870	699,448
b Contributions	300,521	5,331	17,413	10,406	21,613
c Net investment earnings, gains, and losses	100,281	97,643	-32,883	101,849	60,893
d Grants or scholarships					
e Other expenditures for facilities and programs			215,000		
f Administrative expenses	9,775	7,666	8,705	8,366	6,084
g End of year balance	1,126,919	735,892	640,584	879,759	775,870

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 47.21 %
 - c Term endowment 52.79 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		501,750		501,750
b Buildings		3,695,883	1,926,720	1,769,163
c Leasehold improvements		114,465	41,626	72,839
d Equipment		2,547,050	1,591,198	955,852
e Other		213,941	207,437	6,504
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,306,108

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	69,734,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	86,762	
b	Donated services and use of facilities	2b	610	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	87,372
3	Subtract line 2e from line 1		3	69,647,396
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,769	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	3,769
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	69,651,165

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

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

1	Total expenses and losses per audited financial statements		1	57,887,825
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	610	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	610
3	Subtract line 2e from line 1		3	57,887,215
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,769	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	3,769
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	57,890,984

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS EXIST FOR THE PURPOSE OF GENERATING ANNUAL OPERATING REVENUE FOR THE FOOD BANK.

PART X - FIN 48 FOOTNOTE

FEEDING AMERICA EVALUATES TAX POSITIONS TAKEN ON ITS FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS IN ACCORDANCE WITH U.S. GAAP. MANAGEMENT BELIEVES THAT FEEDING AMERICA HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS UNDER THOSE CRITERIA. PENALTIES AND INTEREST, IF ANY ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES.

GENERALLY, TAX YEARS FROM 2017 THROUGH THE CURRENT YEAR REMAIN OPEN TO

Part XIII Supplemental Information *(continued)*

EXAMINATION. MANAGEMENT DOES NOT BELIEVE THAT THE RESULTS FROM ANY
EXAMINATION OF THESE OPEN YEARS WOULD HAVE A MATERIAL ADVERSE EFFECT ON
FEEDING AMERICA.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TRUE SENSE MARKETING 156 COMMERCE DR FREEDOM PA 15042	DRCT MAIL		X	1,060,440	282,242	778,198
2 ALLEGRA MARKETING 3983 LINDEN AVE SE GRAND RAPIDS MI 49548	DRCT MAIL		X	0	16,563	-16,563
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,060,440	298,805	761,635

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.

MICHIGAN

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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 No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer 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 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 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION
THE PAYMENTS FOR PRE-AGREED FIXED AMOUNTS TO THE DIRECT MAIL PROVIDERS ARE MADE SPECIFICALLY TO THOSE ENTITIES. THE COST INCLUDES THE FEE FOR THE PRODUCTION OF THE MAILED ITEMS AND THE COST OF POSTAGE. THE POSTAGE IS THE ONLY EXPENSE REIMBURSEMENT. THE TOTAL AMOUNT (MAILER AND POSTAGE) IS POSTED AS A DIRECT MARKETING EXPENSE.

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
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Internal Revenue Service

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A.C.T.I.O.N. MINISTRY CENTER 301 MAIN STREET DOWAGIAC MI 49047	27-3920245	501C3		365,079	FMV	FOOD	FIGHT HUNGER
(2)	A.I. RESIDENTIAL SERVICES, INC./CEN 495 CENTRAL AVE HOLLAND MI 49423	38-3117860	501C3		6,346	FMV	FOOD	FIGHT HUNGER
(3)	ABUNDANT LIFE MISSION/BSCM (M) 1406 10TH AVENUE MENOMINEE MI 49858	38-1561623	501C3		24,538	FMV	FOOD	FIGHT HUNGER
(4)	ACRDC EARLY HEAD START/COMMUNITY AC 323 WATER STREET ALLEGAN MI 49010	38-1790220	501C3		7,708	FMV	FOOD	FIGHT HUNGER
(5)	ACTS GOSPEL OUTREACH MINISTRIES 950 TWELFTH STREET NW GRAND RAPIDS MI 49504	38-3554331	501C3		12,142	FMV	FOOD	FIGHT HUNGER
(6)	ADAMS PARK/BOSTON SQUARE CRC 1440 FULLER AVENUE SE GRAND RAPIDS MI 49507	38-2051351	501C3		20,171	FMV	FOOD	FIGHT HUNGER
(7)	ALEMAN CENTER/ST. THOMAS MORE STUDE 63559 60TH AVENUE HARTFORD MI 49057	53-0196617	501C3		17,488	FMV	FOOD	FIGHT HUNGER
(8)	ALGER COMMUNITY FOOD PANTRY 414 E MUNISING AVE MUNISING MI 49862	46-0871458	501C3		58,309	FMV	FOOD	FIGHT HUNGER
(9)	ALL SAINTS CATHOLIC CHURCH (M) 500 IROQUOIS FREMONT MI 49412	53-0196617	501C3		48,334	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 558
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALTERNATIVE DIRECTIONS 1706 S. DIVISION AVE. GRAND RAPIDS MI 49507	38-2405582	501C3		50,220	FMV	FOOD	FIGHT HUNGER
(2)	AMAZING GRACE ACRES CHURCH (M) 762 W. WOODLAND PARK DR. BROHMAN MI 49312	38-3506048	501C3		18,355	FMV	FOOD	FIGHT HUNGER
(3)	ANGELS OF ACTION - BACKPACK BLESSIN 200 S STEWART BIG RAPIDS MI 49307	45-2035870	501C3		34,417	FMV	FOOD	FIGHT HUNGER
(4)	ANGELS OF ACTION - ROCK THE CROC 200 S STEWART AVE BIG RAPIDS MI 49307	45-2035870	501C3		279,826	FMV	FOOD	FIGHT HUNGER
(5)	APOSTOLIC LIGHTHOUSE CHURCH/UPCI 30402 M-62 HWY. WEST DOWAGIAC MI 49047-0404	43-0679185	501C3		36,638	FMV	FOOD	FIGHT HUNGER
(6)	ARBOR CIRCLE-FAMILY ENGAGEMENT 1101 BALL AVE NE, BLDG D GRAND RAPIDS MI 49505	38-3263853	501C3		18,886	FMV	FOOD	FIGHT HUNGER
(7)	ASHLEY BAPTIST CHURCH 10463 BELDING ROAD BELDING MI 48809		501C3		6,279	FMV	FOOD	FIGHT HUNGER
(8)	ATTIC AFTER SCHOOL 2141-B PORTER ST. WYOMING MI 49519		501C3		32,538	FMV	FOOD	FIGHT HUNGER
(9)	BARK RIVER-HARRIS SCHOOL BACKPACK/C W471 2 OLD U.S. 41 HARRIS MI 49845	38-2907795	501C3		6,776	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BARRYTON AREA (M) 3265 20 MILE ROAD BARRYTON MI 49305	30-0593251	501C3		275,684	FMV	FOOD	FIGHT HUNGER
(2)	BAXTER COMMUNITY CENTER-MARKET PLAC 935 BAXTER STREET SE GRAND RAPIDS MI 49506	23-7076806	501C3		130,781	FMV	FOOD	FIGHT HUNGER
(3)	BAY COLLEGE STUDENT PANTRY BAY DENO 2001 N LINCOLN ROAD ESCANABA MI 49829	38-2161915	501C3		12,425	FMV	FOOD	FIGHT HUNGER
(4)	BAY HUMAN SERVICES--MERIDIAN HEIGHT 1105 MERIDIAN STREET SAULT STE. MARIE MI 49783	38-2335441	501C3		12,286	FMV	FOOD	FIGHT HUNGER
(5)	BAY MILLS COMMUNITY COLLEGE - TRIBA 12214 W LAKESHORE DRIVE BRIMLEY MI 49715		501C3		39,005	FMV	FOOD	FIGHT HUNGER
(6)	BAY WEST STUDENT FOOD COMMUNITY/BAY 2801 US 2 IRON MOUNTAIN MI 49870	38-2161915	501C3		6,310	FMV	FOOD	FIGHT HUNGER
(7)	BEAR LAKE UMC 7861 MAIN STREET BEAR LAKE MI 49614	31-1813333	501C3		5,631	FMV	FOOD	FIGHT HUNGER
(8)	BEAR LAKE UMC 7861 MAIN STREET BEAR LAKE MI 49614	31-1813333	501C3		25,745	FMV	FOOD	FIGHT HUNGER
(9)	BENNY'S HOUSE/WHITE CLOUD UMC FP 1139 NEWELL AVENUE WHITE CLOUD MI 49349	31-1813333	501C3		33,573	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

38-2439659

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BENTON HARBOR BENTON TOWNSHIP SENIO 225 COLFAX AVE. BENTON HARBOR MI 49022	38-2079361	501C3		5,283	FMV	FOOD	FIGHT HUNGER
(2)	BENTON HARBOR ST. MINISTRIES-BERRIE 200 E EMPIRE BENTON HARBOR MI 49023-1081	38-1539981	501C3		12,268	FMV	FOOD	FIGHT HUNGER
(3)	BENZIE AREA CHRISTIAN NEIGHBORS 2804 BENZIE HWY BENZONIA MI 49616	38-2792605	501C3		54,518	FMV	FOOD	FIGHT HUNGER
(4)	BENZIE DROP IN CENTER 1034 MICHIGAN AVENUE BENZONIA MI 49616	35-2254782	501C3		22,908	FMV	FOOD	FIGHT HUNGER
(5)	BENZIE FOOD PARTNERS 10907 MAIN STREET HONOR MI 49640	38-3366816	501C3		22,918	FMV	FOOD	FIGHT HUNGER
(6)	BENZIE SENIOR RESOURCES 10579 MAIN STREET HONOR MI 49640	06-1673002	501C3		16,273	FMV	FOOD	FIGHT HUNGER
(7)	BEREAN BAPTIST CHURCH 1574 COIT AVE. NE GRAND RAPIDS MI 49505	36-2310475	501C3		54,536	FMV	FOOD	FIGHT HUNGER
(8)	BERRIEN SPRINGS SPANISH SDA CHURCH 209 WEST PITT BERRIEN SPRINGS MI 49103	52-0643036	501C3		20,195	FMV	FOOD	FIGHT HUNGER
(9)	BERRIEN SPRINGS UMC-BREAD OF HEAVEN 310 WEST MARS ST BERRIEN SPRINGS MI 49103	31-1813333	501C3		41,099	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BETHANY CHRISTIAN REFORMED CHURCH (11 E. 32ND STREET HOLLAND MI 49423	38-2051351	501C3		45,729	FMV	FOOD	FIGHT HUNGER
(2)	BETHANY CHRISTIAN SERVICES - RESIDE 901 EASTERN AVE NE GRAND RAPIDS MI 49503	38-1405282	501C3		28,369	FMV	FOOD	FIGHT HUNGER
(3)	BETHANY LUTHERAN CHURCH FOOD PANTRY 14575 WUOKSI AVE KALEVA MI 49645	41-1568278	501C3		22,767	FMV	FOOD	FIGHT HUNGER
(4)	BIG BAY DE NOC BACKPACK/COMM FOUNDA 8928 OO25 ROAD COOKS MI 49817	38-3227080	501C3		8,761	FMV	FOOD	FIGHT HUNGER
(5)	BIG RAPIDS CHURCH OF THE NAZARENE 514 WOODWARD AVE. BIG RAPIDS MI 49307	44-0552034	501C3		8,683	FMV	FOOD	FIGHT HUNGER
(6)	BOYS & GIRLS CLUBS - GR YOUTH COMMO 235 STRAIGHT AVENUE NW GRAND RAPIDS MI 49504	38-0593958	501C3		7,436	FMV	FOOD	FIGHT HUNGER
(7)	BREAD OF LIFE FOOD PANTRY/HAVE MERC 6596 S. VINING ROAD GREENVILLE MI 48838	45-2592543	501C3		88,196	FMV	FOOD	FIGHT HUNGER
(8)	BREAD OF LIFE FOOD PANTRY/LAKE CNTY 740 E NINTH STREET BALDWIN MI 49304	47-3155665	501C3		126,780	FMV	FOOD	FIGHT HUNGER
(9)	BRIDGE ACADEMY-CASS CNTY DBA KINEXU 499 W. MAIN STREET BENTON HARBOR MI 49022	38-3287818	501C3		19,231	FMV	FOOD	FIGHT HUNGER

