

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning , and ending**

<b>B</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	<b>C</b> Name of organization <p align="center"><b>FEEDING AMERICA WEST MICHIGAN</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center"><b>864 WEST RIVER CENTER DRIVE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p align="center"><b>COMSTOCK PARK MI 49321</b></p>	<b>D</b> Employer identification number <p align="center"><b>38-2439659</b></p> <b>E</b> Telephone number <p align="center"><b>616-784-3250</b></p> <b>G</b> Gross receipts\$ <b>50,602,011</b>
<b>F</b> Name and address of principal officer: <p align="center"><b>KENNETH R. ESTELLE</b> <b>864 W RIVER CENTER DRIVE</b> <b>COMSTOCK PARK MI 49321</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.FEEDWM.ORG</b>		<b>L</b> Year of formation: <b>1981</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>76</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>566</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>66,252,198</b>	<b>47,714,592</b>
	9	Program service revenue (Part VIII, line 2g)	<b>3,341,581</b>	<b>2,555,318</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>12,238</b>	<b>10,026</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>45,148</b>	<b>227,887</b>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>69,651,165</b>	<b>50,507,823</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>48,194,080</b>	<b>44,086,730</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>3,505,375</b>	<b>3,715,400</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>270,235</b>	<b>288,746</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>912,402</b>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>5,921,294</b>	<b>4,095,189</b>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>57,890,984</b>	<b>52,186,065</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>11,760,181</b>	<b>-1,678,242</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>24,041,595</b>	<b>22,537,304</b>
	21	Total liabilities (Part X, line 26)	<b>486,735</b>	<b>498,068</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>23,554,860</b>	<b>22,039,236</b>

**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.

<b>Sign Here</b>	Signature of officer <p align="center"><b>KENNETH R. ESTELLE</b></p> Type or print name and title	Date <p align="center"><b>PRESIDENT/CEO</b></p>
	Print/Type preparer's name <b>ERIC A. RYAN</b>	
<b>Paid Preparer Use Only</b>	Preparer's signature <i>Eric A Ryan</i>	Date 08/30/2022
	Check <input type="checkbox"/> if self-employed	PTIN P01388772
	Firm's name ▶ <b>ANDREWS HOOPER PAVLIK PLC</b> <b>2311 EAST BELTLINE AVE SE STE 200</b> Firm's address ▶ <b>GRAND RAPIDS, MI 49546</b>	Firm's EIN ▶ <b>38-3133790</b> Phone no. <b>616-942-6440</b>

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

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

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

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

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

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

4a (Code: ) (Expenses \$ 50,511,668 including grants of \$ 44,086,730 ) (Revenue \$ 2,555,318 )

SURPLUS PRODUCTS 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 \$3.5 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 ▶ 50,511,668

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Rev. Proc. 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. See instructions</i>	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 the 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 line 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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 on 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	



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>76</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

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

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

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

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>AMANDA MCVAY</b>	2.00									
BOARD PRESIDENT	0.00	X		X			0	0	0	
(2) <b>F.C. BAKER</b>	2.00									
BOARD VICE PRESIDENT	0.00	X		X			0	0	0	
(3) <b>RICHARD HASLINGER</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) <b>DANIELLE VELDMAN</b>	2.00									
SECRETARY	0.00	X		X			0	0	0	
(5) <b>TOM BYLENGA</b>	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(6) <b>KAY HAHN</b>	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(7) <b>KELLY CALVERT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>KARA SMITH</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>TRINA POSTON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>KYLE KUEHL</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>FRANK SAMUEL</b>	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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JEFFREY BATTERSHALL</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(13) <b>MIKE DEVRIENDT</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(14) <b>ROBERT STARK</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(15) <b>REV. BRUCE MCCOY</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(16) <b>JOAN GARETY</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(17) <b>KEVIN MAHONEY</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(18) <b>MARK LUBBERTS</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(19) <b>BEULAH GYDON</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....								<b>154,564</b>		<b>36,781</b>
<b>d Total (add lines 1b and 1c)</b> .....								<b>154,564</b>		<b>36,781</b>

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>

**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
<b>STAR TRUCK RENTALS INC</b> <b>GRAND RAPIDS MI 49508</b>	<b>3940 EASTERN SE</b> <b>TRUCKING SERVC</b>	<b>298,865</b>
<b>PACE TRANSPORTATION SERVICES</b> <b>BRYON CENTER MI 49315</b>	<b>8788 BRYON COMMERCE DR SW</b> <b>TRUCKING SERVC</b>	<b>269,386</b>
<b>TRUE SENSE MARKETING</b> <b>FREEDOM PA 15042</b>	<b>156 COMMERCE DR</b> <b>FUNDRAISING</b>	<b>268,704</b>
<b>SHARRAT PROVISIONS</b> <b>BONSALL CA 92003</b>	<b>31928 WRIGHTWOOD RD</b> <b>SUPPLY CHAIN</b>	<b>168,281</b>
<b>PUBLIC POLICY ASSOCIATES</b> <b>LANSING MI 48912</b>	<b>119 PERE MARQUETTE DR.</b> <b>CONSULTING</b>	<b>116,500</b>

**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 **5**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>KENNETH R. ESTELLE</b> PRESIDENT/CEO	40.00 0.00			X				154,564	0	36,781
<b>1b Subtotal</b> .....								<b>154,564</b>		<b>36,781</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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

**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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,799,123				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,915,469				
	g Noncash contributions included in lines 1a-1f	1g	\$ 39,042,542				
	<b>h Total. Add lines 1a-1f</b>		<b>47,714,592</b>				
<b>Program Service Revenue</b>	2a <b>SHARED MAINTENANCE</b>	Business Code	624210	2,555,318	2,555,318		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>2,555,318</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		24,047			24,047	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	192,393			
		(ii) Personal	6b	65,317			
		6c	127,076				
	d Net rental income or (loss)		127,076			127,076	
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a		14,850		
		(ii) Other	7b		28,871		
		7c	-14,021				
		d Net gain or (loss)		-14,021			-14,021
	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							
<b>Miscellaneous Revenue</b>	11a <b>REIMBURSEMENTS</b>	Business Code	624210	61,986	61,986		
	b <b>MISCELLANEOUS INCOME</b>	624210	38,825	38,825			
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>		<b>100,811</b>				
<b>12 Total revenue. See instructions</b>		<b>50,507,823</b>	<b>2,656,129</b>	<b>0</b>	<b>137,102</b>		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	41,227,561	41,227,561		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	2,859,169	2,859,169		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	191,345	47,836	105,240	38,269
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,619,878	1,889,042	408,563	322,273
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	140,687	102,188	21,315	17,184
<b>9</b> Other employee benefits	556,605	398,651	89,046	68,908
<b>10</b> Payroll taxes	206,885	143,744	36,805	26,336
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7	288,746			288,746
<b>f</b> Investment management fees	13,457		13,457	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	236,276	138,378	30,350	67,548
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	334,925	263,075	19,196	52,654
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	237,536	216,508	10,514	10,514
<b>17</b> Travel	608,781	606,894	365	1,522
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,744	225	542	1,977
<b>20</b> Interest	316	316		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	470,382	446,863	11,760	11,759
<b>23</b> Insurance	116,809	110,815	2,997	2,997
<b>24</b> 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.)				
<b>a</b> SHARED MAINTENANCE CHARGE	1,328,794	1,328,794		
<b>b</b> MAINTENANCE & PROP. TAXES	252,522	252,522		
<b>c</b> FOOD AND STORAGE COSTS	176,830	176,830		
<b>d</b> EQUIPMENT & IMPROVEMENTS	116,017	116,017		
<b>e</b> All other expenses	199,800	186,240	11,845	1,715
<b>25</b> Total functional expenses. Add lines 1 through 24e	52,186,065	50,511,668	761,995	912,402
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>3,427,932</b>	<b>1</b>	<b>4,137,438</b>
	<b>2</b> Savings and temporary cash investments	<b>4,000,000</b>	<b>2</b>	<b>756,501</b>
	<b>3</b> Pledges and grants receivable, net	<b>262,540</b>	<b>3</b>	<b>287,142</b>
	<b>4</b> Accounts receivable, net	<b>1,603,868</b>	<b>4</b>	<b>530,878</b>
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>10,237,386</b>	<b>8</b>	<b>5,606,032</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>78,365</b>	<b>9</b>	<b>76,604</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>13,809,406</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>3,965,533</b>	<b>3,306,108</b>	<b>10c</b> <b>9,843,873</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	<b>1,125,396</b>	<b>12</b>	<b>1,298,836</b>
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>24,041,595</b>	<b>16</b>	<b>22,537,304</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>294,868</b>	<b>17</b>	<b>374,621</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>191,867</b>	<b>19</b>	<b>112,447</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	<b>11,000</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>486,735</b>	<b>26</b>	<b>498,068</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>19,979,632</b>	<b>27</b>	<b>18,227,507</b>
	<b>28</b> Net assets with donor restrictions	<b>3,575,228</b>	<b>28</b>	<b>3,811,729</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	<b>23,554,860</b>	<b>32</b>	<b>22,039,236</b>	
<b>33</b> Total liabilities and net assets/fund balances	<b>24,041,595</b>	<b>33</b>	<b>22,537,304</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>50,507,823</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>52,186,065</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-1,678,242</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>23,554,860</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>162,618</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>22,039,236</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	