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(1)	BRIDGE ACADEMY-DBA KINEXUS (M) BCWV 499 W. MAIN STREET BENTON HARBOR MI 49022	38-3287818	501C3		172,131	FMV	FOOD	FIGHT HUNGER
(2)	BROOKSIDE CRC (M) 3600 KALAMAZOO AVE. SE GRAND RAPIDS MI 49508	38-2051351	501C3		84,724	FMV	FOOD	FIGHT HUNGER
(3)	BROTHERHOOD OF ALL NATIONS (M)/BROT 516 EMERY STREET BENTON HARBOR MI 49022	23-7002419	501C3		13,399	FMV	FOOD	FIGHT HUNGER
(4)	BROTHERHOOD OF ALL NATIONS FOOD PAN 516 EMERY AVENUE BENTON HARBOR MI 49022	23-7002419	501C3		25,363	FMV	FOOD	FIGHT HUNGER
(5)	BUIST COMMUNITY ASSISTANCE CENTER 8306 BYRON CENTER AVE. SW BYRON CENTER MI 49315	26-2847613	501C3		389,181	FMV	FOOD	FIGHT HUNGER
(6)	C.CHAVEZ ELEM SCHOOL/ADA CONG CHURC 1205 GRANDVILLE AVENUE, SW GRAND RAPIDS MI 49503	13-1957221	501C3		16,986	FMV	FOOD	FIGHT HUNGER
(7)	C.F.S-HARBOR HOUSE - THE AVENUE FAM 2450 SOUTH M-139 SUITE A BENTON HARBOR MI 49022	38-1358205	501C3		6,281	FMV	FOOD	FIGHT HUNGER
(8)	CADILLAC AREA BACKPACK PROG@FIRST B 221 GRANITE ST CADILLAC MI 49601	13-5563018	501C3		89,673	FMV	FOOD	FIGHT HUNGER
(9)	CADILLAC REVIVAL CENTER 984 PLETT ROAD CADILLAC MI 49601	44-0612817	501C3		192,762	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CADILLAC SDA CHURCH (M) 801 E DIVISION ST. CADILLAC MI 49601	52-0643036	501C3		20,250	FMV	FOOD	FIGHT HUNGER
(2)	CALVARY CRC 3500 BYRON CENTER AVENUE SW WYOMING MI 49509	38-2051351	501C3		24,260	FMV	FOOD	FIGHT HUNGER
(3)	CALVARY ROAD COMMUNITY CHURCH/GCSDA 8666 MAPLEWOOD DRIVE BERRIEN SPRINGS MI 49103	52-0643036	501C3		168,469	FMV	FOOD	FIGHT HUNGER
(4)	CALVARY UNDENOMINATIONAL CHURCH 707 E BELTLINE AVE NE GRAND RAPIDS MI 49525	38-1369600	501C3		19,782	FMV	FOOD	FIGHT HUNGER
(5)	CALVIN THEOLOGICAL SEMINARY 3233 BURTON STREET SE GRAND RAPIDS MI 49546	38-3001876	501C3		82,938	FMV	FOOD	FIGHT HUNGER
(6)	CAMP O'MALLEY - GR YOUTH COMMONWEAL 7360 THORNAPPLE DALES DR. SE ALTO MI 49302	38-0593958	501C3		8,617	FMV	FOOD	FIGHT HUNGER
(7)	CARING CUPBOARD/WOODLAND SHORES BAP 3555 SHAWNEE ROAD BRIDGMAN MI 49106	36-2192827	501C3		150,516	FMV	FOOD	FIGHT HUNGER
(8)	CARITAS FOOD PANTRY/ST MARY'S CATHO 85 S MADISON AVE CUSTER MI 49405	53-0196617	501C3		71,408	FMV	FOOD	FIGHT HUNGER
(9)	CARNEY-NADEAU PS BACKPACK PROG-CEFC 151 HIGHWAY 41 CARNEY MI 49812	41-0721672	501C3		7,246	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CASCADE FELLOWSHIP CRC (M) 6655 CASCADE RD. SE GRAND RAPIDS MI 49546	38-2051351	501C3		124,267	FMV	FOOD	FIGHT HUNGER
(2)	CATHOLIC COMMUNITY CENTER 346 CATALPA BENTON HARBOR MI 49022	53-0196617	501C3		20,919	FMV	FOOD	FIGHT HUNGER
(3)	CCM MATTHEW 25:35 PANTRY/DIVINE MER 249 6TH STREET MANISTEE MI 49660	53-0196617	501C3		58,759	FMV	FOOD	FIGHT HUNGER
(4)	CCWM/CAPITOL LUNCH/GOD'S KITCHEN 303 DIVISION AVENUE SOUTH GRAND RAPIDS MI 49503	53-0196617	501C3		92,656	FMV	FOOD	FIGHT HUNGER
(5)	CEDAR LAKE SEVENTH-DAY ADVENTIST 7260 M575 EDMORE MI 48829	52-0643036	501C3		8,887	FMV	FOOD	FIGHT HUNGER
(6)	CEDAR SPRINGS UMC COMMUNITY FOOD 140 S. MAIN STREET CEDAR SPRINGS MI 49319	31-1813333	501C3		21,431	FMV	FOOD	FIGHT HUNGER
(7)	CENTRAL REFORMED CHURCH-ADDIE'S PAN 10 COLLEGE AVE. NE GRAND RAPIDS MI 49503	13-3204416	501C3		35,543	FMV	FOOD	FIGHT HUNGER
(8)	CENTRAL UNITED METHODIST CHURCH (M) 912 FOURTH AVENUE LAKE ODESSA MI 48849	31-1813333	501C3		128,254	FMV	FOOD	FIGHT HUNGER
(9)	CENTRAL UNITED METHODIST CHURCH PAC 111 E SPRUCE STREET SAULT STE MARIE MI 49783	31-1813333	501C3		9,895	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHERRY GROVE CHURCH OF THE NAZARENE 8450 S. 29 RD CADILLAC MI 49601	44-0552034	501C3		51,616	FMV	FOOD	FIGHT HUNGER
(2)	CHILDREN FIRST ON THE LAKESHORE 6874 WILEY RD FENNVILLE MI 49408	82-4754358	501C3		27,973	FMV	FOOD	FIGHT HUNGER
(3)	CHIPPEWA COUNTY/UNITED WAY OF THE E 511 ASHMUN SUITE 200. SAULT STE MARIE MI 49783	38-1678240	501C3		52,687	FMV	FOOD	FIGHT HUNGER
(4)	CHIPPEWA LAKE COMMUNITY CHURCH (M) 10467 19 MILE ROAD CHIPPEWA LAKE MI 49320		501C3		60,658	FMV	FOOD	FIGHT HUNGER
(5)	CHRIST CHURCH OF TRAVERSE CITY 430 FAIR STREET TRAVERSE CITY MI 49686		501C3		7,455	FMV	FOOD	FIGHT HUNGER
(6)	CHRIST TEMPLE CHURCH A.F. 412 E. SHERMAN BLVD. MUSKEGON HEIGHTS MI 49444	38-2213048	501C3		91,458	FMV	FOOD	FIGHT HUNGER
(7)	CHRISTIAN ENDEAVOR INTL/YOUTH SUMME 302 W MAIN STREET EDMORE MI 48829	31-4379495	501C3		22,714	FMV	FOOD	FIGHT HUNGER
(8)	CHRISTIAN FELLOWSHIP ASSEMBLY PANTR 9930 64TH AVENUE ALLENDALE MI 49401		501C3		5,887	FMV	FOOD	FIGHT HUNGER
(9)	CHRISTIAN NEIGHBORS, INC. (DOUGLAS) 6874 WILEY ROAD DOUGLAS MI 49406	38-2411343	501C3		83,487	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHRISTIAN REFORMED CHURCH FALMOUTH/ 1975 E PROSPER ROAD FALMOUTH MI 49632	81-5336674	501C3		69,488	FMV	FOOD	FIGHT HUNGER
(2)	CHRISTIAN SERVICE CENTER -ST. MARY 322 CLAY STREET NILES MI 49120	53-0196617	501C3		55,697	FMV	FOOD	FIGHT HUNGER
(3)	CHRIST'S FELLOWSHIP MINISTRIES/HLM 8082 CORNELL ROAD GERMFASK MI 49836	36-4558386	501C3		54,022	FMV	FOOD	FIGHT HUNGER
(4)	CHURCH OF CHRIST - SOUTH HAVEN 73121 M-43 SOUTH HAVEN MI 49090	84-0563716	501C3		16,950	FMV	FOOD	FIGHT HUNGER
(5)	CHURCH OF CHRIST OF DOWAGIAC 58273 M-51 S. DOWAGIAC MI 49047	84-0563716	501C3		13,935	FMV	FOOD	FIGHT HUNGER
(6)	CHURCH OF THE NAZARENE-REED CITY 5300 220TH AVE REED CITY MI 49639	44-0552034	501C3		165,204	FMV	FOOD	FIGHT HUNGER
(7)	CHURCH OF THE SERVANT CRC (M) 2339 ROWLANDS AVENUE GRAND RAPIDS MI 49546	38-2051351	501C3		136,642	FMV	FOOD	FIGHT HUNGER
(8)	CIM - CMC PATIENT PANTRY /SPECTRUM 75 SHELDON AVE SE, SUITE 100 GRAND RAPIDS MI 49503	38-3382353	501C3		15,902	FMV	FOOD	FIGHT HUNGER
(9)	CITY HEART MINISTRIES 2731 PECK STREET MUSKEGON HEIGHTS MI 49444		501C3		23,576	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY IMPACT DBA/LOCAL IMPACT 288 N MAIN ST. CEDAR SPRINGS MI 49319	82-1355582	501C3		131,771	FMV	FOOD	FIGHT HUNGER
(2)	CLM-CAA-SENIORS-SUGAR ISLAND 6401 EAST 1 1/2 MILE ROAD SUGAR ISLAND MI 49783	38-1798626	501C3		22,014	FMV	FOOD	FIGHT HUNGER
(3)	CLUB CADILLAC 2105 6TH AVE. CADILLAC MI 49601	20-1865066	501C3		10,925	FMV	FOOD	FIGHT HUNGER
(4)	COGIC COMMUNITY CENTER @ HOLY TRINI 2140 VALLEY MUSKEGON MI 49442	38-2929137	501C3		23,203	FMV	FOOD	FIGHT HUNGER
(5)	COLFAX COMMUNITY CHURCH FOOD PANTRY 2010 E. 16 ROAD MANTON MI 49663		501C3		13,551	FMV	FOOD	FIGHT HUNGER
(6)	COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND MI 49423	23-7120670	501C3		497,776	FMV	FOOD	FIGHT HUNGER
(7)	COMMUNITY BAPTIST CHURCH 1006 EAST 4TH AVE SAULT STE MARIE MI 49783		501C3		22,670	FMV	FOOD	FIGHT HUNGER
(8)	COMMUNITY CRC (M) 150 BURT STREET SE WYOMING MI 49548	38-2051351	501C3		87,702	FMV	FOOD	FIGHT HUNGER
(9)	COMMUNITY FOOD CLUB 1100 S. DIVISION AVE. GRAND RAPIDS MI 49507	82-2265189	501C3		546,151	FMV	FOOD	FIGHT HUNGER

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY FOOD PROGRAM/ ST. MARY'S 404 N. DIVISION STREET CARSON CITY MI 48811	53-0196617	501C3		38,961	FMV	FOOD	FIGHT HUNGER
(2)	COMMUNITY FOUNDATION DELTA CO 2420 1ST STREET S ESCANABA MI 49829	38-3227080	501C3		17,133	FMV	FOOD	FIGHT HUNGER
(3)	COMMUNITY NON-PROFIT HOUSING CORP / 870 NATE WELLS SR. DR. BENTON HARBOR MI 49022	38-2929137	501C3		19,030	FMV	FOOD	FIGHT HUNGER
(4)	COMMUNITY NON-PROFIT HOUSING CORP. (870 NATE WELLS SR. DR. BENTON HARBOR MI 49022	38-3227480	501C3		102,120	FMV	FOOD	FIGHT HUNGER
(5)	COMMUNITY REBUILDERS 733 BRIDGE ST NW GRAND RAPIDS MI 49504	38-3094108	501C3		11,147	FMV	FOOD	FIGHT HUNGER
(6)	COMMUNITY REFORMED ZEELAND RCA (M) 10376 FELCH STREET ZEELAND MI 49464	13-3204416	501C3		125,482	FMV	FOOD	FIGHT HUNGER
(7)	COMMUNITY SERVICE CENTER/GCSDA 9147 US 31 BERRIEN SPRINGS MI 49103	52-0643036	501C3		11,481	FMV	FOOD	FIGHT HUNGER
(8)	COMMUNITY SERVICES CENTER (M) -NEIGH 9147 US 31 BERRIEN SPRINGS MI 49103	52-0643036	501C3		77,383	FMV	FOOD	FIGHT HUNGER
(9)	COMMUNITY SERVICES OF DUTTON/THE CO 3178 68TH ST SE CALEDONIA MI 49316	27-2506891	501C3		46,816	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

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Employer identification number

38-2439659

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CONGREGATIONAL KITCHEN 323 CUTLER STREET ALLEGAN MI 49010	82-4109499	501C3		38,967	FMV	FOOD	FIGHT HUNGER
(2)	COOPERATING MINISTRIES (M) @ HARTFO 425 E. MAIN ST. HARTFORD MI 49057	31-1813333	501C3		153,017	FMV	FOOD	FIGHT HUNGER
(3)	COOPERATIVE MINISTRY 6180 W SANBORN ROAD LAKE CITY MI 49651	38-2484335	501C3		7,250	FMV	FOOD	FIGHT HUNGER
(4)	COOPERSVILLE CARES (M) 180 68TH AVENUE COOPERSVILLE MI 49404	38-2978248	501C3		197,902	FMV	FOOD	FIGHT HUNGER
(5)	CORNERSTONE BAPTIST CHURCH (M) 121 NELSON RD LUDINGTON MI 49431	36-2181949	501C3		130,739	FMV	FOOD	FIGHT HUNGER
(6)	CORNERSTONE CHURCH (M) 1675 84TH STREET SE CALEDONIA MI 49316	31-1813333	501C3		117,131	FMV	FOOD	FIGHT HUNGER
(7)	COUNTRYSIDE CHURCH OF CHRIST 8063 LOOP ROAD HESPERIA MI 49421		501C3		10,410	FMV	FOOD	FIGHT HUNGER
(8)	CROSSROADS CHURCH (M) 1463 E. US 10 SCOTTVILLE MI 49454	38-2130823	501C3		85,052	FMV	FOOD	FIGHT HUNGER
(9)	CROSSROADS COMPASSIONATE CNTR/GREEN 10087 S. GREENVILLE ROAD GREENVILLE MI 48838	32-0221237	501C3		23,508	FMV	FOOD	FIGHT HUNGER

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**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DA BLODGETT/ST. JOHN'S HOME 2355 KNAPP NE GRAND RAPIDS MI 49505	38-1358163	501C3		11,871	FMV	FOOD	FIGHT HUNGER
(2)	DEGAGE MINISTRIES 144 S. DIVISION AVE. GRAND RAPIDS MI 49503	38-1912094	501C3		7,439	FMV	FOOD	FIGHT HUNGER
(3)	DIANE PEPPLER RESOURCE CENTER PROTECTED SAULT STE MARIE MI 49783	38-2300187	501C3		21,595	FMV	FOOD	FIGHT HUNGER
(4)	DIGHTON WESLEYAN CHURCH (M) 19522 130TH AVENUE TUSTIN MI 49688	35-1148762	501C3		17,835	FMV	FOOD	FIGHT HUNGER
(5)	DISCOVERY CRC (M) 7245 EASTERN AVE. SE GRAND RAPIDS MI 49508	38-2051351	501C3		146,552	FMV	FOOD	FIGHT HUNGER
(6)	EAGLE VILLAGE 4507 170TH AVENUE HERSEY MI 49639	38-1868217	501C3		5,706	FMV	FOOD	FIGHT HUNGER
(7)	EAST CONGREGATIONAL U.C.C. 1005 GIDDINGS SE GRAND RAPIDS MI 49506	38-1358184	501C3		5,511	FMV	FOOD	FIGHT HUNGER
(8)	EASTERN AVE. CRC SATURDAY PROGRAM 514 EASTERN AVE. SE GRAND RAPIDS MI 49503	38-2051351	501C3		35,932	FMV	FOOD	FIGHT HUNGER
(9)	EAU CLAIRE S.D.A. (M) 6562 NAOMI ROAD EAU CLAIRE MI 49111	52-0643036	501C3		113,581	FMV	FOOD	FIGHT HUNGER

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(1)	EDGETTS WESLEYAN CHURCH 3446 RAYMOND ROAD LUTHER MI 49656	35-1148762	501C3		41,449	FMV	FOOD	FIGHT HUNGER
(2)	EDGEWOOD LUTHERAN CHURCH (M) 2525 PONTALUNA FRUITPORT MI 49415	41-1568278	501C3		12,568	FMV	FOOD	FIGHT HUNGER
(3)	EDWARDSBURG EMERGENCY FUND 24832 US 12 E EDWARDSBURG MI 49112	27-1214971	501C3		10,770	FMV	FOOD	FIGHT HUNGER
(4)	EDWARDSBURG EMERGENCY FUND (M) 69941 ELKHART RD. EDWARDSBURG MI 49112	27-1214971	501C3		39,462	FMV	FOOD	FIGHT HUNGER
(5)	ELEANOR'S PANTRY 221 DREW STREET PAW PAW MI 49079	38-2364961	501C3		171,537	FMV	FOOD	FIGHT HUNGER
(6)	EMPOWERMENT NETWORK FOOD PANTRY 5 E. MAIN STREET FREMONT MI 49412	81-0568467	501C3		45,891	FMV	FOOD	FIGHT HUNGER
(7)	ENGEDI CHURCH - WESLEYAN CHURCH COR 710 CHICAGO DRIVE SUITE 100 HOLLAND MI 49423	35-1148762	501C3		170,419	FMV	FOOD	FIGHT HUNGER
(8)	EPIC CHURCH (M) 211 E ELM ST. CARSON CITY MI 48811		501C3		77,596	FMV	FOOD	FIGHT HUNGER
(9)	EPISCOPAL CHURCH OF THE MEDIATOR (M) 14280 RED ARROW HIGHWAY HARBERT MI 49115	13-5562208	501C3		115,146	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ESCANABA SDA/MENOMINEE CO (M) N15760 HANNAHVILLE B 1 ROAD WILSON MI 49896	52-0643036	501C3		66,381	FMV	FOOD	FIGHT HUNGER
(2)	ESCANABA SEVENTH DAY ADVENTIST (M) 210 SOUTH LINCOLN ESCANABA MI 49829	52-0643036	501C3		526,090	FMV	FOOD	FIGHT HUNGER
(3)	EVART UNITED METHODIST CHURCH (M) 321 N. HEMLOCK ST EVART MI 49631	31-1813333	501C3		74,233	FMV	FOOD	FIGHT HUNGER
(4)	EXODUS PLACE / EXODUS BLDG. 322 FRONT STREET SW GRAND RAPIDS MI 49504	27-0526744	501C3		89,371	FMV	FOOD	FIGHT HUNGER
(5)	FAIRPLAIN PRESBYTERIAN CHURCH 210 W. NAPIER BENTON HARBOR MI 49022	38-1387661	501C3		30,879	FMV	FOOD	FIGHT HUNGER
(6)	FAIRPLAIN S.D.A. CHURCH 140 SENECA BENTON HARBOR MI 49022	52-0643036	501C3		22,975	FMV	FOOD	FIGHT HUNGER
(7)	FAITH LUTHERAN CHURCH PANTRY & BAC 4081 E MAPLE RIDGE 37TH ROAD ROCK MI 49880	41-1568278	501C3		30,007	FMV	FOOD	FIGHT HUNGER
(8)	FAITH REFORMED CHURCH FOOD PANTRY 618 32ND ST. SW WYOMING MI 49509	13-3204416	501C3		11,758	FMV	FOOD	FIGHT HUNGER
(9)	FAITH UNITED METHODIST CHURCH - BUC 728 N. DETROIT ST BUCHANAN MI 49107	31-1813333	501C3		10,841	FMV	FOOD	FIGHT HUNGER