**SCHEDULE A  
(Form 990)**

**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.

**2021**

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

(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)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,066,640	44,583,230	44,622,729	66,252,198	47,714,592	250,239,389
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	47,066,640	44,583,230	44,622,729	66,252,198	47,714,592	250,239,389
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25,773,735
<b>6 Public support.</b> Subtract line 5 from line 4.						224,465,654

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	47,066,640	44,583,230	44,622,729	66,252,198	47,714,592	250,239,389
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,194	15,563	9,146	11,738	216,440	270,081
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	44,103	80,830	33,396	45,148	100,811	304,288
<b>11 Total support.</b> Add lines 7 through 10						250,813,758

**12** Gross receipts from related activities, etc. (see instructions) 12 13,591,633

**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**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.49%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	86.83%

**16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage for 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2021. 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—2020. 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>		
3b	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>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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>		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		



**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.

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

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

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7  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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			

**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** \$ 304,288

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

2021

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 number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding 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	1,126,919	735,892	640,584	879,759	775,870
b Contributions	321	300,521	5,331	17,413	10,406
c Net investment earnings, gains, and losses	171,596	100,281	97,643	-32,883	101,849
d Grants or scholarships					
e Other expenditures for facilities and programs				215,000	
f Administrative expenses		9,775	7,666	8,705	8,366
g End of year balance	1,298,836	1,126,919	735,892	640,584	879,759

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  41.00 %
- c Term endowment  59.00 %

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		1,501,750		1,501,750
b Buildings		9,307,482	2,042,232	7,265,250
c Leasehold improvements		179,880	49,617	130,263
d Equipment		2,590,959	1,659,550	931,409
e Other		229,335	214,134	15,201
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>9,843,873</b>



**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 <b>ENDOWMENT FUNDS</b>	<b>1,298,836</b>	<b>MARKET</b>
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,298,836</b>	

**Part VIII Investments – Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SECURITY DEPOSIT PAYABLE</b>	<b>11,000</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>11,000</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>50,723,415</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>162,618</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>1,114</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>65,317</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>229,049</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>50,494,366</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>13,457</b>
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>13,457</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>50,507,823</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>52,239,039</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>1,114</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>65,317</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>66,431</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>52,172,608</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	<b>13,457</b>
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>13,457</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>52,186,065</b>

**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 IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**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**

Part XIII Supplemental Information (continued)

BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES.

GENERALLY, TAX YEARS FROM 2018 THROUGH THE CURRENT YEAR REMAIN OPEN TO EXAMINATION. MANAGEMENT DOES NOT BELIEVE THAT THE RESULTS FROM ANY EXAMINATION OF THESE OPEN YEARS WOULD HAVE A MATERIAL ADVERSE EFFECT ON FEEDING AMERICA.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASS RENTAL EXPENSE TO REVENUE \$ 65,317

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASS RENTAL EXPENSE TO REVENUE \$ 65,317

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

**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	1,309,312	266,712	1,042,600
2 HOPKINS FUNDRAISING CONSULTING 995 SARGENT SE ADA MI 49301	CONSULTING		X	556,940	47,500	509,440
3 ALLEGRA MARKETING 3983 LINDEN AVE SE GRAND RAPIDS MI 49548	DRCT MAIL		X	0	29,558	-29,558
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>1,866,252</b>	<b>343,770</b>	<b>1,522,482</b>

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	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**FEEDING AMERICA WEST MICHIGAN**  
**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (C)	BAY COLLEGE STUDENT PANTRY BAY 2001 N LINCOLN ROAD ESCANABA MI 49829	38-2161915	501C3		5,838	FMV	FOOD	FIGHT HUNGER
(2) (C)	BAY MILLS COMMUNITY COLLEGE - T 12214 W LAKESHORE DRIVE BRIMLEY MI 49715		501C3		39,131	FMV	FOOD	FIGHT HUNGER
(3) (C)	GRAND RAPIDS COMMUNITY COLLEGE 122 LYON ST. NE GRAND RAPIDS MI 49503	38-6100380	501C3		70,229	FMV	FOOD	FIGHT HUNGER
(4) (C)	NORTHWESTERN MICHIGAN COLLEGE P 1701 E. FRONT STREET TRAVERSE CITY MI 49686	38-2376475	501C3		7,550	FMV	FOOD	FIGHT HUNGER
(5) (S)	BIG BAY DE NOC BACKPACK/COMM FO 8928 0025 ROAD COOKS MI 49817	38-3227080	501C3		8,874	FMV	FOOD	FIGHT HUNGER
(6) (S)	ISD LEARNING CENTER/COMM FDN DE 2203 7TH AVENUE ESCANABA MI 49829	38-3227080	501C3		9,121	FMV	FOOD	FIGHT HUNGER
(7) (S)	MACBASKETS/SOUTH ENSLEY UMC (M) 21350 KENDAVILLE ROAD HOWARD CITY MI 49329	31-1813333	501C3		20,128	FMV	FOOD	FIGHT HUNGER
(8) (S)	MID-PENINSULA SCHOOL BACKPACKS/ 5055 ST NICHOLE'S 31ST ROAD ROCK MI 49880	38-3227080	501C3		5,364	FMV	FOOD	FIGHT HUNGER
(9) A.C.T.I.O.N. MINISTRY CENTER 301 MAIN STREET DOWAGIAC MI 49047		27-3920245	501C3		294,758	FMV	FOOD	FIGHT HUNGER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **553**

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

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

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	ACTS GOSPEL OUTREACH MINISTRIES 950 TWELFTH STREET NW GRAND RAPIDS MI 49504	38-3554331	501C3		12,305	FMV	FOOD	FIGHT HUNGER
(2)	ADAMS PARK/BOSTON SQUARE CRC 1440 FULLER AVENUE SE GRAND RAPIDS MI 49507	38-2051351	501C3		13,610	FMV	FOOD	FIGHT HUNGER
(3)	ALEMAN CENTER/ST. THOMAS MORE STUDE 63559 60TH AVENUE HARTFORD MI 49057	53-0196617	501C3		5,358	FMV	FOOD	FIGHT HUNGER
(4)	ALGER COMMUNITY FOOD PANTRY 414 E MUNISING AVE MUNISING MI 49862	46-0871458	501C3		36,950	FMV	FOOD	FIGHT HUNGER
(5)	ALL SAINTS CATHOLIC CHURCH (M) 500 IROQUOIS FREMONT MI 49412	53-0196617	501C3		35,702	FMV	FOOD	FIGHT HUNGER
(6)	ALTERNATIVE DIRECTIONS 1706 S. DIVISION AVE. GRAND RAPIDS MI 49507	38-2405582	501C3		37,143	FMV	FOOD	FIGHT HUNGER
(7)	ANGELS OF ACTION - BACKPACK BLESSIN 200 S STEWART BIG RAPIDS MI 49307	45-2035870	501C3		116,370	FMV	FOOD	FIGHT HUNGER
(8)	ANGELS OF ACTION - ROCK THE CROC 200 S STEWART AVE BIG RAPIDS MI 49307	45-2035870	501C3		7,325	FMV	FOOD	FIGHT HUNGER
(9)	APOSTOLIC LIGHTHOUSE CHURCH/UPCI 30402 M-62 HWY. WEST DOWAGIAC MI 49047-0404	43-0679185	501C3		28,778	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.

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ARBOR CIRCLE-FAMILY ENGAGEMENT 1101 BALL AVE NE, BLDG D GRAND RAPIDS MI 49505	38-3263853	501C3		11,951	FMV	FOOD	FIGHT HUNGER
(2)	ASHLEY BAPTIST CHURCH 10463 BELDING ROAD BELDING MI 48809		501C3		5,290	FMV	FOOD	FIGHT HUNGER
(3)	BANGOR CHURCH OF CHRIST (M) 214 NORTH WALNUT STREET BANGOR MI 49013		501C3		35,749	FMV	FOOD	FIGHT HUNGER
(4)	BARRYTON AREA (M) 3265 20 MILE ROAD BARRYTON MI 49305	30-0593251	501C3		212,660	FMV	FOOD	FIGHT HUNGER
(5)	BAXTER COMMUNITY CENTER-MARKET PLAC 935 BAXTER STREET SE GRAND RAPIDS MI 49506	23-7076806	501C3		87,826	FMV	FOOD	FIGHT HUNGER
(6)	BAY HUMAN SERVICES--MERIDIAN HEIGHT 1105 MERIDIAN STREET SAULT STE. MARIE MI 49783	38-2335441	501C3		9,204	FMV	FOOD	FIGHT HUNGER
(7)	BCOMING CHURCH (M) 211 E ELM ST. CARSON CITY MI 48811		501C3		118,959	FMV	FOOD	FIGHT HUNGER
(8)	BEAR LAKE UMC 7861 MAIN STREET BEAR LAKE MI 49614	31-1813333	501C3		26,044	FMV	FOOD	FIGHT HUNGER
(9)	BENNY'S HOUSE/WHITE CLOUD UMC FP 1139 NEWELL AVENUE WHITE CLOUD MI 49349	31-1813333	501C3		33,874	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.