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FAMILY CARE NETWORK MANTON FP 800 S MICHIGAN AVE MANTON MI 49663		501C3		17,836	FMV	FOOD	FIGHT HUNGER
(2)	FAMILY CARE NETWORK MOBILE/LIVING W 800 S MICHIGAN AVE MANTON MI 49663	38-2533219	501C3		41,407	FMV	FOOD	FIGHT HUNGER
(3)	FAMILY NETWORK 1029 44TH STREET SW WYOMING MI 49509	26-3264303	501C3		1,027,565	FMV	FOOD	FIGHT HUNGER
(4)	FELLOWSHIP BAPTIST CHURCH 308 ELM STREET LUTHER MI 49656		501C3		34,269	FMV	FOOD	FIGHT HUNGER
(5)	FENNVILLE UNITED METHODIST CHURCH 5849 124TH AVENUE FENNVILLE MI 49408	31-1813333	501C3		6,218	FMV	FOOD	FIGHT HUNGER
(6)	FERRIS STATE WESLEY FOOD PANTRY / U 628 S. WARREN AVE BIG RAPIDS MI 49307	31-1813333	501C3		5,012	FMV	FOOD	FIGHT HUNGER
(7)	FERRYSBURG COMMUNITY CRC PANTRY 17785 MOHAWK DRIVE SPRING LAKE MI 49456	38-2051351	501C3		10,865	FMV	FOOD	FIGHT HUNGER
(8)	FIRST APOSTOLIC CHURCH / UPCI 10916 CALIFORNIA RD. BRIDGMAN MI 49106	43-0679185	501C3		27,406	FMV	FOOD	FIGHT HUNGER
(9)	FIRST BAPTIST OF WOODLAND PARK (M) 9073 BINGHAM BITELY MI 49309	38-6095426	501C3		134,245	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FIRST CHURCH OF GOD - CASSOPOLIS 21083 SPENCER RD. CASSOPOLIS MI 49031	35-6064030	501C3		5,932	FMV	FOOD	FIGHT HUNGER
(2)	FIRST CHURCH OF GOD/GACG (M) 101 SOUTH FRANKLIN STREET GREENVILLE MI 48838	35-6064030	501C3		211,982	FMV	FOOD	FIGHT HUNGER
(3)	FIRST COMMUNITY AME CHURCH FOOD PAN 500 JAMES STREET SE GRAND RAPIDS MI 49503		501C3		66,563	FMV	FOOD	FIGHT HUNGER
(4)	FIRST CONGREGATIONAL CHURCH OF PORT 421 BRIDGE STREET PORTLAND MI 48875	39-0968242	501C3		8,858	FMV	FOOD	FIGHT HUNGER
(5)	FIRST CONGREGATIONAL SOUTH HAVEN 651 PHOENIX STREET SOUTH HAVEN MI 49090	38-2463936	501C3		112,233	FMV	FOOD	FIGHT HUNGER
(6)	FIRST CONGREGATIONAL UCC BREAKFAST 1201 JEFFERSON STREET MUSKEGON MI 49441	13-1957221	501C3		9,882	FMV	FOOD	FIGHT HUNGER
(7)	FIRST CONGREGATIONAL UCC PANTRY 1201 JEFFERSON STREET MUSKEGON MI 49441	13-1957221	501C3		56,629	FMV	FOOD	FIGHT HUNGER
(8)	FIRST CRC FRIENDS & NEIGHBORS NETWO 651 FRANKLIN ST. SE GRAND RAPIDS MI 49507	38-2051351	501C3		7,514	FMV	FOOD	FIGHT HUNGER
(9)	FIRST EVANGELICAL LUTHERAN CHURCH & 1210 S STEPHENSON AVE IRON MOUNTAIN MI 49801	41-1991463	501C3		16,610	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FIRST PARK CONGREGATIONAL U.C.C. 10 EAST PARK PLACE NE GRAND RAPIDS MI 49503	(M) 13-1957221	501C3		9,545	FMV	FOOD	FIGHT HUNGER
(2)	FIRST PRESBYTERIAN CHURCH 395 HAMILTON AVE KINGSFORD MI 49802		501C3		8,959	FMV	FOOD	FIGHT HUNGER
(3)	FIRST PRESBYTERIAN CHURCH BENTON 475 GREEN STREET BENTON HARBOR MI 49022	HA 38-1387661	501C3		6,579	FMV	FOOD	FIGHT HUNGER
(4)	FIRST UNITED METHODIST CHURCH OF 429 MICHIGAN AVE. SOUTH HAVEN MI 49090	SO 31-1813333	501C3		7,494	FMV	FOOD	FIGHT HUNGER
(5)	FLAT RIVER OUTREACH MINISTRIES 11535 FULTON STREET EAST LOWELL MI 49331		501C3		8,155	FMV	FOOD	FIGHT HUNGER
(6)	FLAT RIVER OUTREACH MINISTRIES (M) 225 S BROADWAY LOWELL FAIR GROUNDS LOWELL MI 49331	(M) 38-3402457	501C3		108,347	FMV	FOOD	FIGHT HUNGER
(7)	FOOD RESCUE OF NW MI A PROGRAM OF G 2889 AERO PARK DRIVE TRAVERSE CITY MI 49684		501C3		1,361,286	FMV	FOOD	FIGHT HUNGER
(8)	FREMONT UNITED METHODIST CHURCH (M) 351 BUTTERFIELD STREET FREMONT MI 49412	(M) 31-1813333	501C3		122,232	FMV	FOOD	FIGHT HUNGER
(9)	FRESH WIND CHRISTIAN COMMUNITY FOOD 8201 HONOR HWY INTERLOCHEN MI 49643		501C3		41,129	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF DECATUR HUMAN SERVICES 102 S. PHELPS DECATUR MI 49045	38-2649293	501C3		32,645	FMV	FOOD	FIGHT HUNGER
(2)	FROST SEVENTH DAY ADVENTIST CHURCH 977 NORTH NEFF ROAD STANTON MI 48888	52-0643036	501C3		39,669	FMV	FOOD	FIGHT HUNGER
(3)	FULLER AVENUE CRC 1239 FULLER AVENUE SE GRAND RAPIDS MI 49506	38-2051351	501C3		12,414	FMV	FOOD	FIGHT HUNGER
(4)	GALIEN & OLIVE BRANCH PARISH UMC PO BOX 266 GALIEN MI 49113	31-1813333	501C3	(M)	50,828	FMV	FOOD	FIGHT HUNGER
(5)	GEORGETOWN CRC (M) 6475 40TH AVENUE HUDSONVILLE MI 49426	38-2051351	501C3		217,999	FMV	FOOD	FIGHT HUNGER
(6)	GEORGETOWN UMC (M) 2766 BALDWIN STREET JENISON MI 49428	31-1813333	501C3		87,938	FMV	FOOD	FIGHT HUNGER
(7)	GLADSTONE/RAPID RIVER BACKPACK/DELT 2100 HW 35 GLADSTONE MI 49837	38-3227080	501C3		54,140	FMV	FOOD	FIGHT HUNGER
(8)	GLEANERS FOOD PANTRY - FRIENDS MINI 3728 S MOREY ROAD LAKE CITY MI 49651	38-3178045	501C3		18,278	FMV	FOOD	FIGHT HUNGER
(9)	GOBLES- KENDALL AREA MINISTERIAL 13809 M-40 GOBLES MI 49055	31-1813333	501C3	AS	8,921	FMV	FOOD	FIGHT HUNGER

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GOBLES-KENDALL MINISTERIAL ASSOC/G 210 E EXCHANGE ST GOBLES MI 49055	31-1813333	501C3		30,416	FMV	FOOD	FIGHT HUNGER
(2)	GOD'S HELPING HANDS OF MECOSTA 8760 50TH AVENUE REMUS MI 49340	38-3358125	501C3		52,169	FMV	FOOD	FIGHT HUNGER
(3)	GOOD HANDS PLAINWELL 684 STARR ROAD PLAINWELL MI 49080	45-5460079	501C3		40,189	FMV	FOOD	FIGHT HUNGER
(4)	GOOD NEIGHBOR FOOD PANTRY/LAKE CITY 5804 W. HOUGHTON LAKE RD. LAKE CITY MI 49651	38-2329622	501C3		171,764	FMV	FOOD	FIGHT HUNGER
(5)	GOOD NEIGHBOR SERVICES (M) 7870 US-2 MANISTIQUE MI 49854	38-3426777	501C3		329,132	FMV	FOOD	FIGHT HUNGER
(6)	GOOD NEIGHBOR SERVICES/A NEIGHBOR'S 200 DEER STREET MANISTIQUE MI 49854	38-3426777	501C3		70,007	FMV	FOOD	FIGHT HUNGER
(7)	GOOD NEIGHBORS FOOD PANTRY/LAKE CIT 5804 W. HOUGHTON LAKE RD. LAKE CITY MI 49561	38-2329622	501C3		215,687	FMV	FOOD	FIGHT HUNGER
(8)	GRACE BIBLE CHURCH/ IFCA (M) 3715 WILSON AVE SW GRANDVILLE MI 49418	36-2307744	501C3		20,187	FMV	FOOD	FIGHT HUNGER
(9)	GRACE CRC 100 BUCKLEY STREET SE GRAND RAPIDS MI 49503	38-2051351	501C3		41,383	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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(1)	GRACE EPISCOPAL CHURCH OF HOLLAND/P 555 MICHIGAN AVENUE HOLLAND MI 49423	31-1629166	501C3		29,954	FMV	FOOD	FIGHT HUNGER
(2)	GRACE LUTHERAN CHURCH (M) 8636 S M-37 BALDWIN MI 49304	43-0658188	501C3		171,968	FMV	FOOD	FIGHT HUNGER
(3)	GRAND HAVEN CHURCH OF GOD 14908 MERCURY DRIVE GRAND HAVEN MI 49417	62-0484177	501C3		10,114	FMV	FOOD	FIGHT HUNGER
(4)	GRAND RAPIDS COMMUNITY COLLEGE FOUN 122 LYON ST. NE GRAND RAPIDS MI 49503		501C3		101,192	FMV	FOOD	FIGHT HUNGER
(5)	GRAND RAPIDS RED PROJECT 401 HALL ST. SE GRAND RAPIDS MI 49507	38-3414580	501C3		19,069	FMV	FOOD	FIGHT HUNGER
(6)	GRANDVILLE SENIOR NEIGHBORS FOOD PA 3380 DIVISION SW GRANDVILLE MI 49418	23-7195491	501C3		9,744	FMV	FOOD	FIGHT HUNGER
(7)	GRANT WESLEYAN (M) 688 WEST 112TH STREET GRANT MI 49327	35-1148762	501C3		64,439	FMV	FOOD	FIGHT HUNGER
(8)	GREAT LAKES RECOVERY CENTER ADULT 241 WRIGHT STREET MARQUETTE MI 49855	38-2453316	501C3		26,244	FMV	FOOD	FIGHT HUNGER
(9)	GREAT LAKES RECOVERY CENTERS NEW HO 301 E SPRUCE STREET SAULT STE. MARIE MI 49783	38-2453316	501C3		12,372	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

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(1)	GREAT LAKES RECOVERY CENTERS NEW 2655 ASHMUN STREET SAULT STE MARIE MI 49783	HO 38-2453316	501C3		9,472	FMV	FOOD	FIGHT HUNGER
(2)	GREATER GRAND RAPIDS NAACP (M) 1530 MADISON AVE SE GRAND RAPIDS MI 49507	38-6073279	501C3		59,229	FMV	FOOD	FIGHT HUNGER
(3)	GRUB-2-GO BACKPACK/OSCEOLA CHILDREN 101 W MAIN STREET MARION MI 49665	38-3252580	501C3		6,349	FMV	FOOD	FIGHT HUNGER
(4)	GWINN PAW PACKS BACKPACK PROGRAM 411 SCORPION ROAD GWINN MI 49841	83-2930548	501C3		14,429	FMV	FOOD	FIGHT HUNGER
(5)	HAND2HAND CENTRAL 2900 BALDWIN STREET HUDSONVILLE MI 49426	27-2973348	501C3		17,345	FMV	FOOD	FIGHT HUNGER
(6)	HAND2HAND/CASCO UMC 880 66TH STREET SOUTH HAVEN MI 49090	31-1813333	501C3		11,800	FMV	FOOD	FIGHT HUNGER
(7)	HAND2HAND/CENTRAL WESLEYAN WATER'S 446 W 40TH STREET HOLLAND MI 49423	35-1148762	501C3		14,455	FMV	FOOD	FIGHT HUNGER
(8)	HAND2HAND/CHRIST MEMORIAL CHURCH 595 GRAAFSCHAP ROAD HOLLAND MI 49423	13-3204416	501C3		112,490	FMV	FOOD	FIGHT HUNGER
(9)	HAND2HAND/CORINTH REFORMED CHURCH 129 100TH STREET SE BYRON CENTER MI 49315	13-3204416	501C3		6,078	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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▶ **Attach to Form 990.**