DAA

Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	BENTON HARBOR BENTON TOWNSHIP SENIO 225 COLFAX AVE. BENTON HARBOR MI 49022	38-2079361	501C3		6,489	FMV	FOOD	FIGHT HUNGER
(2)	BENTON HARBOR ST. MINISTRIES-BERRIE 200 E EMPIRE BENTON HARBOR MI 49023-1081	38-1539981	501C3		11,183	FMV	FOOD	FIGHT HUNGER
(3)	BENZIE AREA CHRISTIAN NEIGHBORS 2804 BENZIE HWY BENZONIA MI 49616	38-2792605	501C3		35,336	FMV	FOOD	FIGHT HUNGER
(4)	BENZIE DROP IN CENTER 1034 MICHIGAN AVENUE BENZONIA MI 49616	35-2254782	501C3		29,492	FMV	FOOD	FIGHT HUNGER
(5)	BENZIE FOOD PARTNERS 10907 MAIN STREET HONOR MI 49640	38-3366816	501C3		16,813	FMV	FOOD	FIGHT HUNGER
(6)	BENZIE SENIOR RESOURCES 10579 MAIN STREET HONOR MI 49640	06-1673002	501C3		16,757	FMV	FOOD	FIGHT HUNGER
(7)	BEREAN BAPTIST CHURCH 1574 COIT AVE. NE GRAND RAPIDS MI 49505	36-2310475	501C3		44,447	FMV	FOOD	FIGHT HUNGER
(8)	BERRIEN COMMUNITY FOUNDATION (M) 510 WEST MAIN BENTON HARBOR MI 49022	38-6057160	501C3		39,707	FMV	FOOD	FIGHT HUNGER
(9)	BERRIEN SPRINGS SPANISH SDA CHURCH 209 WEST PITT BERRIEN SPRINGS MI 49103	52-0643036	501C3		6,577	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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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BERRIEN SPRINGS UMC-BREAD OF HEAVEN 310 WEST MARS ST BERRIEN SPRINGS MI 49103	31-1813333	501C3		41,755	FMV	FOOD	FIGHT HUNGER
(2)	BETHANY CHRISTIAN - RESIDENTIAL EAST 901 EASTERN AVE NE GRAND RAPIDS MI 49503	38-1405282	501C3		17,537	FMV	FOOD	FIGHT HUNGER
(3)	BETHANY CHRISTIAN REFORMED CHURCH ( ) 11 E. 32ND STREET HOLLAND MI 49423	38-2051351	501C3		49,586	FMV	FOOD	FIGHT HUNGER
(4)	BETHANY LUTHERAN CHURCH FOOD PANTRY 9028 KAUKO STREET KALEVA MI 49645	41-1568278	501C3		20,842	FMV	FOOD	FIGHT HUNGER
(5)	BOYS AND GIRLS CLUB OF GRAND RAPIDS 235 STRAIGHT AVE NW GRAND RAPIDS MI 49504	38-0593958	501C3		65,771	FMV	FOOD	FIGHT HUNGER
(6)	BREAD OF LIFE FOOD PANTRY/HAVE MERC 6596 S. VINING ROAD GREENVILLE MI 48838	45-2592543	501C3		69,222	FMV	FOOD	FIGHT HUNGER
(7)	BREAD OF LIFE FOOD PANTRY/LAKE CNTY 740 E NINTH STREET BALDWIN MI 49304	47-3155665	501C3		136,855	FMV	FOOD	FIGHT HUNGER
(8)	BRIDGE ACADEMY-CASS CNTY DBA KINEXU 499 W. MAIN STREET BENTON HARBOR MI 49022	38-3287818	501C3		27,977	FMV	FOOD	FIGHT HUNGER
(9)	BRIDGE ACADEMY-DBA KINEXUS (M) BCVW 499 W. MAIN STREET BENTON HARBOR MI 49022	38-3287818	501C3		82,090	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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DAA



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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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OMB No. 1545-0047

**2021**

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	BROOKSIDE CRC (M) 3600 KALAMAZOO AVE. SE GRAND RAPIDS MI 49508	38-2051351	501C3		93,927	FMV	FOOD	FIGHT HUNGER
(2)	BROTHERHOOD OF ALL NATIONS (M) /BROT 516 EMERY STREET BENTON HARBOR MI 49022	23-7002419	501C3		64,442	FMV	FOOD	FIGHT HUNGER
(3)	BROTHERHOOD OF ALL NATIONS FOOD PAN 516 EMERY AVENUE BENTON HARBOR MI 49022	23-7002419	501C3		45,322	FMV	FOOD	FIGHT HUNGER
(4)	BUIST COMMUNITY ASSISTANCE CENTER 870 74TH ST. SW, SUITE B BYRON CENTER MI 49315	26-2847613	501C3		113,535	FMV	FOOD	FIGHT HUNGER
(5)	C.F.S-HARBOR HOUSE - THE AVENUE FAM 2450 SOUTH M-139 SUITE A BENTON HARBOR MI 49022	38-1358205	501C3		6,914	FMV	FOOD	FIGHT HUNGER
(6)	CADILLAC AREA BACKPACK PROG@FIRST B 221 GRANITE ST CADILLAC MI 49601	13-5563018	501C3		101,019	FMV	FOOD	FIGHT HUNGER
(7)	CADILLAC AREA BACKPACKS@FIRST BAPTI 220 GRANITE CADILLAC MI 49601	13-5563018	501C3		26,489	FMV	FOOD	FIGHT HUNGER
(8)	CADILLAC REVIVAL CENTER 984 PLETT ROAD CADILLAC MI 49601	44-0612817	501C3		158,241	FMV	FOOD	FIGHT HUNGER
(9)	CALVARY CRC 3500 BYRON CENTER AVENUE SW WYOMING MI 49509	38-2051351	501C3		22,386	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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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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**2021**

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	CALVARY ROAD COMMUNITY CHURCH/GCSDA 8666 MAPLEWOOD DRIVE BERRIEN SPRINGS MI 49103	52-0643036	501C3		142,336	FMV	FOOD	FIGHT HUNGER
(2)	CALVARY UDENOMINATIONAL CHURCH 707 E BELTLINE AVE NE GRAND RAPIDS MI 49525	38-1369600	501C3		15,166	FMV	FOOD	FIGHT HUNGER
(3)	CALVIN THEOLOGICAL SEMINARY 3233 BURTON STREET SE GRAND RAPIDS MI 49546	38-3001876	501C3		37,776	FMV	FOOD	FIGHT HUNGER
(4)	CAMP O'MALLEY - GR YOUTH COMMONWEAL 7360 THORNAPPLE DALES DR. SE ALTO MI 49302	38-0593958	501C3		5,307	FMV	FOOD	FIGHT HUNGER
(5)	CARING CUPBOARD/WOODLAND SHORES BAP 3555 SHAWNEE ROAD BRIDGMAN MI 49106	36-2192827	501C3		17,386	FMV	FOOD	FIGHT HUNGER
(6)	CARING CUPBOARD/WOODLAND SHORES BAP 3555 SHAWNEE ROAD BRIDGMAN MI 49106	36-2192827	501C3		104,470	FMV	FOOD	FIGHT HUNGER
(7)	CARITAS FOOD PANTRY/ST MARY'S CATHO 85 S MADISON AVE CUSTER MI 49405	53-0196617	501C3		40,147	FMV	FOOD	FIGHT HUNGER
(8)	CASCADE FELLOWSHIP CRC (M) 6655 CASCADE RD. SE GRAND RAPIDS MI 49546	38-2051351	501C3		106,726	FMV	FOOD	FIGHT HUNGER
(9)	CATHOLIC COMMUNITY CENTER 346 CATALPA BENTON HARBOR MI 49022	53-0196617	501C3		11,222	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CCWM/CAPITOL LUNCH/GOD'S KITCHEN 303 DIVISION AVENUE SOUTH GRAND RAPIDS MI 49503	53-0196617	501C3		29,815	FMV	FOOD	FIGHT HUNGER
(2)	CEDAR POST FOOD PANTRY 362 EAST M-134 CEDARVILLE MI 49719	30-0097364	501C3		11,295	FMV	FOOD	FIGHT HUNGER
(3)	CEDAR SPRINGS UMC COMMUNITY FOOD PA 140 S. MAIN STREET CEDAR SPRINGS MI 49319	31-1813333	501C3		20,063	FMV	FOOD	FIGHT HUNGER
(4)	CENTRAL REFORMED CHURCH-ADDIE'S PAN 10 COLLEGE AVE. NE GRAND RAPIDS MI 49503	13-3204416	501C3		19,958	FMV	FOOD	FIGHT HUNGER
(5)	CENTRAL UNITED METHODIST CHURCH (M) 912 FOURTH AVENUE LAKE ODESSA MI 48849	31-1813333	501C3		113,739	FMV	FOOD	FIGHT HUNGER
(6)	CENTRAL UNITED METHODIST CHURCH BAC 111 E SPRUCE STREET SAULT STE MARIE MI 49783	31-1813333	501C3		16,840	FMV	FOOD	FIGHT HUNGER
(7)	CHILDREN FIRST LAKESHORE 6874 WILEY RD FENNIVILLE MI 49408	82-4754358	501C3		24,512	FMV	FOOD	FIGHT HUNGER
(8)	CHIPPEWA COUNTY/UNITED WAY OF THE E 511 ASHMUN SUITE 200. SAULT STE MARIE MI 49783	38-1678240	501C3		138,565	FMV	FOOD	FIGHT HUNGER
(9)	CHIPPEWA LAKE COMMUNITY CHURCH (M) 10467 19 MILE ROAD CHIPPEWA LAKE MI 49320		501C3		80,527	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHRIST TEMPLE CHURCH A.F. 412 E. SHERMAN BLVD. MUSKEGON HEIGHTS MI 49444	38-2213048	501C3		55,915	FMV	FOOD	FIGHT HUNGER
(2)	CHRISTIAN ENDEAVOR INTL/YOUTH SUMME 302 W MAIN STREET EDMORE MI 48829	31-4379495	501C3		40,394	FMV	FOOD	FIGHT HUNGER
(3)	CHRISTIAN NEIGHBORS, INC. (DOUGLAS) 6874 WILEY ROAD DOUGLAS MI 49406	38-2411343	501C3		42,735	FMV	FOOD	FIGHT HUNGER
(4)	CHRISTIAN REFORMED CHURCH FALMOUTH/ 1975 E PROSPER ROAD FALMOUTH MI 49632	81-5336674	501C3		64,847	FMV	FOOD	FIGHT HUNGER
(5)	CHRISTIAN REFORMED CHURCH- ST. JOSE 3275 WASHINGTON AVE. ST. JOSEPH MI 49085	38-2051351	501C3		5,307	FMV	FOOD	FIGHT HUNGER
(6)	CHRISTIAN SERVICE CENTER -ST. MARY 322 CLAY STREET NILES MI 49120	53-0196617	501C3		16,267	FMV	FOOD	FIGHT HUNGER
(7)	CHRISTIAN SERVICE CENTER/USCCB (M) 322 CLAY STREET NILES MI 49120	53-0196617	501C3		25,898	FMV	FOOD	FIGHT HUNGER
(8)	CHRIST'S FELLOWSHIP MINISTRIES/HIM 8082 CORNELL ROAD GERMFASK MI 49836	36-4558386	501C3		51,704	FMV	FOOD	FIGHT HUNGER
(9)	CHURCH OF CHRIST OF DOWAGIAC 58273 M-51 S. DOWAGIAC MI 49047	84-0563716	501C3		11,076	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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHURCH OF THE NAZARENE-REED CITY 5300 220TH AVE REED CITY MI 49639	44-0552034	501C3		9,240	FMV	FOOD	FIGHT HUNGER
(2)	CHURCH OF THE NAZARENE-REED CITY & 5300 220TH AVE REED CITY MI 49639	44-0552034	501C3		170,954	FMV	FOOD	FIGHT HUNGER
(3)	CHURCH OF THE SERVANT CRC (M) 2339 ROWLANDS AVENUE GRAND RAPIDS MI 49546	38-2051351	501C3		143,026	FMV	FOOD	FIGHT HUNGER
(4)	CIM - CMC PATIENT PANTRY /SPECTRUM 75 SHELDON AVE SE, SUITE 100 GRAND RAPIDS MI 49503	38-3382353	501C3		17,359	FMV	FOOD	FIGHT HUNGER
(5)	CITY CHURCH GREENVILLE/LOCAL IMPACT 204 W CASS ST. GREENVILLE MI 48838	82-1355582	501C3		18,222	FMV	FOOD	FIGHT HUNGER
(6)	CITY HEART MINISTRIES 2731 PECK STREET MUSKEGON HEIGHTS MI 49444		501C3		21,206	FMV	FOOD	FIGHT HUNGER
(7)	CITY IMPACT DBA/LOCAL IMPACT 288 N MAIN ST. CEDAR SPRINGS MI 49319	82-1355582	501C3		167,023	FMV	FOOD	FIGHT HUNGER
(8)	CLM-CAA-SENIORS-SUGAR ISLAND 6401 EAST 1 1/2 MILE ROAD SUGAR ISLAND MI 49783	38-1798626	501C3		19,145	FMV	FOOD	FIGHT HUNGER
(9)	CLUB CADILLAC 2105 6TH AVE. CADILLAC MI 49601	20-1865066	501C3		5,408	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.

DAA



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**38-2439659**

**FEEDING AMERICA WEST MICHIGAN**

**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 non-cash assistance	(h) Purpose of grant or assistance
(1)	COGIC COMMUNITY CENTER @ HOLY TRINI 2140 VALLEY MUSKEGON MI 49442	38-2929137	501C3		29,319	FMV	FOOD	FIGHT HUNGER
(2)	COLFAX COMMUNITY CHURCH FOOD PANTRY 2010 E. 16 ROAD MANTON MI 49663		501C3		9,187	FMV	FOOD	FIGHT HUNGER
(3)	COMMUNITY ACTION HOUSE 345 WEST 14TH STREET HOLLAND MI 49423	23-7120670	501C3		1,014,820	FMV	FOOD	FIGHT HUNGER
(4)	COMMUNITY BAPTIST CHURCH 1006 EAST 4TH AVE SAULT STE MARIE MI 49783		501C3		6,157	FMV	FOOD	FIGHT HUNGER
(5)	COMMUNITY CRC (M) 150 BURT STREET SE WYOMING MI 49548	38-2051351	501C3		102,666	FMV	FOOD	FIGHT HUNGER
(6)	COMMUNITY FOOD CLUB 1100 S. DIVISION AVE. GRAND RAPIDS MI 49507	82-2265189	501C3		735,201	FMV	FOOD	FIGHT HUNGER
(7)	COMMUNITY FOOD PROGRAM/ ST. MARY'S 404 N. DIVISION STREET CARSON CITY MI 48811	53-0196617	501C3		37,913	FMV	FOOD	FIGHT HUNGER
(8)	COMMUNITY FOUNDATION DELTA CO 2420 1ST STREET S ESCANABA MI 49829	38-3227080	501C3		15,210	FMV	FOOD	FIGHT HUNGER
(9)	COMMUNITY HOPE BACK PACKS/COMMUNITY 1657 S MOREY RD LAKE CITY MI 49651	81-5336674	501C3		6,469	FMV	FOOD	FIGHT HUNGER

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DAA



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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**2021**

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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.

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(1)	COMMUNITY IMPACT/MISSION OF HOPE 301 N LINCOLN ESCANABA MI 49829	39-1816641	501C3		15,314	FMV	FOOD	FIGHT HUNGER
(2)	COMMUNITY NON-PROFIT HOUSING CORP. 870 NATE WELLS SR. DR. BENTON HARBOR MI 49022	38-2929137	501C3		8,590	FMV	FOOD	FIGHT HUNGER
(3)	COMMUNITY NON-PROFIT HOUSING CORP. 870 NATE WELLS SR. DR. BENTON HARBOR MI 49022	38-3227480	501C3		85,592	FMV	FOOD	FIGHT HUNGER
(4)	COMMUNITY REFORMED ZEELAND RCA (M) 10376 FELCH STREET ZEELAND MI 49464	13-3204416	501C3		122,239	FMV	FOOD	FIGHT HUNGER
(5)	COMMUNITY SERVICE CENTER/GCSDA 9147 US 31 BERRIEN SPRINGS MI 49103	52-0643036	501C3		8,971	FMV	FOOD	FIGHT HUNGER
(6)	COMMUNITY SERVICES OF DUTTON/THE CO 3178 68TH ST SE CALEDONIA MI 49316	27-2506891	501C3		30,177	FMV	FOOD	FIGHT HUNGER
(7)	COOPERATING MINISTRIES (M) @ HARTFO 425 E. MAIN ST. HARTFORD MI 49057	31-1813333	501C3		120,445	FMV	FOOD	FIGHT HUNGER
(8)	COOPERATING MINISTRIES INC. @ HARTFO 425 E MAIN STREET HARTFORD MI 49057	31-1813333	501C3		34,826	FMV	FOOD	FIGHT HUNGER
(9)	COOPERSVILLE CARES (M) 180 68TH AVENUE COOPERSVILLE MI 49404	38-2978248	501C3		113,790	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