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HAND2HAND/FIRST CHURCH OF NAZARENE 665 13 MILE ROAD NW SPARTA MI 49345	44-0552034	501C3		7,423	FMV	FOOD	FIGHT HUNGER
(2)	HAND2HAND/FIRST REFORMED CHURCH GRA 301 WASHINGTON AVE GRAND HAVEN MI 49417	13-3204416	501C3		7,237	FMV	FOOD	FIGHT HUNGER
(3)	HAND2HAND/FRONTLINE/CALVARY CHURCH 4411 PLAINFIELD AVE NE GRAND RAPIDS MI 49525	38-1369600	501C3		5,331	FMV	FOOD	FIGHT HUNGER
(4)	HAND2HAND/HARBOR LIFE CHURCH/HARBOR 3085 WALLACE AVE SW GRANDVILLE MI 49418	13-3204416	501C3		6,891	FMV	FOOD	FIGHT HUNGER
(5)	HAND2HAND/JOURNEY CHURCH WCC 9185 CHERRY VALLEY CALEDONIA MI 49316	35-1148762	501C3		14,941	FMV	FOOD	FIGHT HUNGER
(6)	HAND2HAND/ROCKFORD/SOUTH HARBOR-GSR 5100 BELDING RD NE ROCKFORD MI 49341	13-3204416	501C3		13,101	FMV	FOOD	FIGHT HUNGER
(7)	HANDS IN MISSION @ REMEMBRANCE RCA 4575 REMEMBRANCE ROAD NW GRAND RAPIDS MI 49534	20-4273471	501C3		38,788	FMV	FOOD	FIGHT HUNGER
(8)	HARBOR OF HOPE - PIONEER MEM.CHURCH 769 PIPESTONE ST. BENTON HARBOR MI 49022	52-0643036	501C3		59,486	FMV	FOOD	FIGHT HUNGER
(9)	HARVEST STAND MINISTRIES PANTRY 100 SOUTH PINE STREET, SUITE 100 ZEELAND MI 49464	32-0069107	501C3		33,205	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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(1)	HEIGHTS OF HOPE-EASTSIDE PANTRY @ 995 E. 8TH STREET HOLLAND MI 49423	20-0123010	501C3		7,018	FMV	FOOD	FIGHT HUNGER
(2)	HELPING HANDS F.P. OF ROTHBURY COMM 2500 W. WINSTON ROAD ROTHBURY MI 49452	38-2343626	501C3		13,026	FMV	FOOD	FIGHT HUNGER
(3)	HELPING HANDS FOOD PANTRY 1105 SOUTH ENSLEY HOWARD CITY MI 49329	38-2909148	501C3		53,402	FMV	FOOD	FIGHT HUNGER
(4)	HELPING HANDS FOUNDATION 133 NAPIER BENTON HARBOR MI 49022	36-4513441	501C3		33,568	FMV	FOOD	FIGHT HUNGER
(5)	HELPING HANDS OF CASS COUNTY 130 S. BROADWAY CASSOPOLIS MI 49031	38-2663969	501C3		86,936	FMV	FOOD	FIGHT HUNGER
(6)	HELPING IMPORTANT PEOPLE SUCCEED 547 SHELDON AVENUE SE GRAND RAPIDS MI 49503	45-0561723	501C3		8,976	FMV	FOOD	FIGHT HUNGER
(7)	HERITAGE REFORMED CHURCH 2927 LEONARD NE UNIT 16 GRAND RAPIDS MI 49525	38-3191065	501C3		82,615	FMV	FOOD	FIGHT HUNGER
(8)	HESPERIA COMMUNITY FOOD PANTRY/ HES 45 HOSKINS HESPERIA MI 49421	31-1813333	501C3		51,519	FMV	FOOD	FIGHT HUNGER
(9)	HESPERIA UNITED METHODIST CHURCH (M 187 EAST SOUTH AVENUE HESPERIA MI 49421	31-1813333	501C3		96,902	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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(1)	HISPANIC CENTER OF WESTERN MI (M) 1204 GRANDVILLE AVE. SW GRAND RAPIDS MI 49503	38-2265825	501C3		83,129	FMV	FOOD	FIGHT HUNGER
(2)	HOLLAND SDA CHURCH (M) 11385 OTTOGAN STREET HOLLAND MI 49423	52-0643036	501C3		119,977	FMV	FOOD	FIGHT HUNGER
(3)	HOLY CROSS LUTHERAN (M) 1481 BALDWIN JENISON MI 49428	43-0658188	501C3		144,164	FMV	FOOD	FIGHT HUNGER
(4)	HOLY FAMILY HEALTHCARE 301 N. CENTER HARTFORD MI 49057	46-1292390	501C3		478,062	FMV	FOOD	FIGHT HUNGER
(5)	HOPE COMMUNITY CACG CHURCH (M) 2390 LAKE STREET NILES MI 49120	35-6064030	501C3		148,040	FMV	FOOD	FIGHT HUNGER
(6)	HOPE FREE LUTHERAN CHURCH 795 NORTH LAKE DRIVE ISHPEMING MI 49849	41-0884943	501C3		7,198	FMV	FOOD	FIGHT HUNGER
(7)	HOPE NETWORK - BHS - DART HOME (NE) 3333 36TH STREET GRAND RAPIDS MI 49512	38-6108186	501C3		11,627	FMV	FOOD	FIGHT HUNGER
(8)	HOPE NETWORK - BHS - PIVOT 385 LEONARD STREET NE GRAND RAPIDS MI 49503	38-6108186	501C3		14,128	FMV	FOOD	FIGHT HUNGER
(9)	HOPE RESOURCES 262 NORTH PAW PAW STREET COLOMA MI 49038	81-4103453	501C3		70,660	FMV	FOOD	FIGHT HUNGER

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Employer identification number

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(1)	HUDSONVILLE CONGREGATIONAL UCC (M) 4950 32ND AVENUE HUDSONVILLE MI 49426	13-1957221	501C3		10,125	FMV	FOOD	FIGHT HUNGER
(2)	ICCF-FAMILY HAVEN 701 PROSPECT AVE. SE GRAND RAPIDS MI 49503	38-1903026	501C3		11,800	FMV	FOOD	FIGHT HUNGER
(3)	IDEAL PARK CRC (M) 320 56TH STREET SW GRAND RAPIDS MI 49548	38-2051351	501C3		122,700	FMV	FOOD	FIGHT HUNGER
(4)	IGLESIA DE DIOS MANANTIAL DE VIDA 400 FRANKLIN SW GRAND RAPIDS MI 49503	62-0484177	501C3		5,396	FMV	FOOD	FIGHT HUNGER
(5)	IGLESIA SANANDOS LAS NACIONES/MSLN 950 28TH ST SE, SUITE E 202 GRAND RAPIDS MI 49508	46-2391554	501C3		7,237	FMV	FOOD	FIGHT HUNGER
(6)	IM KIDS 3RD MEAL/MI CENTER FOR 21ST 10260 SOUTH SHERIDAN ROAD FENWICK MI 48834	27-2325075	501C3		64,116	FMV	FOOD	FIGHT HUNGER
(7)	IONIA CO HEALTH DEPARTMENT/ZION UMC 175 E ADAMS STREET IONIA MI 48846		501C3		6,297	FMV	FOOD	FIGHT HUNGER
(8)	IONIA COUNTY COMMISSION ON AGING/ZI 115 HUDSON STREET IONIA MI 48846	31-1813333	501C3		12,064	FMV	FOOD	FIGHT HUNGER
(9)	IONIA SEVENTH DAY ADVENTIST CHURCH- 721 ELMWOOD DRIVE IONIA MI 48846	52-0643036	501C3		7,595	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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38-2439659

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(1)	IRONS SEVENTH-DAY ADVENTIST COMM 11802 BASS LAKE ROAD IRONS MI 49644	SE 52-0643036	501C3		12,359	FMV	FOOD	FIGHT HUNGER
(2)	JENISON BIBLE CHURCH 6360 14TH AVE. HUDSONVILLE MI 49426		501C3		41,420	FMV	FOOD	FIGHT HUNGER
(3)	K.A.I.R. 324 S. CEDAR STREET KALKASKA MI 49646	38-3240697	501C3		138,340	FMV	FOOD	FIGHT HUNGER
(4)	KALKASKA SENIORS/NW MI COMMUNITY 303 S. CORAL STREET KALKASKA MI 49646	AC 38-2027389	501C3		38,584	FMV	FOOD	FIGHT HUNGER
(5)	KANDU ISLAND DROP IN CENTER &THIRD 3003 GARFIELD RD SUITE B TRAVERSE CITY MI 49686		501C3		11,568	FMV	FOOD	FIGHT HUNGER
(6)	KENTWOOD CHRISTIAN CHURCH (M) 5841 KALAMAZOO AVE. SE KENTWOOD MI 49508		501C3		121,485	FMV	FOOD	FIGHT HUNGER
(7)	KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS MI 49505		501C3		387,370	FMV	FOOD	FIGHT HUNGER
(8)	KIDS FOOD BASKET-MUSKEGON@CENTRAL 1011 2ND STREET MUSKEGON MI 49440	U 04-3760991	501C3		11,487	FMV	FOOD	FIGHT HUNGER
(9)	KINGS STORE HOUSE FOOD PANTRY-FIRST 125 STIMSON STREET CADILLAC MI 49601		501C3		83,294	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

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(1)	LADDERS OF HOPE USA INC. 717 E. MAIN STREET FENNVILLE MI 49408	38-3863090	501C3		11,860	FMV	FOOD	FIGHT HUNGER
(2)	LAKE COUNTY MEALS/ST. ANN'S CATHOLI 690 9TH STREET BALDWIN MI 49304	53-0196617	501C3		196,414	FMV	FOOD	FIGHT HUNGER
(3)	LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON MI 49431	81-4673437	501C3		162,603	FMV	FOOD	FIGHT HUNGER
(4)	LAKETON BETHEL REFORMED (M) 1568 GILES ROAD MUSKEGON MI 49445	13-3204416	501C3		155,280	FMV	FOOD	FIGHT HUNGER
(5)	LAKEVIEW CHURCH OF THE BRETHREN FOO 14049 NORTH COATES HWY BRETHREN MI 49619	36-2167026	501C3		18,468	FMV	FOOD	FIGHT HUNGER
(6)	LAKEVIEW MINISTERIAL ASSOC (M) PO BOX 350 LAKEVIEW MI 48850	84-4805645	501C3		47,221	FMV	FOOD	FIGHT HUNGER
(7)	LAKWOOD COMMUNITY COUNCIL / HOLIDAY 912 FOURTH AVENUE LAKE ODESSA MI 48849	38-2318134	501C3		11,308	FMV	FOOD	FIGHT HUNGER
(8)	LAWRENCE UNITED METHODIST (M) 122 SOUTH EXCHANGE STREET LAWRENCE MI 49064	31-1813333	501C3		21,395	FMV	FOOD	FIGHT HUNGER
(9)	LAWRENCE UNITED METHODIST CHURCH 122 SOUTH EXCHANGE ST. LAWRENCE MI 49064	31-1813333	501C3		11,596	FMV	FOOD	FIGHT HUNGER

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

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(1)	LEBANON LUTHERAN CHURCH/WHITE LAKE 1101 S MEARS AVENUE WHITEHALL MI 49461	41-1568278	501C3		57,925	FMV	FOOD	FIGHT HUNGER
(2)	LEELANAU CHRISTIAN NEIGHBORS 7322 E DUCK LAKE ROAD LAKE LEELANAU MI 49653	38-3345824	501C3		84,415	FMV	FOOD	FIGHT HUNGER
(3)	LEMONADE STAND OF MUSKEGON 1192 JEFFERSON STREET MUSKEGON MI 49441	38-3418511	501C3		6,380	FMV	FOOD	FIGHT HUNGER
(4)	LIFEHOUSE ASSEMBLY OF GOD 1120 WEST DIVISION CADILLAC MI 49601	44-0577787	501C3		48,576	FMV	FOOD	FIGHT HUNGER
(5)	LIFESTREAM CHURCH PANTRY / WESLEYAN 6561 LAKE MICHIGAN DRIVE ALLENDALE MI 49401	35-1148762	501C3		6,762	FMV	FOOD	FIGHT HUNGER
(6)	LIGHTHOUSE CC (M) 7624 LAKE MICHIGAN DRIVE ALLENDALE MI 49401	45-5142128	501C3		77,104	FMV	FOOD	FIGHT HUNGER
(7)	LINC UP (M) 1167 MADISON AVE. SE GRAND RAPIDS MI 49507	38-3537915	501C3		11,704	FMV	FOOD	FIGHT HUNGER
(8)	LIVING LIGHT CHRISTIAN CHURCH / FAMI 7700 W BLUE ROAD LAKE CITY MI 49651		501C3		149,183	FMV	FOOD	FIGHT HUNGER
(9)	LOAVES & FISHES - CAST/CCWM 1095 THIRD STREET SUITE 125 MUSKEGON MI 49441	53-0196617	501C3		108,989	FMV	FOOD	FIGHT HUNGER

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(1)	LORDS TABLE PANTRY @ FAITH COMMUNIT 610 GREEN STREET BIG RAPIDS MI 49307		501C3		8,510	FMV	FOOD	FIGHT HUNGER
(2)	LOVE IN ACTION - TRI-CITIES (M) 326 N FERRY STREET GRAND HAVEN MI 49417	38-2856482	501C3		491,508	FMV	FOOD	FIGHT HUNGER
(3)	LOVE IN ACTION TRI CITIES 1106 FULTON ST GRAND HAVEN MI 49417	38-2856482	501C3		155,625	FMV	FOOD	FIGHT HUNGER
(4)	LOVE IN ACTION TRI CITIES (M) 3520 E PONTALUNA ROAD FRUITPORT MI 49415	38-2856482	501C3		67,518	FMV	FOOD	FIGHT HUNGER
(5)	LOVE INC - HIGHER GROUND CADILLAC FIRST BAPTIST CHURCH CADILLAC MI 49601	38-3067784	501C3		5,357	FMV	FOOD	FIGHT HUNGER
(6)	LOVE INC - MUSKEGON 2735 E. APPLE AVENUE MUSKEGON MI 49442	38-2450507	501C3		6,023	FMV	FOOD	FIGHT HUNGER
(7)	LOVE INC - NEWAYGO COUNTY 11 W. 96TH STREET GRANT MI 49327	38-2871534	501C3		248,189	FMV	FOOD	FIGHT HUNGER
(8)	LOVE INC OF NORTHWEST ALLEGAN COUNT 943 56TH STREET PULLMAN MI 49450	38-3484039	501C3		58,893	FMV	FOOD	FIGHT HUNGER
(9)	LOVE INC OF WEST MACKINAC COUNTY W 14019 MELVILLE STREET ENGADINE MI 49827	46-4566509	501C3		14,118	FMV	FOOD	FIGHT HUNGER

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(1)	LUCE COUNTY COMMUNITY RESOURCE & 103 WEST HELEN STREET NEWBERRY MI 49868	RE 20-5768161	501C3		16,524	FMV	FOOD	FIGHT HUNGER
(2)	LUTHER BIBLE CHAPEL 1018 230TH AVE. NEWAYGO MI 49337	38-2232340	501C3		92,743	FMV	FOOD	FIGHT HUNGER
(3)	M-46 TABERNACLE PANTRY/PENTECOSTAL 11098 M-46 HIGHWAY RIVERDALE MI 48877	44-0612817	501C3		83,028	FMV	FOOD	FIGHT HUNGER
(4)	MACBASKETS/SOUTH ENSLEY UMC (M) 21350 KENDAVILLE ROAD HOWARD CITY MI 49329	31-1813333	501C3		89,853	FMV	FOOD	FIGHT HUNGER
(5)	MACKINAC COUNTY CHILD PROTECTION 199 FERRY LANE ST IGNACE MI 49781	RO 38-3643771	501C3		18,290	FMV	FOOD	FIGHT HUNGER
(6)	MAMRELUND EVANGELICAL LUTHERAN CHUR 4085 LUTHERAN CHURCH RD. KENT CITY MI 49330	41-1568278	501C3		67,705	FMV	FOOD	FIGHT HUNGER
(7)	MANISTEE COUNTY COUNCIL ON AGING 260 SAINT MARY'S PARKWAY MANISTEE MI 49660	38-1949993	501C3		41,226	FMV	FOOD	FIGHT HUNGER
(8)	MANISTEE FRIENDSHIP SOCIETY 1475 US 31 NORTH MANISTEE MI 49660	38-3636893	501C3		6,156	FMV	FOOD	FIGHT HUNGER
(9)	MANISTEE FRIENDSHIP SOCIETY (M) 1475 US-31 N MANISTEE MI 49660	38-3636893	501C3		178,420	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MANNA PANTRY OF BIG RAPIDS 315 SOUTH STATE ST., SUITE B BIG RAPIDS MI 49307	46-2870828	501C3		251,171	FMV	FOOD	FIGHT HUNGER
(2)	MANNA PROJECT, INC (EMMET) 8791 MCBRIDE PARK DR. HARBOR SPRINGS MI 49740-9697	38-2764533	501C3		1,247,238	FMV	FOOD	FIGHT HUNGER
(3)	MANTON AREA RETIREES CLUB 302 W MAIN STREET MANTON MI 49663	23-7187079	501C3		10,823	FMV	FOOD	FIGHT HUNGER
(4)	MANTON FOOD PANTRY- MANTON FREE MET 201 N MICHIGAN AVE. MANTON MI 49663	35-0877568	501C3		10,716	FMV	FOOD	FIGHT HUNGER
(5)	MARANATHA ASSEMBLY OF GOD 917 PYLE DRIVE KINGSFORD MI 49802	44-0577787	501C3		21,697	FMV	FOOD	FIGHT HUNGER
(6)	MARCELLUS COMMUNITY FOOD PANTRY (M) 197 WEST MAIN MARCELLUS MI 49067	26-4737267	501C3		64,342	FMV	FOOD	FIGHT HUNGER
(7)	MARCELLUS COMMUNITY FOOD PANTRY, IN 175 S CENTRE STREET MARCELLUS MI 49067	26-4737267	501C3		39,360	FMV	FOOD	FIGHT HUNGER
(8)	MARCY'S PANTRY WEST 17455 MAIN STREET CURTIS MI 49820	26-1213690	501C3		62,257	FMV	FOOD	FIGHT HUNGER
(9)	MARILLA FOOD PANTRY--CHURCH OF THE 9991 MARILLA ROAD COPEMISH MI 49625	52-0643036	501C3		19,176	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Employer identification number

38-2439659

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(1)	MARION COMMUNITY FOOD PANTRY COC 112 N CLARK STREET MARION MI 49665	44-0552038	501C3		41,942	FMV	FOOD	FIGHT HUNGER
(2)	MARTIN RESOURCE CENTER 1445 S. 10TH STREET MARTIN MI 49070	38-3467198	501C3		40,570	FMV	FOOD	FIGHT HUNGER
(3)	MARTIN UNITED METHODIST CHURCH PANT 969 E. ALLEGAN STREET MARTIN MI 49070	31-1813333	501C3		10,034	FMV	FOOD	FIGHT HUNGER
(4)	MATTAWAN AREA PANTRY 23680 FRONT AVENUE MATTAWAN MI 49071	30-0666170	501C3		151,447	FMV	FOOD	FIGHT HUNGER
(5)	MCCLEES CLINIC/MERCY HEALTH PARTNER 1700 CLINTON STREET MUSKEGON MI 49442	38-2589966	501C3		21,606	FMV	FOOD	FIGHT HUNGER
(6)	MECOSTA COUNTY SENIOR CENTER 12954 80TH AVE. MECOSTA MI 49332	38-2902050	501C3		5,526	FMV	FOOD	FIGHT HUNGER
(7)	MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS MI 49503	38-1410467	501C3		30,543	FMV	FOOD	FIGHT HUNGER
(8)	MEN & WOMEN OF CHARACTER/MMC 2401 8TH STREET MUSKEGON HEIGHTS MI 49444	30-0039346	501C3		12,761	FMV	FOOD	FIGHT HUNGER
(9)	MI FAMILY RESOURCES - HEAD START 2626 WALKER AVE. NW WALKER MI 49544	38-2942671	501C3		16,252	FMV	FOOD	FIGHT HUNGER

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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(1)	MICHELE'S RESCUE 301 ALTEN NE GRAND RAPIDS MI 49503	27-0915985	501C3		6,397	FMV	FOOD	FIGHT HUNGER
(2)	MISION DE FE/FAMILY LEADERSHIP INIT 3242 52 ST. SW GRANDVILLE MI 49418	44-0577787	501C3		22,162	FMV	FOOD	FIGHT HUNGER
(3)	MISSION FOR AREA PEOPLE PANTRY/ UMC 2500 JEFFERSON ST. MUSKEGON HEIGHTS MI 49444	31-1813333	501C3		11,891	FMV	FOOD	FIGHT HUNGER
(4)	MISSIONARY CHURCH OF CHRIST INC. (M) 200 GRIGGS STREET SW GRAND RAPIDS MI 49507	38-1967844	501C3		124,455	FMV	FOOD	FIGHT HUNGER
(5)	MOCAP FOOD PANTRY MUSKEGON CO 1170 WEST SOUTHERN AVENUE MUSKEGON HEIGHTS MI 49444	38-1802280	501C3		11,382	FMV	FOOD	FIGHT HUNGER
(6)	MONTABELLA MINISTERIAL ASSOC. / FAI 833 S. FIRST STREET EDMORE MI 48829	31-1813333	501C3		23,806	FMV	FOOD	FIGHT HUNGER
(7)	MOORESTOWN-STITTSVILLE UNITED METHOD 4509 E MOORESTOWN ROAD LAKE CITY MI 49651	31-1813333	501C3		26,668	FMV	FOOD	FIGHT HUNGER
(8)	MOUNT HOPE CHURCH / AOG (M) 845 IONIA ROAD PORTLAND MI 48875	44-0577787	501C3		40,759	FMV	FOOD	FIGHT HUNGER
(9)	MT. CALVARY MISSIONARY BAPTIST CHUR 601 FERRY ST. NILES MI 49120	38-2676524	501C3		31,686	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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

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(1)	MT. ZION MISSIONARY BAPTIST CHURCH 100 MILLER STREET DOWAGIAC MI 49047		501C3		8,703	FMV	FOOD	FIGHT HUNGER
(2)	MULTITUDE MINISTRIES, INC. (H) 2018 CALVIN AVE SE GRAND RAPIDS MI 49507	46-2529623	501C3		49,018	FMV	FOOD	FIGHT HUNGER
(3)	MUSKEGON CO/FAWM (M) 864 WEST RIVER CENTER DR. COMSTOCK PARK MI 49321		501C3		11,178	FMV	FOOD	FIGHT HUNGER
(4)	MUSKEGON COUNTY COOPERATING CHURCHE 120 W. APPLE AVE MUSKEGON MI 49440	38-2746797	501C3		884,151	FMV	FOOD	FIGHT HUNGER
(5)	NECM (NORTH END COMMUNITY MINISTRY) 214 SPENCER STREET NE GRAND RAPIDS MI 49505	38-3572938	501C3		70,175	FMV	FOOD	FIGHT HUNGER
(6)	NEW BEGINNINGS CHURCH/ NBCFF 302 WEST MAIN STREET EDMORE MI 48829	35-2247163	501C3		79,019	FMV	FOOD	FIGHT HUNGER
(7)	NEW FAITH TEMPLE CDC 1701 KALAMAZOO AVE. SE GRAND RAPIDS MI 49507	45-2871411	501C3		47,254	FMV	FOOD	FIGHT HUNGER
(8)	NEW FREEDOM CHURCH 6210 MOUNTAIN RD. COLOMA MI 49038		501C3		96,996	FMV	FOOD	FIGHT HUNGER
(9)	NEW HARVEST HOUSE/NEW HARVEST CHURCH 201 N 12TH STREET ESCANABA MI 49829	81-2870134	501C3		21,927	FMV	FOOD	FIGHT HUNGER

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	NEW HEIGHTS CHRISTIAN COMMUNITY DEV 990 N. EUCLID AVE. BENTON HARBOR MI 49022	81-5017908	501C3		88,144	FMV	FOOD	FIGHT HUNGER
(2)	NEW HOPE COMMUNITY CHURCH FOOD PANTRY 66 CEDAR GROVE DRIVE KINCHELOE MI 49788	38-2051351	501C3		44,787	FMV	FOOD	FIGHT HUNGER
(3)	NEW HOPE COMMUNITY RCA (M) 244 S. 79TH STREET SHELBY MI 49455	13-3204416	501C3		356,048	FMV	FOOD	FIGHT HUNGER
(4)	NEW HOPE MISSIONARY BAPTIST CHURCH 130 DELAWARE SW GRAND RAPIDS MI 49507	23-7364078	501C3		25,324	FMV	FOOD	FIGHT HUNGER
(5)	NEW HORIZONS CLUBHOUSE/TORCH LAKE AREA 7164 RAPID CITY ROAD RAPID CITY MI 49676	44-0577787	501C3		25,155	FMV	FOOD	FIGHT HUNGER
(6)	NEW LIFE FOOD PANTRY COGIC 1072 JEFFERSON AVE. SE GRAND RAPIDS MI 49507		501C3		9,811	FMV	FOOD	FIGHT HUNGER
(7)	NEWAYGO COUNTY PREVENTION OF CHILD ABUSE 1268 NEWELL WHITE CLOUD MI 49349	38-2577323	501C3		8,950	FMV	FOOD	FIGHT HUNGER
(8)	NONPROFIT INNOVATIONS INC. (M) 50 ANTOINE SW GRAND RAPIDS MI 49507	27-0669246	501C3		102,481	FMV	FOOD	FIGHT HUNGER
(9)	NOOR'S HEAVEN OF W. MI SERV. ARZAO 2723 SARNIA ST SW WYOMING MI 49519	36-4748887	501C3		18,254	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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(1)	NOOR'S HEAVEN OF WEST MI SERVICES 2723 SARNIA ST WYOMING MI 49519	36-4748887	501C3		25,622	FMV	FOOD	FIGHT HUNGER
(2)	NORTH KENT CONNECT DBA / RCSC 10075 NORTHLAND DR. NE ROCKFORD MI 49341	38-2066893	501C3		55,556	FMV	FOOD	FIGHT HUNGER
(3)	NORTHERN LIGHT CHURCH FOOD PANTRY 115 COBB STREET CADILLAC MI 49601	35-1148762	501C3		11,632	FMV	FOOD	FIGHT HUNGER
(4)	NORTHERN MICHIGAN UNIVERSITY FOOD P 1401 PRESQUE ISLE AVE MARQUETTE MI 49855	23-7034523	501C3		16,843	FMV	FOOD	FIGHT HUNGER
(5)	NORTHLAND CHURCH OF CHRIST (M) 9891 S. MASON DRIVE GRANT MI 49327	84-0563716	501C3		139,764	FMV	FOOD	FIGHT HUNGER
(6)	NORTHSIDE CHURCHES AT FIFTH REFORME 2330 HOLTON ROAD MUSKEGON MI 49445	13-3204416	501C3		177,108	FMV	FOOD	FIGHT HUNGER
(7)	NORTHWESTERN MICHIGAN COLLEGE PANTR 1701 E. FRONT STREET TRAVERSE CITY MI 49686	38-2376475	501C3		7,536	FMV	FOOD	FIGHT HUNGER
(8)	NORWAY COMM FOOD PANTRY/BACKPACK/ME 130 O'DILL DRIVE NORWAY MI 49870	31-1813333	501C3		75,729	FMV	FOOD	FIGHT HUNGER
(9)	NORWAY COMMUNITY FOOD PANTRY @ GRAC 130 O'DILL DRIVE NORWAY MI 49870	31-1813333	501C3		166,658	FMV	FOOD	FIGHT HUNGER

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Schedule I (Form 990) (2020)

**SCHEDULE I
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Employer identification number

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(1)	NW FOOD PANTRY COALITION AT TRINITY 1224 DAVIS AVENUE NW GRAND RAPIDS MI 49504	38-3010758	501C3		43,110	FMV	FOOD	FIGHT HUNGER
(2)	NW OSCEOLA FOOD PANTRY 18499 20 MILE TUSTIN MI 49688	38-3056837	501C3		26,335	FMV	FOOD	FIGHT HUNGER
(3)	OAKRIDGE BAPTIST CHURCH 766 OAKRIDGE DR. ST. JOSEPH MI 49085	36-2192827	501C3		24,375	FMV	FOOD	FIGHT HUNGER
(4)	OPERATION GLOBAL CRISIS FOOD PANTRY 841 MAIN STREET BENTON HARBOR MI 49022	58-2479964	501C3		20,446	FMV	FOOD	FIGHT HUNGER
(5)	OTHER WAY MINISTRIES 710 W. FULTON STREET GRAND RAPIDS MI 49504	38-2236821	501C3		167,440	FMV	FOOD	FIGHT HUNGER
(6)	OUR CENTER FOR BETTER LIVING (M) 717 E. NAPIER AVE (NO MAIL BOX) BENTON HARBOR MI 49022	38-2149136	501C3		13,371	FMV	FOOD	FIGHT HUNGER
(7)	OUR HOPE ASSOCIATION 324 LYON STREET NE GRAND RAPIDS MI 49503	38-1998209	501C3		17,208	FMV	FOOD	FIGHT HUNGER
(8)	OUR LADY QUEEN OF PEACE 3903 LAKE ST. BRIDGMAN MI 49106	53-0196617	501C3		11,079	FMV	FOOD	FIGHT HUNGER
(9)	PAW PAW SEVENTH-DAY ADVENTIST CHURCH 60409 SOUTH M-40 PAW PAW MI 49079	52-0643036	501C3		63,700	FMV	FOOD	FIGHT HUNGER