**2021**

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Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CORNERSTONE BAPTIST FOOD PANTRY 121 NELSON ROAD LUDINGTON MI 49431	36-2181949	501C3		17,483	FMV	FOOD	FIGHT HUNGER
(2)	CORNERSTONE CHURCH (M) 1675 84TH STREET SE CALEDONIA MI 49316	31-1813333	501C3		118,992	FMV	FOOD	FIGHT HUNGER
(3)	COUNTRYSIDE CHURCH OF CHRIST 8063 LOOP ROAD HESPERIA MI 49421		501C3		8,823	FMV	FOOD	FIGHT HUNGER
(4)	CROSSROADS CHURCH (M) 1463 E. US 10 SCOTTVILLE MI 49454	38-2130823	501C3		73,119	FMV	FOOD	FIGHT HUNGER
(5)	CROSSROADS COMPASSIONATE CNTR/GREEN 10087 S. GREENVILLE ROAD GREENVILLE MI 48838	32-0221237	501C3		11,077	FMV	FOOD	FIGHT HUNGER
(6)	DEGAGE MINISTRIES 144 S. DIVISION AVE. GRAND RAPIDS MI 49503	38-1912094	501C3		6,562	FMV	FOOD	FIGHT HUNGER
(7)	DIANE PEPPER RESOURCE CENTER PROTECTED SAULT STE MARIE MI 49783	38-2300187	501C3		20,040	FMV	FOOD	FIGHT HUNGER
(8)	DISCOVERY CRC (M) 7245 EASTERN AVE. SE GRAND RAPIDS MI 49508	38-2051351	501C3		163,572	FMV	FOOD	FIGHT HUNGER
(9)	DIVINE MERCY PARISH PANTRY 249 6TH STREET MANISTEE MI 49660	53-0196617	501C3		79,235	FMV	FOOD	FIGHT HUNGER

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

**2021**

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	EASTERN AVE. CRC SATURDAY PROGRAM 514 EASTERN AVE. SE GRAND RAPIDS MI 49503	38-2051351	501C3		29,798	FMV	FOOD	FIGHT HUNGER
(2)	EAU CLAIRE S.D.A. (M) 6562 NAOMI ROAD EAU CLAIRE MI 49111	52-0643036	501C3		118,388	FMV	FOOD	FIGHT HUNGER
(3)	EDGETTS WESLEYAN CHURCH 3446 RAYMOND ROAD LUTHER MI 49656	35-1148762	501C3		40,875	FMV	FOOD	FIGHT HUNGER
(4)	EDGETTS WESLEYAN CHURCH (M) 3446 RAYMOND RD. LUTHER MI 49656	35-1148762	501C3		35,768	FMV	FOOD	FIGHT HUNGER
(5)	EDWARDSBURG EMERGENCY FUND 24832 US 12 E EDWARDSBURG MI 49112	27-1214971	501C3		12,318	FMV	FOOD	FIGHT HUNGER
(6)	EDWARDSBURG EMERGENCY FUND (M) 69941 ELKHART RD. EDWARDSBURG MI 49112	27-1214971	501C3		34,088	FMV	FOOD	FIGHT HUNGER
(7)	ELEANOR'S PANTRY 221 DREW STREET PAW PAW MI 49079	38-2364961	501C3		141,027	FMV	FOOD	FIGHT HUNGER
(8)	EMPOWERMENT NETWORK FOOD PANTRY 5 E. MAIN STREET FREMONT MI 49412	81-0568467	501C3		28,351	FMV	FOOD	FIGHT HUNGER
(9)	ENGEDI CHURCH - WESLEYAN CHURCH COR 710 CHICAGO DRIVE SUITE 100 HOLLAND MI 49423	35-1148762	501C3		159,980	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

**2021**

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Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EPISCOPAL CHURCH OF THE MEDIATOR 14280 RED ARROW HIGHWAY HARBERT MI 49115	13-5562208	501C3		83,533	FMV	FOOD	FIGHT HUNGER
(2)	ESCANABA SDA/MARQUETTE CO (M) 401 E FAIR AVENUE MARQUETTE MI 49855	52-0643036	501C3		25,879	FMV	FOOD	FIGHT HUNGER
(3)	ESCANABA SDA/MENOMINEE CO (M) N15760 HANNAHVILLE B 1 ROAD WILSON MI 49896	52-0643036	501C3		51,682	FMV	FOOD	FIGHT HUNGER
(4)	ESCANABA SEVENTH DAY ADVENTIST (M) 210 SOUTH LINCOLN ESCANABA MI 49829	52-0643036	501C3		182,876	FMV	FOOD	FIGHT HUNGER
(5)	ESCANABA SEVENTH DAY ADVENTIST CHUR 210 SOUTH LINCOLN ESCANABA MI 49829	52-0643036	501C3		400,709	FMV	FOOD	FIGHT HUNGER
(6)	EVART UNITED METHODIST CHURCH (M) 321 N. HEMLOCK ST EVART MI 49631	31-1813333	501C3		196,872	FMV	FOOD	FIGHT HUNGER
(7)	EXODUS PLACE / EXODUS BLDG. 322 FRONT STREET SW GRAND RAPIDS MI 49504	27-0526744	501C3		112,994	FMV	FOOD	FIGHT HUNGER
(8)	FAIRPLAIN PRESBYTERIAN CHURCH 210 W. NAPIER BENTON HARBOR MI 49022	38-1387661	501C3		18,066	FMV	FOOD	FIGHT HUNGER
(9)	FAIRPLAIN S.D.A. CHURCH 140 SENECA BENTON HARBOR MI 49022	52-0643036	501C3		6,275	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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Employer identification number

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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)	FAITH LUTHERAN CHURCH PANTRY & BACK 4081 E MAPLE RIDGE 37TH ROAD ROCK MI 49880	41-1568278	501C3		30,020	FMV	FOOD	FIGHT HUNGER
(2)	FAITH REFORMED CHURCH FOOD PANTRY 618 32ND ST. SW WYOMING MI 49509	13-3204416	501C3		6,151	FMV	FOOD	FIGHT HUNGER
(3)	FAMILY CARE NETWORK MANTON FP 800 S MICHIGAN AVE MANTON MI 49663		501C3		15,904	FMV	FOOD	FIGHT HUNGER
(4)	FAMILY CARE NETWORK MOBILE/LIVING W 800 S MICHIGAN AVE MANTON MI 49663	38-2533219	501C3		95,834	FMV	FOOD	FIGHT HUNGER
(5)	FAMILY NETWORK 1029 44TH STREET SW WYOMING MI 49509	26-3264303	501C3		1,294,164	FMV	FOOD	FIGHT HUNGER
(6)	FEEDING AMERICA WEST MICHIGAN/DEMON 864 WEST RIVER CENTER DRIVE COMSTOCK PARK MI 49321	38-2439658	501C3		11,286	FMV	FOOD	FIGHT HUNGER
(7)	FELLOWSHIP BAPTIST CHURCH 308 ELM STREET LUTHER MI 49656		501C3		29,736	FMV	FOOD	FIGHT HUNGER
(8)	FENNVILLE UNITED METHODIST CHURCH 5849 124TH AVENUE FENNVILLE MI 49408	31-1813333	501C3		6,606	FMV	FOOD	FIGHT HUNGER
(9)	FIRST BAPTIST OF WOODLAND PARK (M) 9073 BINGHAM BITELY MI 49309	38-6095426	501C3		110,339	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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Name of the organization

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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)	FIRST CHURCH OF GOD - CASSOPOLIS 21083 SPENCER RD. CASSOPOLIS MI 49031	35-6064030	501C3		5,542	FMV	FOOD	FIGHT HUNGER
(2)	FIRST CHURCH OF GOD/GACG (M) 101 SOUTH FRANKLIN STREET GREENVILLE MI 48838	35-6064030	501C3		171,839	FMV	FOOD	FIGHT HUNGER
(3)	FIRST COMMUNITY AME CHURCH FOOD PAN 500 JAMES STREET SE GRAND RAPIDS MI 49503				91,635	FMV	FOOD	FIGHT HUNGER
(4)	FIRST CONGREGATIONAL SOUTH HAVEN-WE 651 PHOENIX STREET SOUTH HAVEN MI 49090	38-2463936	501C3		111,814	FMV	FOOD	FIGHT HUNGER
(5)	FIRST CONGREGATIONAL ST. JOSEPH UCC 2001 NILES AVENUE ST. JOSEPH MI 49085	13-1957221	501C3		12,186	FMV	FOOD	FIGHT HUNGER
(6)	FIRST CONGREGATIONAL UCC BREAKFAST 1201 JEFFERSON STREET MUSKEGON MI 49441	13-1957221	501C3		5,817	FMV	FOOD	FIGHT HUNGER
(7)	FIRST CONGREGATIONAL UCC PANTRY 1201 JEFFERSON STREET MUSKEGON MI 49441	13-1957221	501C3		43,843	FMV	FOOD	FIGHT HUNGER
(8)	FIRST CRC FRIENDS & NEIGHBORS NETWO 651 FRANKLIN ST. SE GRAND RAPIDS MI 49507	38-2051351	501C3		7,074	FMV	FOOD	FIGHT HUNGER
(9)	FIRST CUTLERVILLE CRC (M) 1425 68TH ST. SW BYRON CENTER MI 49315	38-2051351	501C3		18,343	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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(1)	FIRST EVANGELICAL LUTHERAN CHURCH & 1210 S STEPHENSON AVE IRON MOUNTAIN MI 49801	41-1991463	501C3		23,701	FMV	FOOD	FIGHT HUNGER
(2)	FIRST PARK CONGREGATIONAL CHURCH 10 EAST PARK PLACE NE GRAND RAPIDS MI 49503	13-1957221	501C3		6,790	FMV	FOOD	FIGHT HUNGER
(3)	FIRST PARK CONGREGATIONAL U.C.C. 10 EAST PARK PLACE NE GRAND RAPIDS MI 49503	13-1957221	501C3		34,879	FMV	FOOD	FIGHT HUNGER
(4)	FIRST UNITED METHODIST CHURCH OF SO 429 MICHIGAN AVE. SOUTH HAVEN MI 49090	31-1813333	501C3		7,040	FMV	FOOD	FIGHT HUNGER
(5)	FLAT RIVER OUTREACH MINISTRIES 11535 FULTON STREET EAST LOWELL MI 49331	38-3402457	501C3		108,049	FMV	FOOD	FIGHT HUNGER
(6)	FOOD BANK OF EASTERN MICHIGAN 2300 LAPEER ROAD FLINT MI 48503-4221	38-2379678	501C3		722,791	FMV	FOOD	FIGHT HUNGER
(7)	FOOD RESCUE OF NW MI A PROGRAM OF G 2889 AERO PARK DRIVE TRAVERSE CITY MI 49684	38-1976268	501C3		1,195,221	FMV	FOOD	FIGHT HUNGER
(8)	FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK MI 48237	38-2926476	501C3		1,569,097	FMV	FOOD	FIGHT HUNGER
(9)	FREMONT UNITED METHODIST CHURCH (M) 351 BUTTERFIELD STREET FREMONT MI 49412	31-1813333	501C3		119,337	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.

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	FRESH WIND CHRISTIAN COMMUNITY FOOD 8201 HONOR HWY INTERLOCHEN MI 49643	501C3	501C3		41,983 FMV		FOOD	FIGHT HUNGER
(2)	FRIENDS OF DECATUR HUMAN SERVICES 102 S. PHELPS DECATUR MI 49045	38-2649293	501C3		11,118 FMV		FOOD	FIGHT HUNGER
(3)	FROST SEVENTH DAY ADVENTIST CHURCH 977 NORTH NEFF ROAD STANTON MI 48888	52-0643036	501C3		41,761 FMV		FOOD	FIGHT HUNGER
(4)	FULLER AVENUE CRC 1239 FULLER AVENUE SE GRAND RAPIDS MI 49506	38-2051351	501C3		19,159 FMV		FOOD	FIGHT HUNGER
(5)	GALIEN & OLIVE BRANCH PARISH UMC PO BOX 266 GALIEN MI 49113	31-1813333	501C3		35,705 FMV		FOOD	FIGHT HUNGER
(6)	GEORGETOWN CRC (M) 6475 40TH AVENUE HUDSONVILLE MI 49426	38-2051351	501C3		109,728 FMV		FOOD	FIGHT HUNGER
(7)	GEORGETOWN UMC (M) 2766 BALDWIN STREET JENISON MI 49428	31-1813333	501C3		58,154 FMV		FOOD	FIGHT HUNGER
(8)	GEORGETOWN UMC FOOD PANTRY 2766 BALDWIN STREET JENISON MI 49428	31-1813333	501C3		9,850 FMV		FOOD	FIGHT HUNGER
(9)	GLADSTONE/RAPID RIVER BACKPACK/DELT 2100 HW 35 GLADSTONE MI 49837	38-3227080	501C3		32,122 FMV		FOOD	FIGHT HUNGER

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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)	GLEANERS COMMUNITY FOOD BANK 2131 BEAUFORT STREET DETROIT MI 48207	38-2156255	501C3		956,514	FMV	FOOD	FIGHT HUNGER
(2)	GOBLES- KENDALL AREA MINISTERIAL AS 13809 M-40 GOBLES MI 49055	31-1813333	501C3		9,291	FMV	FOOD	FIGHT HUNGER
(3)	GOBLES-KENDALL MINISTERIAL ASSOC/G 210 E EXCHANGE ST GOBLES MI 49055	31-1813333	501C3		15,827	FMV	FOOD	FIGHT HUNGER
(4)	GOD'S HELPING HANDS OF MECOSTA 8760 50TH AVENUE REMUS MI 49340	38-3358125	501C3		33,267	FMV	FOOD	FIGHT HUNGER
(5)	GOOD HANDS PLAINWELL 684 STARR ROAD PLAINWELL MI 49080	45-5460079	501C3		29,140	FMV	FOOD	FIGHT HUNGER
(6)	GOOD NEIGHBOR FOOD PANTRY/LAKE CITY 5804 W. HOUGHTON LAKE RD. LAKE CITY MI 49651	38-2329622	501C3		74,183	FMV	FOOD	FIGHT HUNGER
(7)	GOOD NEIGHBOR SERVICES (M) 7870 US-2 MANISTIQUE MI 49854	38-3426777	501C3		309,978	FMV	FOOD	FIGHT HUNGER
(8)	GOOD NEIGHBOR SERVICES/A NEIGHBOR'S 200 DEER STREET MANISTIQUE MI 49854	38-3426777	501C3		34,190	FMV	FOOD	FIGHT HUNGER
(9)	GRACE BIBLE CHURCH/ IFCA (M) 3715 WILSON AVE SW GRANDVILLE MI 49418	36-2307744	501C3		19,140	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	GRACE COVENANT CHURCH (M) 316 JASPER ST. IRON RIVER MI 49935	36-2167730	501C3		25,458	FMV	FOOD	FIGHT HUNGER
(2)	GRACE CRC 100 BUCKLEY STREET SE GRAND RAPIDS MI 49503	38-2051351	501C3		26,620	FMV	FOOD	FIGHT HUNGER
(3)	GRACE LUTHERAN CHURCH (M) 8636 S M-37 BALDWIN MI 49304	43-0658188	501C3		143,268	FMV	FOOD	FIGHT HUNGER
(4)	GRAND RAPIDS RED PROJECT 401 HALL ST. SE GRAND RAPIDS MI 49507	38-3414580	501C3		20,155	FMV	FOOD	FIGHT HUNGER
(5)	GRANT WESLEYAN (M) 688 WEST 112TH STREET GRANT MI 49327	35-1148762	501C3		26,588	FMV	FOOD	FIGHT HUNGER
(6)	GREAT LAKES RECOVERY CENTER ADULT 241 WRIGHT STREET MARQUETTE MI 49855	38-2453316	501C3		26,811	FMV	FOOD	FIGHT HUNGER
(7)	GREAT LAKES RECOVERY CENTERS NEW HO 1416 W. EASTERDAY AVENUE SAULT STE. MARIE MI 49783	38-2453316	501C3		15,802	FMV	FOOD	FIGHT HUNGER
(8)	GREAT LAKES RECOVERY CENTERSNEW HOP 2655 ASHMUN STREET SAULT STE MARIE MI 49783	38-2453316	501C3		6,746	FMV	FOOD	FIGHT HUNGER
(9)	GREAT LAKES RECOVERY CENTERSNEW HOP 2245 JARMAN ST. MUSKEGON HEIGHTS MI 49444	82-4757421	501C3		12,582	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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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)	GRUB-2-GO BACKPACK/OSCEOLA CHILDREN 101 W MAIN STREET MARION MI 49665	38-3252580	501C3		13,201	FMV	FOOD	FIGHT HUNGER
(2)	GUIDING LIGHT MISSION 255 DIVISION AVE SE GRAND RAPIDS MI 49503	38-2638465	501C3		8,923	FMV	FOOD	FIGHT HUNGER
(3)	GWINN PAW PACKS BACKPACK PROGRAM 411 SCORPION ROAD GWINN MI 49841	83-2930548	501C3		8,571	FMV	FOOD	FIGHT HUNGER
(4)	HAND2HAND CENTRAL 306 CHICAGO DR. JENISON MI 49428	27-2973348	501C3		46,216	FMV	FOOD	FIGHT HUNGER
(5)	HAND2HAND/CASCO UMC 880 66TH STREET SOUTH HAVEN MI 49090	31-1813333	501C3		17,685	FMV	FOOD	FIGHT HUNGER
(6)	HAND2HAND/CHRIST MEMORIAL CHURCH RC 595 GRAAFSCHAP ROAD HOLLAND MI 49423	13-3204416	501C3		80,155	FMV	FOOD	FIGHT HUNGER
(7)	HAND2HAND/CORINTH REFORMED CHURCH 129 100TH STREET SE BYRON CENTER MI 49315	13-3204416	501C3		10,860	FMV	FOOD	FIGHT HUNGER
(8)	HAND2HAND/CORNERSTONE UMC 2730 56TH ST. SW WYOMING MI 49418	31-1813333	501C3		11,040	FMV	FOOD	FIGHT HUNGER
(9)	HAND2HAND/FELLOWSHIP MUSKEGON 4200 APPLE AVE MUSKEGON MI 49442	13-3204416	501C3		15,643	FMV	FOOD	FIGHT HUNGER