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(1)	PEACE LUTHERAN CHURCH 1225 12 MILE ROAD NW SPARTA MI 49345	41-1568278	501C3		96,235	FMV	FOOD	FIGHT HUNGER
(2)	PENTWATER COMMUNITY FOOD PANTRY @ F 101 SOUTH RUSH STREET PENTWATER MI 49449	36-2181949	501C3		42,519	FMV	FOOD	FIGHT HUNGER
(3)	PENTWATER MOBILE/CENTENARY UMC (M) 486 E PARK STREET PENTWATER MI 49449	31-1813333	501C3		117,418	FMV	FOOD	FIGHT HUNGER
(4)	PILGRIM REST MISSIONARY BAPTIST (M) 510 FRANKLIN STREET SE GRAND RAPIDS MI 49507	38-6095426	501C3		60,900	FMV	FOOD	FIGHT HUNGER
(5)	PINE GROVE COMMUNITY CHURCH CRC (M) 8775 E. 88TH STREET HOWARD CITY MI 49329	38-2051351	501C3		128,142	FMV	FOOD	FIGHT HUNGER
(6)	PINEVIEW HOMES, INC. 8444 OAK ROAD EVART MI 49631	38-1851783	501C3		26,445	FMV	FOOD	FIGHT HUNGER
(7)	PIONEER MEMORIAL S.D.A. - GOD'S ABU 4519 INTERNATIONAL COURT BERRIEN SPRINGS MI 49104	52-0643036	501C3		119,924	FMV	FOOD	FIGHT HUNGER
(8)	PORTLAND COMMUNITY FOOD PANTRY (M) 310 E. BRIDGE STREET PORTLAND MI 48875	38-2832191	501C3		10,344	FMV	FOOD	FIGHT HUNGER
(9)	PORTLAND COMMUNITY FOOD PANTRY / PCF 310 EAST BRIDGE ST. PORTLAND MI 48875	38-2832191	501C3		60,249	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PROJECT HOPE OF ALLEGAN COUNTY 1808 143RD AVENUE DORR MI 49323	38-3194627	501C3		242,874	FMV	FOOD	FIGHT HUNGER
(2)	PROJECT STARBURST 120 S. STATE STREET BIG RAPIDS MI 49307	38-1988807	501C3		123,702	FMV	FOOD	FIGHT HUNGER
(3)	PROVIDENCE CRC PANTRY 821 OTTAWA AVENUE HOLLAND MI 49423	38-2051351	501C3		16,368	FMV	FOOD	FIGHT HUNGER
(4)	RED PINE BIBLE CHURCH (M) 17195 RED PINE DR. KENT CITY MI 49330		501C3		44,780	FMV	FOOD	FIGHT HUNGER
(5)	REDBUD AREA MINISTRIES -BAMA (M) 708 N. REDBUD TRAIL BUCHANAN MI 49107	38-2513283	501C3		16,362	FMV	FOOD	FIGHT HUNGER
(6)	REDEEMER LUTHERAN CHURCH 1896 ROGERS ROAD GRAWN MI 49637	43-0658188	501C3		37,224	FMV	FOOD	FIGHT HUNGER
(7)	REED CITY AREA MINISTERIAL ASSOCIAT 831 SOUTH CHESTNUT ST REED CITY MI 49677	38-3056454	501C3		67,625	FMV	FOOD	FIGHT HUNGER
(8)	REHOBOTH REFORMED CHURCH MCBAIN/COM 8372 S LUCAS ROAD MCBAIN MI 49657	81-5336674	501C3		90,689	FMV	FOOD	FIGHT HUNGER
(9)	REVIVE AND THRIVE PROJECT 4330 ASPEN TRAILS DR NE GRAND RAPIDS MI 49546	90-1015393	501C3		6,475	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Employer identification number

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(1)	RIVER VALLEY SCHOOL DISTRICT - BLES 15480 THREE OAKS ROAD THREE OAKS MI 49128	26-1964620	501C3		24,481	FMV	FOOD	FIGHT HUNGER
(2)	ROAD TO HOPE/ROAD TO LIFE CHURCH 3800 NILES ROAD ST JOSEPH MI 49085		501C3		43,768	FMV	FOOD	FIGHT HUNGER
(3)	ROTHBURY COMMUNITY CHURCH (M) 2500 W. WINSTON RD. ROTHBURY MI 49452	38-2343626	501C3		9,433	FMV	FOOD	FIGHT HUNGER
(4)	RUBY CREEK DISABLED VETERANS HUNT C 7980 E WASHINGTON RD BRANCH MI 49402	81-1880864	501C3		16,010	FMV	FOOD	FIGHT HUNGER
(5)	SACRED HEART CATHOLIC CHURCH-USCOB 150 E. SUMMIT AVE. MUSKEGON HEIGHTS MI 49444	53-0196617	501C3		28,515	FMV	FOOD	FIGHT HUNGER
(6)	SALVATION ARMY - ADULT REHAB 1491 S. DIVISION GRAND RAPIDS MI 49507	13-3485289	501C3		262,748	FMV	FOOD	FIGHT HUNGER
(7)	SALVATION ARMY - BENTON HARBOR 233 MICHIGAN ST. BENTON HARBOR MI 49022	13-3485289	501C3		45,303	FMV	FOOD	FIGHT HUNGER
(8)	SALVATION ARMY - DICKINSON COUNTY () 145 ROSELAND STREET KINGSFORD MI 49802	36-2167910	501C3		53,222	FMV	FOOD	FIGHT HUNGER
(9)	SALVATION ARMY - DISASTER SERVICES 1632 LINDEN SE GRAND RAPIDS MI 49507	13-3485289	501C3		6,579	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

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Employer identification number

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

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(1)	SALVATION ARMY - ESCANABA 3001 5TH AVE S. ESCANABA MI 49829	36-2167910	501C3		206,287	FMV	FOOD	FIGHT HUNGER
(2)	SALVATION ARMY - FULTON HTS.CITADEL 1235 E. FULTON STREET GRAND RAPIDS MI 49503	13-3485289	501C3		108,929	FMV	FOOD	FIGHT HUNGER
(3)	SALVATION ARMY - GRAND HAVEN CORP. 310 N. DESPELDER STREET GRAND HAVEN MI 49417	13-3485289	501C3		6,642	FMV	FOOD	FIGHT HUNGER
(4)	SALVATION ARMY - HOLLAND 104 CLOVER STREET HOLLAND MI 49423	13-3485289	501C3		20,537	FMV	FOOD	FIGHT HUNGER
(5)	SALVATION ARMY - KENT COUNTY SOCIAL 1215 E. FULTON STREET GRAND RAPIDS MI 49503	13-3485289	501C3		36,186	FMV	FOOD	FIGHT HUNGER
(6)	SALVATION ARMY - KINGSFORD 145 ROSELAND STREET KINGSFORD MI 49802	36-2167910	501C3		68,597	FMV	FOOD	FIGHT HUNGER
(7)	SALVATION ARMY - LUDINGTON 1101 S MADISON LUDINGTON MI 49431	13-3485289	501C3		6,451	FMV	FOOD	FIGHT HUNGER
(8)	SALVATION ARMY - MARINETTE/MENOMINE 1307 8TH AVE MENOMINEE MI 49858	36-2167910	501C3		58,545	FMV	FOOD	FIGHT HUNGER
(9)	SALVATION ARMY - MUSKEGON 1221 SHONAT STREET MUSKEGON MI 49442	13-3485289	501C3		14,609	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY - SAULT STE MARIE 132 W SPRUCE STREET SAULT STE MARIE MI 49783	38-1370971	501C3		192,495	FMV	FOOD	FIGHT HUNGER
(2)	SALVATION ARMY- MARQUETTE FOOD PROG 1009 W. BARAGA AVE. MARQUETTE MI 49855	36-2167910	501C3		71,024	FMV	FOOD	FIGHT HUNGER
(3)	SALVATION ARMY-CADILLAC 725 WRIGHT ST CADILLAC MI 49601	36-2167910	501C3		61,477	FMV	FOOD	FIGHT HUNGER
(4)	SALVATION ARMY-MARQUETTE (M) 1009 W. BARAGA AVE. MARQUETTE MI 49855	36-2167910	501C3		110,768	FMV	FOOD	FIGHT HUNGER
(5)	SARANAC COMMUNITY CHURCH (M) 125 S. BRIDGE ST. SARANAC MI 48881	36-2167730	501C3		84,402	FMV	FOOD	FIGHT HUNGER
(6)	SAULT TRIBE ELDER'S MEAL PROGRAM 3355 N 3 MILE ROAD HESSEL MI 49745	HE	501C3		9,927	FMV	FOOD	FIGHT HUNGER
(7)	SAULT TRIBE ELDER'S MEAL PROGRAM- S 2076 SHUNK ROAD SAULT STE MARIE MI 49783	S	501C3		7,113	FMV	FOOD	FIGHT HUNGER
(8)	SCS - ALGOMA HOME 2690 WIERSMA CEDAR SPRINGS MI 49319	38-2882853	501C3		8,126	FMV	FOOD	FIGHT HUNGER
(9)	SCS - BLYTHEFIELD HOME 3485 ROGUE RIVER ROAD NE BELMONT MI 49306	38-2882853	501C3		19,688	FMV	FOOD	FIGHT HUNGER

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SCS - FOREST HILLS HOME 311 FOREST HILL AVE. SE GRAND RAPIDS MI 49546	38-2882853	501C3		10,784	FMV	FOOD	FIGHT HUNGER
(2)	SCS - IRIS HOME 3728 IRIS S.W. GRANDVILLE MI 49418	38-2882853	501C3		6,533	FMV	FOOD	FIGHT HUNGER
(3)	SCS - KINGDOM HOME 2975 52ND STREET SE KENTWOOD MI 49508	38-2882853	501C3		8,913	FMV	FOOD	FIGHT HUNGER
(4)	SCS - PARKVIEW HOME 2165 BAYHAM STREET GRAND RAPIDS MI 49503	38-2882853	501C3		5,032	FMV	FOOD	FIGHT HUNGER
(5)	SCS - SHIAWASSEE HOME 2141 E. SHIAWASSEE DR. GRAND RAPIDS MI 49506	38-2882853	501C3		5,506	FMV	FOOD	FIGHT HUNGER
(6)	SCS - SKYWAY HOME 5626 SKYWAY DRIVE COMSTOCK PARK MI 49321	38-2882853	501C3		8,448	FMV	FOOD	FIGHT HUNGER
(7)	SCS - STAUFFER HOME 4661 STAUFFER AVE SE KENTWOOD MI 49508	38-2882853	501C3		13,636	FMV	FOOD	FIGHT HUNGER
(8)	SEARS FOOD PANTRY 5841 50TH AVE SEARS MI 49679	38-3288540	501C3		106,538	FMV	FOOD	FIGHT HUNGER
(9)	SECOM SOUTH END COMMUNITY OUTREACH 1545 BUCHANAN AVE. SW GRAND RAPIDS MI 49507	38-3038706	501C3		128,703	FMV	FOOD	FIGHT HUNGER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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38-2439659

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(1)	SECOND CHRISTIAN REFORMED CHURCH 600 APACHE DRIVE FREMONT MI 49412	FR 38-2051351	501C3 501C3		42,723	FMV	FOOD	FIGHT HUNGER
(2)	SENIOR MEALS PROGRAM 2900 WILSON AVE SW, SUITE 500 GRANDVILLE MI 49418	38-2535537	501C3		355,567	FMV	FOOD	FIGHT HUNGER
(3)	SENIOR MEALS PROGRAM FOOD PANTRY 1954 FULLER AVENUE NE GRAND RAPIDS MI 49505	38-2535537	501C3		393,129	FMV	FOOD	FIGHT HUNGER
(4)	SENIOR MEALS PROGRAM PANTRY @ NORTH 10075 NORTHLAND DR. NE ROCKFORD MI 49341	38-2535537	501C3		59,477	FMV	FOOD	FIGHT HUNGER
(5)	SENIOR MEALS PROGRAM PANTY @ MESSIA 551 HENRY AVE SE GRAND RAPIDS MI 49503	38-2535537	501C3		45,601	FMV	FOOD	FIGHT HUNGER
(6)	SENIOR NUTRITION SERVICE 1708 COLFAX BENTON HARBOR MI 49022	38-2766803	501C3		5,218	FMV	FOOD	FIGHT HUNGER
(7)	SENIOR SERVICES OF VAN BUREN COUNTY 1635 76TH STREET SOUTH HAVEN MI 49090	38-3200638	501C3		96,904	FMV	FOOD	FIGHT HUNGER
(8)	SETTLEMENT LUTHERAN CHURCH (M) 1031 S. JOHNSON ROAD GOWEN MI 49326	41-1568278	501C3		93,453	FMV	FOOD	FIGHT HUNGER
(9)	SETTLEMENT LUTHERAN CHURCH FOOD PAN 1031 S. JOHNSON ROAD GOWEN MI 49326	41-1568278	501C3		78,646	FMV	FOOD	FIGHT HUNGER

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(1)	SEVENTH DAY ADVENTIST COMMUNITY SER 2055 4 MILE ROAD NORTH TRAVERSE CITY MI 49686	52-0643036	501C3		21,470	FMV	FOOD	FIGHT HUNGER
(2)	SEYMOUR CHRISTIAN REFORMED CHURCH () 840 ALGER STREET SE GRAND RAPIDS MI 49507	38-2051351	501C3		27,836	FMV	FOOD	FIGHT HUNGER
(3)	SHAWNEE PARK CHRISTIAN REFORMED (M) 2255 TECUMSEH DRIVE SE GRAND RAPIDS MI 49506	38-2051351	501C3		31,966	FMV	FOOD	FIGHT HUNGER
(4)	SHEKINAH REVIVAL MINISTRIES AKA FAI 1941 WASHINGTON AVE. HOLLAND MI 49423	73-6109354	501C3		41,325	FMV	FOOD	FIGHT HUNGER
(5)	SHEPHERDS OF INDEPENDENCE 1400 MORGAN STREET NW GRAND RAPIDS MI 49504	58-2641404	501C3		55,229	FMV	FOOD	FIGHT HUNGER
(6)	SHERMAN STREET CRC (M) 1000 SHERMAN ST. SE GRAND RAPIDS MI 49506	38-2051351	501C3		98,336	FMV	FOOD	FIGHT HUNGER
(7)	SHILOH COMMUNITY CHURCH (M) 8197 HETH STREET ORLEANS MI 48865	38-2170276	501C3		194,513	FMV	FOOD	FIGHT HUNGER
(8)	SHILOH COMMUNITY CHURCH FOOD PANTRY 8197 HETH STREET ORLEANS MI 48865	38-2170276	501C3		15,657	FMV	FOOD	FIGHT HUNGER
(9)	SIGSBEE SCHOOL/EASTOWN COMMUNITY AS 415 ETHEL AVENUE SE GRAND RAPIDS MI 49506	23-7441183	501C3		10,313	FMV	FOOD	FIGHT HUNGER

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(1)	SILVER CREEK THRIFT STORE (M) 219 SILVER CREEK ROAD HARVEY MI 49855	47-2568953	501C3		133,366	FMV	FOOD	FIGHT HUNGER
(2)	SOUTH ENSLEY UMC NEWAYGO CO (M) 13600 CYPRESS AVENUE SAND LAKE MI 49343	31-1813333	501C3		26,921	FMV	FOOD	FIGHT HUNGER
(3)	SOUTH UMC (M) 4500 S. DIVISION AVE. GRAND RAPIDS MI 49548-4307	31-1813333	501C3		28,975	FMV	FOOD	FIGHT HUNGER
(4)	SOUTHEAST CHURCH OF CHRIST (M) 1915 NELSON SE GRAND RAPIDS MI 49507	38-2994544	501C3		25,162	FMV	FOOD	FIGHT HUNGER
(5)	SOUTHWEST MICHIGAN COMMUNITY ACTION 185 E. MAIN ST. SUITE 200 BENTON HARBOR MI 49022	38-2415106	501C3		175,266	FMV	FOOD	FIGHT HUNGER
(6)	SPARTA AREA MIGRANT RESOURCE CO/MI 4085 LUTHERAN CHURCH ROAD KENT CITY MI 49303	38-2010346	501C3		50,892	FMV	FOOD	FIGHT HUNGER
(7)	ST ANN'S LAKE CO SENIOR SERVICES/ST 690 9TH STREET BALDWIN MI 49304	53-0196617	501C3		51,070	FMV	FOOD	FIGHT HUNGER
(8)	ST. ALPHONSUS (M) 228 CARRIER STREET NE GRAND RAPIDS MI 49505	53-0196617	501C3		98,959	FMV	FOOD	FIGHT HUNGER
(9)	ST. ALPHONSUS FOOD & CLOTHING CENTE 228 CARRIER STREET NE GRAND RAPIDS MI 49505	53-0196617	501C3		179,329	FMV	FOOD	FIGHT HUNGER