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DAA



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Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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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)	HAND2HAND/FIRST CHURCH OF NAZARENE 665 13 MILE ROAD NW SPARTA MI 49345	44-0552034	501C3		6,960	FMV	FOOD	FIGHT HUNGER
(2)	HAND2HAND/FIRST REFORMED CHURCH GRA 301 WASHINGTON AVE GRAND HAVEN MI 49417	13-3204416	501C3		13,641	FMV	FOOD	FIGHT HUNGER
(3)	HAND2HAND/GAINES UNITED BRETHREN CH 1612 92ND STREET SE CALEDONIA MI 49316	35-0876358	501C3		9,139	FMV	FOOD	FIGHT HUNGER
(4)	HAND2HAND/GUN LAKE COMMUNITY CHURCH 12200 WEST M-179 HWY WAYLAND MI 49358	13-3204416	501C3		6,837	FMV	FOOD	FIGHT HUNGER
(5)	HAND2HAND/HARBOR LIFE CHURCH/HARBOR 3085 WALLACE AVE SW GRANDVILLE MI 49418	13-3204416	501C3		6,477	FMV	FOOD	FIGHT HUNGER
(6)	HAND2HAND/HIGH POINTE COMMUNITY CHU 2975 76TH ST. BYRON CENTER MI 49315	44-0552034	501C3		11,213	FMV	FOOD	FIGHT HUNGER
(7)	HAND2HAND/HOLTON COMMUNITY CENTER 6500 4TH ST. HOLTON MI 49425	26-4268519	501C3		14,523	FMV	FOOD	FIGHT HUNGER
(8)	HAND2HAND/HOLY CROSS LUTHERAN CHURCH 1481 BALDWIN JENISON MI 49428	43-0658188	501C3		6,642	FMV	FOOD	FIGHT HUNGER
(9)	HAND2HAND/INSPIRE CHURCH 918 GARDEN AVE FREMONT MI 49412	35-1148762	501C3		8,136	FMV	FOOD	FIGHT HUNGER

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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)	HAND2HAND/KENTWOOD COMMUNITY CHURCH 1200 60TH STREET SE KENTWOOD MI 49508	35-1148762	501C3		23,997	FMV	FOOD	FIGHT HUNGER
(2)	HAND2HAND/LEE ST. CRC 1261 LEE ST SW WYOMING MI 49509	38-2051351	501C3		5,469	FMV	FOOD	FIGHT HUNGER
(3)	HAND2HAND/NEW HOPE CHURCH ROCKFORD 6175 NORTHLAND DR NE ROCKFORD MI 49341	38-2051351	501C3		7,040	FMV	FOOD	FIGHT HUNGER
(4)	HAND2HAND/NIKERK CRC 545 COUNTRY CLUB ROAD HOLLAND MI 49423	38-2051351	501C3		8,005	FMV	FOOD	FIGHT HUNGER
(5)	HAND2HAND/OTTAWA REFORMED CHURCH 11390 STANTON ST. WEST OLIVE MI 49460	13-3204416	501C3		8,114	FMV	FOOD	FIGHT HUNGER
(6)	HAND2HAND/PLYMOUTH UNITED CHURCH OF 4010 KALAMAZOO AVE SE GRAND RAPIDS MI 49508	13-1957221	501C3		5,702	FMV	FOOD	FIGHT HUNGER
(7)	HAND2HAND/ROCKFORD/SOUTH HARBOR-GSR 5100 BELDING RD NE ROCKFORD MI 49341	13-3204416	501C3		9,833	FMV	FOOD	FIGHT HUNGER
(8)	HAND2HAND/THE STORY CHURCH 475 6 MILE RD NW COMSTOCK PARK MI 49321	35-1148762	501C3		7,402	FMV	FOOD	FIGHT HUNGER
(9)	HAND2HAND/WYOMING HARBOR/FAIR HAVEN 3330 BURLINGAME AVE SW WYOMING MI 49509	13-3204416	501C3		10,108	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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(1)	HANDS IN MISSION/FEEDING WALKER KID 4575 REMEMBRANCE ROAD NW GRAND RAPIDS MI 49534	20-4273471	501C3		19,244	FMV	FOOD	FIGHT HUNGER
(2)	HARBERT COMMUNITY CHURCH (M) 6444 HARBERT RD SAWYER MI 49125	36-2167730	501C3		73,408	FMV	FOOD	FIGHT HUNGER
(3)	HARBOR OF GRACE LUTHERAN CHURCH 1132 W SOUTHERN AVE. MUSKEGON MI 49441	41-1568278	501C3		50,216	FMV	FOOD	FIGHT HUNGER
(4)	HARBOR OF HOPE - PIONEER MEM. CHURCH 769 PIPESTONE ST. BENTON HARBOR MI 49022	52-0643036	501C3		38,534	FMV	FOOD	FIGHT HUNGER
(5)	HARVEST STAND MINISTRIES PANTRY 100 SOUTH PINE STREET, SUITE 100 ZEELAND MI 49464	32-0069107	501C3		21,172	FMV	FOOD	FIGHT HUNGER
(6)	HEIGHTS OF HOPE-EASTSIDE PANTRY @ 995 E. 8TH STREET HOLLAND MI 49423	20-0123010	501C3		6,848	FMV	FOOD	FIGHT HUNGER
(7)	HELPING HANDS F.P. OF ROTHBURY COMM 2500 W. WINSTON ROAD ROTHBURY MI 49452	38-2343626	501C3		9,964	FMV	FOOD	FIGHT HUNGER
(8)	HELPING HANDS FOOD PANTRY 1105 SOUTH ENSLEY HOWARD CITY MI 49329	38-2909148	501C3		24,749	FMV	FOOD	FIGHT HUNGER
(9)	HELPING HANDS FOUNDATION 133 NAPIER BENTON HARBOR MI 49022	36-4513441	501C3		34,024	FMV	FOOD	FIGHT HUNGER

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(1)	HELPING HANDS OF CASS COUNTY (M) 130 S. BROADWAY CASSOPOLIS MI 49031	38-2663969	501C3		79,939	FMV	FOOD	FIGHT HUNGER
(2)	HERITAGE REFORMED CHURCH 2927 LEONARD NE UNIT 16 GRAND RAPIDS MI 49525	38-3191065	501C3		56,449	FMV	FOOD	FIGHT HUNGER
(3)	HESPERIA COMMUNITY FOOD PANTRY/ 45 HOSKINS HESPERIA MI 49421	31-1813333	501C3		35,299	FMV	FOOD	FIGHT HUNGER
(4)	HESPERIA UNITED METHODIST CHURCH (M) 187 EAST SOUTH AVENUE HESPERIA MI 49421	31-1813333	501C3		75,907	FMV	FOOD	FIGHT HUNGER
(5)	HIAWATHA YOUTH CAMP/BILLY WALKER EV 6398 S PIATT LAKE ROAD ECKERMAN MI 49728	38-6017760	501C3		7,565	FMV	FOOD	FIGHT HUNGER
(6)	HISPANIC CENTER OF WESTERN MI (M) 1204 GRANDVILLE AVE. SW GRAND RAPIDS MI 49503	38-2265825	501C3		195,633	FMV	FOOD	FIGHT HUNGER
(7)	HISPANIC CENTER OF WESTERN MI (SEN.) 1204 GRANDVILLE AVE. SW GRAND RAPIDS MI 49503	38-2265825	501C3		70,380	FMV	FOOD	FIGHT HUNGER
(8)	HOLLAND SDA CHURCH (M) 11385 OTTOGAN STREET HOLLAND MI 49423	52-0643036	501C3		111,304	FMV	FOOD	FIGHT HUNGER
(9)	HOLY CROSS LUTHERAN (M) 1481 BALDWIN JENISON MI 49428	43-0658188	501C3		159,222	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.