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. ANTHONY'S CATHOLIC CHAPEL 13421 GREEN STREET GRAND HAVEN MI 49417	53-0196617	501C3		17,566	FMV	FOOD	FIGHT HUNGER
(2)	ST. AUGUSTINE EPISCOPAL CHURCH 1753 UNION ST. BENTON HARBOR MI 49022	31-1629166	501C3		68,330	FMV	FOOD	FIGHT HUNGER
(3)	ST. FRANCIS XAVIER - CONKLIN 2044 GOODING CONKLIN MI 49403	53-0196617	501C3		13,623	FMV	FOOD	FIGHT HUNGER
(4)	ST. GREGORY'S BREAD OF LIFE FOOD 11 WASHINGTON STREET HART MI 49420	53-0196617	501C3		28,522	FMV	FOOD	FIGHT HUNGER
(5)	ST. IGNACE FOOD PANTRY 250 FERRY LANE ST IGNACE MI 49781	68-0518240	501C3		172,804	FMV	FOOD	FIGHT HUNGER
(6)	ST. ISIDORE CATHOLIC CHURCH FOOD 625 SPRING AVE NE GRAND RAPIDS MI 49503	53-0196617	501C3		5,728	FMV	FOOD	FIGHT HUNGER
(7)	ST. JOHN'S U.C.C. (M) 1934 BRIDGE STREET NW GRAND RAPIDS MI 49504	13-1957221	501C3		66,264	FMV	FOOD	FIGHT HUNGER
(8)	ST. JOSEPH CATHOLIC - WATERVLIET 157 LUCINDA LANE WATERVLIET MI 49098	53-0196617	501C3		11,100	FMV	FOOD	FIGHT HUNGER
(9)	ST. JOSEPH CATHOLIC CHURCH FOOD PAN 409 SOUTH BRIDGE STREET BELDING MI 48809	53-0196617	501C3		32,726	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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Name of the organization: **FEEDING AMERICA WEST MICHIGAN** Employer identification number: **38-2439659**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. JOSEPH CHURCH 8380 FIFTH STREET ONEKAMA MI 49675	53-0196617	501C3		45,953	FMV	FOOD	FIGHT HUNGER
(2)	ST. JOSEPH S.D.A. CHURCH 1201 MAIDEN LANE ST. JOSEPH MI 49085-0168	52-0643036	501C3		11,568	FMV	FOOD	FIGHT HUNGER
(3)	ST. LUKE UNIVERSITY PARISH/USCCB 10144 42ND AVENUE GEORGETOWN TWP. MI 49428	53-0196617	501C3		25,977	FMV	FOOD	FIGHT HUNGER
(4)	ST. MARY MAGDALEN CHURCH (M) 1253 52ND STREET SE KENTWOOD MI 49508	53-0196617	501C3		158,084	FMV	FOOD	FIGHT HUNGER
(5)	ST. MARY ROMAN CATHOLIC CHURCH 423 FIRST STREET N.W. GRAND RAPIDS MI 49504	53-0196617	501C3		39,982	FMV	FOOD	FIGHT HUNGER
(6)	ST. MARY'S CATHOLIC CHURCH - SPRIN 421 EAST EXCHANGE ST. SPRING LAKE MI 49456	53-0196617	501C3		5,537	FMV	FOOD	FIGHT HUNGER
(7)	ST. PATRICK'S & ST. ANTHONY'S CATHO 920 FULTON STREET GRAND HAVEN MI 49417	53-0196617	501C3		26,359	FMV	FOOD	FIGHT HUNGER
(8)	ST. PATRICK'S CATHOLIC CHURCH - TRC/ 630 S WEST SILVER LAKE RD TRAVERSE CITY MI 49685	53-0196617	501C3		16,801	FMV	FOOD	FIGHT HUNGER
(9)	ST. PAUL LUTHERAN CHURCH 305 W. STATE ST. CASSOPOLIS MI 49031	43-0658188	501C3		13,785	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. PAUL'S ANGLICAN CHURCH (M) 2560 LAKE MICHIGAN DR. GRAND RAPIDS MI 49504		501C3		50,468	FMV	FOOD	FIGHT HUNGER
(2)	ST. PAUL'S EPISCOPAL CHURCH/PECUSA 306 COURTLAND ST. DOWAGIAC MI 49047	31-1629166	501C3		47,758	FMV	FOOD	FIGHT HUNGER
(3)	ST. PHILIP NERI/EMPIRE FOOD PANTRY 4902 W MACFARLANE RD GLEN ARBOR MI 49636	53-0196617	501C3		13,234	FMV	FOOD	FIGHT HUNGER
(4)	ST. VINCENT DE PAUL CENTER/ST. FRAN 170 W. 13TH STREET HOLLAND MI 49423	53-0196617	501C3		45,896	FMV	FOOD	FIGHT HUNGER
(5)	ST. VINCENT DE PAUL FOOD PANTRY / S 134A W. ALLEGAN STREET OTSEGO MI 49078	53-0196617	501C3		5,043	FMV	FOOD	FIGHT HUNGER
(6)	ST. VINCENT DEPAUL - ISHPEMING 322 CLEVELAND AVE. ISHPEMING MI 49849	13-5562362	501C3		24,878	FMV	FOOD	FIGHT HUNGER
(7)	ST. VINCENT DEPAUL - MARQUETTE & GW 2119 PRESQUE ISLE AVE. MARQUETTE MI 49855	13-5562362	501C3		57,136	FMV	FOOD	FIGHT HUNGER
(8)	ST. VINCENT DEPAUL - MUNISING 413 MAPLE STREET MUNISING MI 49862	13-5562362	501C3		24,321	FMV	FOOD	FIGHT HUNGER
(9)	ST. VINCENT DEPAUL - NORWAY 431 MAIN STREET NORWAY MI 49870	13-5562362	501C3		21,802	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. VINCENT DEPAUL - REPUBLIC 317 KLOMAN AVENUE REPUBLIC MI 49879	13-5562362	501C3		21,459	FMV	FOOD	FIGHT HUNGER
(2)	ST. VINCENT DEPAUL SERVICE CENTER 231 S. CEDAR MANISTIQUE MI 49854	13-5562362	501C3		11,706	FMV	FOOD	FIGHT HUNGER
(3)	ST. VINCENT DEPAUL SOCIETY - BANGOR 201 SOUTH WALNUT ST BANGOR MI 49013	53-0196617	501C3		66,418	FMV	FOOD	FIGHT HUNGER
(4)	STANDALE REFORMED CHURCH (M) 202 CUMMINGS NW GRAND RAPIDS MI 49534	13-3204416	501C3		42,590	FMV	FOOD	FIGHT HUNGER
(5)	STANWOOD FMC/ 12 BASKETS 7486 STANWOOD DRIVE STANWOOD MI 49346	35-0877568	501C3		9,286	FMV	FOOD	FIGHT HUNGER
(6)	STEVENSVILLE UNITED METHODIST CHURCH 5506 RIDGE RD. STEVENSVILLE MI 49127	31-1813333	501C3		139,335	FMV	FOOD	FIGHT HUNGER
(7)	STREAMS OF HOPE FOOD CENTER 280 60TH STREET SE GRAND RAPIDS MI 49548	72-1610023	501C3		152,050	FMV	FOOD	FIGHT HUNGER
(8)	STREET LIGHT OUTREACH CHURCH 515 S. DIVISION GRAND RAPIDS MI 49503	38-3289683	501C3		23,738	FMV	FOOD	FIGHT HUNGER
(9)	STREETLIGHT OUTREACH MINISTRIES (M) 515 S. DIVISION GRAND RAPIDS MI 49503	38-3289683	501C3		30,866	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	STRONG TOWER MINISTRIES/TRINITY CRC 2851 BUCHANAN AVE SW WYOMING MI 49548	38-2051351	501C3		7,552	FMV	FOOD	FIGHT HUNGER
(2)	SUMMIT CHURCH (M) 15020 STANTON STREET WEST OLIVE MI 49460	38-3109554	501C3		9,866	FMV	FOOD	FIGHT HUNGER
(3)	TEACHING FAMILY HOMES - NEWBERRY 7820 STATE HIGHWAY M123 NEWBERRY MI 49868	38-2425199	501C3		8,362	FMV	FOOD	FIGHT HUNGER
(4)	TEMPLE EMANUEL FOOD PANTRY /CONGREG 1715 E. FULTON STREET GRAND RAPIDS MI 49503	38-1710040	501C3		6,020	FMV	FOOD	FIGHT HUNGER
(5)	THE GREEN APPLE/JOHN KNOX COMMUNITY 4307 KALAMAZOO AVE. SE GRAND RAPIDS MI 49508	46-5148847	501C3		63,617	FMV	FOOD	FIGHT HUNGER
(6)	THE RIVER CRC (M) 1652 M-40 NORTH ALLEGAN MI 49010	38-2051351	501C3		127,115	FMV	FOOD	FIGHT HUNGER
(7)	THE VINE AN ASSEMBLY OF GOD CHURCH/ 112 COMMERCE GRANT MI 49327	44-0577787	501C3		61,142	FMV	FOOD	FIGHT HUNGER
(8)	THIRD CHRISTIAN REFORMED CHURCH (M) 10 WEST CENTRAL AVENUE ZEELAND MI 49464	38-2051351	501C3		170,422	FMV	FOOD	FIGHT HUNGER
(9)	THRESHOLDS - 56TH STREET HOME 751 56TH STREET SE KENTWOOD MI 49548	38-2063018	501C3		8,686	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

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

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

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(1)	THRESHOLDS - EASTERN AVE HOME/KRC 4707 EASTERN AVE SE GRAND RAPIDS MI 49508	38-2063018	501C3		9,341	FMV	FOOD	FIGHT HUNGER
(2)	THRESHOLDS - ROTH HOME 99 ROTH STREET SE GRAND RAPIDS MI 49548	38-2063018	501C3		10,925	FMV	FOOD	FIGHT HUNGER
(3)	THRESHOLDS - VILLA EAST & PORTER 3000 PORTER SW GRANDVILLE MI 49418	38-2063018	501C3		16,631	FMV	FOOD	FIGHT HUNGER
(4)	THRESHOLDS - WESTCHESTER HOME 4205 WESTCHESTER DR. SE GRAND RAPIDS MI 49546	38-2063018	501C3		6,989	FMV	FOOD	FIGHT HUNGER
(5)	TOGETHER IN FAITH MINISTRIES 300 HALL STREET SE GRAND RAPIDS MI 49507		501C3		16,558	FMV	FOOD	FIGHT HUNGER
(6)	TOMMY DAVIS MEMORIAL FUND (M) 826 WINSLOW CT. NORTON SHORES MI 49441	83-0685363	501C3		43,340	FMV	FOOD	FIGHT HUNGER
(7)	TORCH LAKE ASSEMBLY OF GOD CHURCH 9456 VALLEY ROAD RAPID CITY MI 49676	44-0577787	501C3		10,290	FMV	FOOD	FIGHT HUNGER
(8)	TOTAL FAITH MINISTRIES (M) 352 EAST AYER STREET IRONWOOD MI 49938	31-1367429	501C3		50,633	FMV	FOOD	FIGHT HUNGER
(9)	TRINITY CHURCH OF GOD IN CHRIST (M) 2029 RED ARROW HWY BENTON HARBOR MI 49022	23-7002419	501C3		15,592	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

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(1)	TRINITY EVANGELICAL FREE CHURCH (M) 415 N MILL ST STANTON MI 48888	38-6028507	501C3		98,635	FMV	FOOD	FIGHT HUNGER
(2)	TRINITY LUTHERAN CHURCH COMMUNITY F 5631 W STONY LAKE RD NEW ERA MI 49446	20-1737867	501C3		264,191	FMV	FOOD	FIGHT HUNGER
(3)	TRINITY LUTHERAN CHURCH OF MUSKEGON 3225 ROOSEVELT RD MUSKEGON MI 49441	43-0658188	501C3		37,158	FMV	FOOD	FIGHT HUNGER
(4)	TRINITY LUTHERAN CHURCH OF ST. JOSE 619 MAIN STREET ST. JOSEPH MI 49085	43-0658188	501C3		174,012	FMV	FOOD	FIGHT HUNGER
(5)	TRINITY UNITED METHODIST CHURCH (M) 808 CARPENTER AVENUE IRON MOUNTAIN MI 49801	31-1813333	501C3		59,047	FMV	FOOD	FIGHT HUNGER
(6)	TRUE LIGHT BAPTIST CHURCH 900 THOMAS STREET SE GRAND RAPIDS MI 49506	62-1752816	501C3		10,352	FMV	FOOD	FIGHT HUNGER
(7)	TRUENORTH COMMUNITY SERVICES - BACK 6308 S. WARNER AVENUE FREMONT MI 49412	38-6158533	501C3		101,401	FMV	FOOD	FIGHT HUNGER
(8)	TRUENORTH COMMUNITY SERVICES (M) 6308 S. WARNER AVE. FREMONT MI 49412	38-6158533	501C3		299,282	FMV	FOOD	FIGHT HUNGER
(9)	TRUENORTH COMMUNITY SERVICES FOOD P 6308 S. WARNER AVE. FREMONT MI 49412	38-6158533	501C3		778,588	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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(1)	UCOM 1311 CHICAGO DRIVE SW WYOMING MI 49509	38-2640284	501C3		392,947	FMV	FOOD	FIGHT HUNGER
(2)	UNITED CHURCH OF WAYLAND FOR WAYLAN 411 SUPERIOR STREET WAYLAND MI 49348	13-1957221	501C3		118,244	FMV	FOOD	FIGHT HUNGER
(3)	UNITED WAY OF MANISTEE (M) 449 RIVER STREET MANISTEE MI 49660	38-6032839	501C3		118,283	FMV	FOOD	FIGHT HUNGER
(4)	UNITED WAY OF SOUTHWEST MICHIGAN- 2015 LAKEVIEW ST. JOSEPH MI 49085	38-1358411	501C3		118,594	FMV	FOOD	FIGHT HUNGER
(5)	UNITED WAY OF SOUTHWEST MICHIGAN- 2015 LAKEVIEW ST. JOSEPH MI 49085	38-1358411	501C3		22,113	FMV	FOOD	FIGHT HUNGER
(6)	UNITED WAY OF THE LAKESHORE-MUSKEGO 31 EAST CLAY AVE MUSKEGON MI 49442	38-1426895	501C3		18,350	FMV	FOOD	FIGHT HUNGER
(7)	UNITED WAY OF THE LAKESHORE-OCEANA 907 S. STATE STREET HART MI 49420	38-1426895	501C3		164,560	FMV	FOOD	FIGHT HUNGER
(8)	UNITY TEMPLE C.O.G.I.C. 435 FELTON AVE. BENTON HARBOR MI 49022		501C3		7,935	FMV	FOOD	FIGHT HUNGER
(9)	UNLIMITED ALTERNATIVES 321 FULLER NE GRAND RAPIDS MI 49503	38-2674344	501C3		13,775	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UPLIFT/COVENANT PRESBYTERIAN CHURCH 108 WEST CHURCH ST TUSTIN MI 49688	23-6393377	501C3		104,043	FMV	FOOD	FIGHT HUNGER
(2)	VAN BUREN UNITED CIVIC ORGANIZATION 73292 34TH AVENUE COVERT MI 49043	38-6123963	501C3		49,757	FMV	FOOD	FIGHT HUNGER
(3)	VANDALIA CHURCH OF GOD 60825 WALNUT STREET VANDALIA MI 49095	35-6064030	501C3		55,594	FMV	FOOD	FIGHT HUNGER
(4)	VINEYARD NORTH CHURCH 4700 EAST BELTLINE AVE NE GRAND RAPIDS MI 49525	38-3011105	501C3		171,514	FMV	FOOD	FIGHT HUNGER
(5)	WATERVLIET FREE METHODIST CHURCH-LI 7734 PAW PAW AVENUE WATERVLIET MI 49098	20-0690370	501C3		91,679	FMV	FOOD	FIGHT HUNGER
(6)	WEEKEND BACKPACK MISSION/UMC HARTFO 425 EAST MAIN HARTFORD MI 49057	31-1813333	501C3		16,474	FMV	FOOD	FIGHT HUNGER
(7)	WELLSPRING LUTHERAN SERVICES-FTBS& 1715 SUTHERLAND DR. SE GRAND RAPIDS MI 49508	38-1359524	501C3		43,126	FMV	FOOD	FIGHT HUNGER
(8)	WESLEY PARK UMC (M) 1150 32ND. STREET SW WYOMING MI 49509	31-1813333	501C3		55,244	FMV	FOOD	FIGHT HUNGER
(9)	WEST GOLDEN WESLEYAN CHURCH 2752 N. 34TH AVE. MEARS MI 49436	35-1148762	501C3		27,845	FMV	FOOD	FIGHT HUNGER

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WEST MI COMMUNITY ADVANCEMENT (M) 658 EASTERN AVENUE SE GRAND RAPIDS MI 49503	81-1788638	501C3		19,711	FMV	FOOD	FIGHT HUNGER
(2)	WEST MI VETERANS ASSISTANCE PROGRAM 620 CENTURY AVE SW GRAND RAPIDS MI 49503	45-0531112	501C3		135,714	FMV	FOOD	FIGHT HUNGER
(3)	WESTEND CRC (M) 1015 WESTEND AVE. NW GRAND RAPIDS MI 49504	38-2051351	501C3		105,908	FMV	FOOD	FIGHT HUNGER
(4)	WESTERN U.P. FOOD BANK 926 DODGE STREET HOUGHTON MI 49931-1944	87-0723404	501C3		976,214	FMV	FOOD	FIGHT HUNGER
(5)	WESTMINSTER FOOD PANTRY 47 JEFFERSON AVENUE SE. GRAND RAPIDS MI 49503	38-1387661	501C3		87,810	FMV	FOOD	FIGHT HUNGER
(6)	WHITE CLOUD CHURCH OF GOD (M) 1621 SOUTH EVERGREEN DRIVE WHITE CLOUD MI 49349	62-1870586	501C3		137,478	FMV	FOOD	FIGHT HUNGER
(7)	WOLF LAKE UNITED METHODIST CHURCH 378 VISTA TERRACE MUSKEGON MI 49442	31-1813333	501C3		24,227	FMV	FOOD	FIGHT HUNGER
(8)	WOODLAWN CHRISTIAN REFORMED CHURCH 3190 BURTON STREET SE GRAND RAPIDS MI 49546	38-2051351	501C3		99,197	FMV	FOOD	FIGHT HUNGER
(9)	WORD OF LIFE FELLOWSHIP / P.C.G. 330 SOUTH PLEASANT STREET WATERVLIET MI 49098	44-0612817	501C3		9,754	FMV	FOOD	FIGHT HUNGER

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ZION LUTHERAN CHURCH (M) 582 LAMOREAUX DRIVE NW COMSTOCK PARK MI 49321	41-1568278	501C3		69,411	FMV	FOOD	FIGHT HUNGER
(2)	ZION UMC (M) 423 W WASHINGTON STREET IONIA MI 48846	31-1813333	501C3		227,327	FMV	FOOD	FIGHT HUNGER
(3)	BAY MILLS COMMUNITY COLLEGE - TRIBA 12214 W LAKESHORE DRIVE BRIMLEY MI 49715		501C3		39,005	FMV	FOOD	FIGHT HUNGER
(4)	GRAND RAPIDS COMMUNITY COLLEGE FOUN 122 LYON ST. NE GRAND RAPIDS MI 49503		501C3		101,192	FMV	FOOD	FIGHT HUNGER
(5)	ASHLEY BAPTIST CHURCH 10463 BELDING ROAD BELDING MI 48809		501C3		6,279	FMV	FOOD	FIGHT HUNGER
(6)	ATTIC AFTER SCHOOL 2141-B PORTER ST. WYOMING MI 49519		501C3		32,538	FMV	FOOD	FIGHT HUNGER
(7)	CHIPPEWA LAKE COMMUNITY CHURCH (M) 10467 19 MILE ROAD CHIPPEWA LAKE MI 49320		501C3		60,658	FMV	FOOD	FIGHT HUNGER
(8)	CHRIST CHURCH OF TRAVERSE CITY 430 FAIR STREET TRAVERSE CITY MI 49686		501C3		7,455	FMV	FOOD	FIGHT HUNGER
(9)	CHRISTIAN FELLOWSHIP ASSEMBLY PANTR 9930 64TH AVENUE ALLENDALE MI 49401		501C3		5,887	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY HEART MINISTRIES 2731 PECK STREET MUSKEGON HEIGHTS MI 49444		501C3		23,576	FMV	FOOD	FIGHT HUNGER
(2)	COLFAX COMMUNITY CHURCH FOOD PANTRY 2010 E. 16 ROAD MANTON MI 49663		501C3		13,551	FMV	FOOD	FIGHT HUNGER
(3)	COMMUNITY BAPTIST CHURCH 1006 EAST 4TH AVE SAULT STE MARIE MI 49783		501C3		22,670	FMV	FOOD	FIGHT HUNGER
(4)	COUNTRYSIDE CHURCH OF CHRIST 8063 LOOP ROAD HESPERIA MI 49421		501C3		10,410	FMV	FOOD	FIGHT HUNGER
(5)	EPIC CHURCH (M) 211 E ELM ST. CARSON CITY MI 48811		501C3		77,596	FMV	FOOD	FIGHT HUNGER
(6)	FAMILY CARE NETWORK MANTON FP 800 S MICHIGAN AVE MANTON MI 49663		501C3		17,836	FMV	FOOD	FIGHT HUNGER
(7)	FELLOWSHIP BAPTIST CHURCH 308 ELM STREET LUTHER MI 49656		501C3		34,269	FMV	FOOD	FIGHT HUNGER
(8)	FIRST COMMUNITY AME CHURCH FOOD PAN 500 JAMES STREET SE GRAND RAPIDS MI 49503		501C3		66,563	FMV	FOOD	FIGHT HUNGER
(9)	FRESH WIND CHRISTIAN COMMUNITY FOOD 8201 HONOR HWY INTERLOCHEN MI 49643		501C3		41,129	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	IONIA CO HEALTH DEPARTMENT/ZION UMC 175 E ADAMS STREET IONIA MI 48846		501C3		6,297	FMV	FOOD	FIGHT HUNGER
(2)	JENISON BIBLE CHURCH 6360 14TH AVE. HUDSONVILLE MI 49426		501C3		41,420	FMV	FOOD	FIGHT HUNGER
(3)	LAKESHORE FOOD CLUB (M) 920 E. TINKHAM AVE. LUDINGTON MI 49431		501C3		9,704	FMV	FOOD	FIGHT HUNGER
(4)	LIVING LIGHT CHRISTIAN CHURCH /FAMI 7700 W BLUE ROAD LAKE CITY MI 49651		501C3		59,516	FMV	FOOD	FIGHT HUNGER
(5)	LIVING LIGHT CHRISTIAN CHURCH/FAMIL 7700 W BLUE ROAD LAKE CITY MI 49651		501C3		89,667	FMV	FOOD	FIGHT HUNGER
(6)	LORDS TABLE PANTRY @ FAITH COMMUNIT 610 GREEN STREET BIG RAPIDS MI 49307		501C3		8,510	FMV	FOOD	FIGHT HUNGER
(7)	MT. ZION MISSIONARY BAPTIST CHURCH 100 MILLER STREET DOWAGIAC MI 49047		501C3		8,703	FMV	FOOD	FIGHT HUNGER
(8)	MUSKEGON CO/FAWM (M) 864 WEST RIVER CENTER DR. COMSTOCK PARK MI 49321		501C3		11,178	FMV	FOOD	FIGHT HUNGER
(9)	NEW FREEDOM CHURCH 6210 MOUNTAIN RD. COLOMA MI 49038		501C3		11,700	FMV	FOOD	FIGHT HUNGER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEW FREEDOM CHURCH (M) 6210 MOUNTAIN RD. COLOMA MI 49038		501C3		85,296	FMV	FOOD	FIGHT HUNGER
(2)	NEW LIFE FOOD PANTRY COGIC 1072 JEFFERSON AVE. SE GRAND RAPIDS MI 49507		501C3		9,811	FMV	FOOD	FIGHT HUNGER
(3)	RED PINE BIBLE CHURCH (M) 17195 RED PINE DR. KENT CITY MI 49330		501C3		44,780	FMV	FOOD	FIGHT HUNGER
(4)	ROAD TO HOPE/ROAD TO LIFE CHURCH 3800 NILES ROAD ST JOSEPH MI 49085		501C3		43,768	FMV	FOOD	FIGHT HUNGER
(5)	SAULT TRIBE ELDER'S MEAL PROGRAM 3355 N 3 MILE ROAD HESSEL MI 49745	HE	501C3		9,927	FMV	FOOD	FIGHT HUNGER
(6)	SAULT TRIBE ELDER'S MEAL PROGRAM 2076 SHUNK ROAD SAULT STE MARIE MI 49783	S	501C3		7,113	FMV	FOOD	FIGHT HUNGER
(7)	ST. PAUL'S ANGLICAN CHURCH (M) 2560 LAKE MICHIGAN DR. GRAND RAPIDS MI 49504		501C3		50,468	FMV	FOOD	FIGHT HUNGER
(8)	TOGETHER IN FAITH MINISTRIES 300 HALL STREET SE GRAND RAPIDS MI 49507		501C3		16,558	FMV	FOOD	FIGHT HUNGER
(9)	UNITY TEMPLE C.O.G.I.C. 435 FELTON AVE. BENTON HARBOR MI 49022		501C3		7,935	FMV	FOOD	FIGHT HUNGER

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

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Schedule I (Form 990) (2020)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD - FIGHT HUNGER	284000		3,664,748	FMV	FOOD
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION PERFORMS RANDOM AUDITS OF GRANTEEES ANNUALLY AND REQUIRES

DOCUMENTATION OF HOW THE FOOD IS DISTRIBUTED. GRANTEEES ARE MONITORED

ANNUALLY FOR FOOD SAFETY AND COMPLIANCE WITH USDA AND OTHER GOVERNMENT

AGENCY REGULATIONS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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** Yes No

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** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH R. ESTELLE PRESIDENT/CEO	(i)	138,261	10,000	0	9,678	19,201	177,140	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

2020

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FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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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

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	546	51,189,444	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (THERMOMETERS)	X	2	196	FAIR MARKET VALUE
26 Other ▶ (PALLET JACK)	X	2	558	FAIR MARKET VALUE
27 Other ▶ (SCALE)	X	1	1,950	FAIR MARKET VALUE
28 Other ▶ (PERS. PROT. EQ.)	X	120142	62,769	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE NUMBER OF FOOD INVENTORY ITEMS REPORTED ON LINE 19, COLUMN B IS THE NUMBER OF DISTINCT TYPES OF FOOD ITEMS RECEIVED. THE NUMBER OF ITEMS REPORTED ON LINES 25-28, COLUMN B ARE THE NUMBER OF INDIVIDUAL ITEMS RECEIVED OR THE NUMBER OF MEALS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

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FORM 990 - ADDITIONAL INFORMATION

ADDITIONAL REVENUE WAS RECEIVED IN 2020 AS PART OF THE ORGANIZATION'S WORK WITH FOOD RELIEF DURING THE COVID PANDEMIC. THE ORGANIZATION HAS SUBSEQUENTLY ACQUIRED A LARGER BUILDING ELIMINATING BOTTLENECKS, COSTLY OUTSIDE STORAGE, AND CHALLENGING CONDITIONS IN THE CURRENT WAREHOUSE. THIS BUILDING WILL GIVE RISE TO THE OPPORTUNITY TO GROW DISTRIBUTION, IMPROVE QUALITY, FRESHNESS AND TEMPERATURE CONTROL OF PRODUCT TO THOSE IN NEED THROUGHOUT THE LARGE SERVICE AREA.

ALL LINES LEFT BLANK ARE NOT APPLICABLE TO THE ORGANIZATION.

PART IX, LINE 1 - GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS.

THE AMOUNT REPORTED ON THIS LINE IS STATED AT WHOLESALE VALUE AS REPORTED ON THE AUDITED FINANCIAL STATEMENTS. THE DETAIL OF GRANTS REPORTED IN SCHEDULE I IS STATED AT FAIR MARKET VALUE.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE FOOD BANK'S REPORTED REVENUE OF \$69.7 MILLION INCLUDES THE ESTIMATED VALUE OF NON-CASH FOOD DONATIONS OF \$51.2 MILLION. THE FOOD BANK THEN DISTRIBUTES THIS FOOD TO RECIPIENT ORGANIZATIONS. TOTAL REPORTED EXPENSES OF \$57.9 MILLION INCLUDE THE ESTIMATED VALUE OF NON-CASH FOOD DISTRIBUTION OF \$48.2 MILLION. NOT INCLUDING THE ESTIMATED NON-CASH VALUE OF FOOD DONATED AND DISTRIBUTED, THE FOOD BANK HAD REVENUE OF \$18.5 MILLION AND

Name of the organization

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EXPENSES OF \$9.7 MILLION, RESULTING IN A NET GAIN OF \$8.8 MILLION. THE DISTRIBUTION OF THE DONATED FOOD TAKES PLACE THROUGH FIXED SITE FOOD PANTRIES, MEAL PROGRAMS, AND GROUP HOMES, RECEIVING FOOD DIRECTLY FROM THE FOOD BANK. ADDITIONALLY, FRESH PRODUCE, DAIRY, AND OTHER GROCERY PRODUCTS ARE DISTRIBUTED DIRECTLY TO FAMILIES VIA MOBILE FOOD DISTRIBUTION. IN 2020, THE FOOD BANK DISTRIBUTED 25.3 MILLION POUNDS OF FOOD, WHICH IS THE EQUIVALENT OF 20 MILLION MEALS. THE FOOD BANK DELIVERED FOOD TO 900 FOOD PANTRY AGENCIES AND SERVED APPROXIMATELY 284,000 PEOPLE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINAL 990 IS EMAILED TO ALL BOARD MEMBERS FOR COMMENT OR CORRECTION PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THE CEO REVIEWS AND SIGNS ALL THE EMPLOYEES' CONFLICT OF INTEREST STATEMENTS. THE BOARD CHAIR REVIEWS AND SIGNS THE CEO'S AND OTHER BOARD MEMBERS' CONFLICT OF INTEREST STATEMENTS. IF ANY CONFLICTS ARE NOTED, THE CONFLICT GOES TO THE BOARD CHAIR FOR REVIEW. THE EMPLOYEE WOULD MEET WITH THE BOARD CHAIR TO DISCUSS THE CONFLICT AND WOULD NOT PARTICIPATE IN THE DECISION PROCESS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS REVIEWS SALARIES AND BONUSES ANNUALLY FOR THE CEO.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE,

Name of the organization

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AS WELL AS ON THE BETTER BUSINESS BUREAU, CHARITY NAVIGATOR, AND DUNN & BRADSTREET WEBSITES, AND ARE ALSO INCLUDED IN THE FALL NEWSLETTER THAT IS DISTRIBUTED TO ALL DONORS AND PARTNER AGENCIES. THE FINANCIAL STATEMENTS AND OTHER POLICIES ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.