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	HOLY FAMILY HEALTHCARE 301 N. CENTER HARTFORD MI 49057	46-1292390	501C3		24,434	FMV	FOOD	FIGHT HUNGER
(2)	HOPE COMMUNITY CACG CHURCH (M) 2390 LAKE STREET NILES MI 49120	35-6064030	501C3		120,603	FMV	FOOD	FIGHT HUNGER
(3)	HOPE FREE LUTHERAN CHURCH 795 NORTH LAKE DRIVE ISHPEMING MI 49849	41-0884943	501C3		17,122	FMV	FOOD	FIGHT HUNGER
(4)	HOPE NETWORK - BHS - PIVOT 385 LEONARD STREET NE GRAND RAPIDS MI 49503	38-6108186	501C3		5,026	FMV	FOOD	FIGHT HUNGER
(5)	HOPE RESOURCES 262 NORTH PAW PAW STREET COLOMA MI 49038	81-4103453	501C3		54,616	FMV	FOOD	FIGHT HUNGER
(6)	HOPE WITHIN PANTRY-LAKEFIELD BAPTIST 24230 COUNTY ROAD 98 MCMILLAN MI 49853		501C3		9,195	FMV	FOOD	FIGHT HUNGER
(7)	HUDSONVILLE CONGREGATIONAL UCC (M) 4950 32ND AVENUE HUDSONVILLE MI 49426	13-1957221	501C3		38,663	FMV	FOOD	FIGHT HUNGER
(8)	ICCF-FAMILY HAVEN 701 PROSPECT AVE. SE GRAND RAPIDS MI 49503	38-1903026	501C3		6,377	FMV	FOOD	FIGHT HUNGER
(9)	IDEAL PARK CRC (M) 320 56TH STREET SW GRAND RAPIDS MI 49548	38-2051351	501C3		111,325	FMV	FOOD	FIGHT HUNGER

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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)	IGLESIA DE DIOS MANANTIAL DE VIDA 400 FRANKLIN SW GRAND RAPIDS MI 49503	62-0484177	501C3		5,919	FMV	FOOD	FIGHT HUNGER
(2)	IM KIDS 3RD MEAL/MI CENTER FOR 21ST 10260 SOUTH SHERIDAN ROAD FENWICK MI 48834	27-2325075	501C3		18,214	FMV	FOOD	FIGHT HUNGER
(3)	IONIA CO HEALTH DEPARTMENT/ZION UMC 175 E ADAMS STREET IONIA MI 48846	31-1813333	501C3		8,199	FMV	FOOD	FIGHT HUNGER
(4)	IONIA COUNTY COMMISSION ON AGING/ZI 115 HUDSON STREET IONIA MI 48846	31-1813333	501C3		12,888	FMV	FOOD	FIGHT HUNGER
(5)	IRONS SEVENTH-DAY ADVENTIST COMM SE 11802 BASS LAKE ROAD IRONS MI 49644	52-0643036	501C3		18,567	FMV	FOOD	FIGHT HUNGER
(6)	JEHOVAH JIRAH MINISTRIES/IN HIS NAM 4055 VAN BUREN HUDSONVILLE MI 49426	38-3552167	501C3		5,137	FMV	FOOD	FIGHT HUNGER
(7)	JENISON BIBLE CHURCH 6360 14TH AVE. HUDSONVILLE MI 49426		501C3		33,990	FMV	FOOD	FIGHT HUNGER
(8)	K.A.I.R. 324 S. CEDAR STREET KALKASKA MI 49646	38-3240697	501C3		94,041	FMV	FOOD	FIGHT HUNGER
(9)	K.A.I.R.-LADLES OF LOVE 107 WEST 3RD STREET KALKASKA MI 49646	38-3240697	501C3		6,326	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

**2021**

**Open to Public  
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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	KALKASKA SENIORS/NW MI COMMUNITY AC 303 S. CORAL STREET MI 49646	38-2027389	501C3		24,580	FMV	FOOD	FIGHT HUNGER
(2)	KANDU ISLAND DROP IN CENTER &THIRD 3003 GARFIELD RD SUITE B TRAVERSE CITY MI 49686	81-0616267	501C3		17,828	FMV	FOOD	FIGHT HUNGER
(3)	KENTWOOD CHRISTIAN CHURCH (M) 5841 KALAMAZOO AVE. SE KENTWOOD MI 49508	38-2099777	501C3		108,137	FMV	FOOD	FIGHT HUNGER
(4)	KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS MI 49505	04-3760991	501C3		268,427	FMV	FOOD	FIGHT HUNGER
(5)	KIDS FOOD BASKET - HOLLAND 652 HASTINGS AVE HOLLAND MI 49423	04-3760991	501C3		6,096	FMV	FOOD	FIGHT HUNGER
(6)	KIDS FOOD BASKET-MUSKEGON@CENTRAL U 1011 2ND STREET MUSKEGON MI 49440	04-3760991	501C3		26,228	FMV	FOOD	FIGHT HUNGER
(7)	KINGS STORE HOUSE FOOD PANTRY-FIRST 125 STIMSON STREET CADILLAC MI 49601	13-5563018	501C3		8,544	FMV	FOOD	FIGHT HUNGER
(8)	LAKE COUNTY MEALS/ST. ANN'S CATHOLI 690 9TH STREET BALDWIN MI 49304	53-0196617	501C3		125,163	FMV	FOOD	FIGHT HUNGER
(9)	LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON MI 49431	81-4673437	501C3		321,846	FMV	FOOD	FIGHT HUNGER

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(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	LAKETON BETHEL REFORMED (M) 1568 GILES ROAD MUSKEGON MI 49445	13-3204416	501C3		166,853	FMV	FOOD	FIGHT HUNGER
(2)	LAKEVIEW CHURCH OF THE BRETHREN FOO 14049 NORTH COATES HWY BRETHREN MI 49619	36-2167026	501C3		16,849	FMV	FOOD	FIGHT HUNGER
(3)	LAKEVIEW MINISTERIAL ASSOC (M) PO BOX 350 LAKEVIEW MI 48850	84-4805645	501C3		53,735	FMV	FOOD	FIGHT HUNGER
(4)	LAKEWOOD COMMUNITY COUNCIL / HOLIDAY 912 FOURTH AVENUE LAKE ODESSA MI 48849	38-2318134	501C3		12,531	FMV	FOOD	FIGHT HUNGER
(5)	LAWRENCE UNITED METHODIST CHURCH 122 SOUTH EXCHANGE ST. LAWRENCE MI 49064	31-1813333	501C3		6,246	FMV	FOOD	FIGHT HUNGER
(6)	LEBANON LUTHERAN CHURCH/WHITE LAKE 1101 S MEARS AVENUE WHITEHALL MI 49461	41-1568278	501C3		90,795	FMV	FOOD	FIGHT HUNGER
(7)	LEELANAU CHRISTIAN NEIGHBORS 7322 E DUCK LAKE ROAD LAKE LEELANAU MI 49653	38-3345824	501C3		48,654	FMV	FOOD	FIGHT HUNGER
(8)	LEELANAU CHRISTIAN NEIGHBORS/BLESSI 7322 E DUCK LAKE RD LAKE LEELANAU MI 49653	38-3345824	501C3		20,908	FMV	FOOD	FIGHT HUNGER
(9)	LEMONADE STAND OF MUSKEGON 1192 JEFFERSON STREET MUSKEGON MI 49441	38-3418511	501C3		8,568	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LIFEHOUSE ASSEMBLY OF GOD 1120 WEST DIVISION CADILLAC MI 49601	44-0577787	501C3		25,864	FMV	FOOD	FIGHT HUNGER
(2)	LIGHTHOUSE CC (M) 7624 LAKE MICHIGAN DRIVE ALLENDALE MI 49401	45-5142128	501C3		76,046	FMV	FOOD	FIGHT HUNGER
(3)	LINC UP (M) 1167 MADISON AVE. SE GRAND RAPIDS MI 49507	38-3537915	501C3		5,335	FMV	FOOD	FIGHT HUNGER
(4)	LIVING LIGHT CHRISTIAN CHURCH /FAMI 7700 W BLUE ROAD LAKE CITY MI 49651		501C3		43,170	FMV	FOOD	FIGHT HUNGER
(5)	LIVING LIGHT CHRISTIAN CHURCH/FAMIL 7700 W BLUE ROAD LAKE CITY MI 49651		501C3		227,414	FMV	FOOD	FIGHT HUNGER
(6)	LORDS TABLE PANTRY @ FAITH COMMUNIT 610 GREEN STREET BIG RAPIDS MI 49307		501C3		13,165	FMV	FOOD	FIGHT HUNGER
(7)	LOVE IN ACTION - TRI-CITIES (M) 326 N FERRY STREET GRAND HAVEN MI 49417	38-2856482	501C3		422,287	FMV	FOOD	FIGHT HUNGER
(8)	LOVE IN ACTION TRI CITIES 1106 FULTON ST GRAND HAVEN MI 49417	38-2856482	501C3		103,822	FMV	FOOD	FIGHT HUNGER
(9)	LOVE IN ACTION TRI CITIES (M) 3520 E PONTALUNA ROAD FRUITPORT MI 49415	38-2856482	501C3		31,612	FMV	FOOD	FIGHT HUNGER

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(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**FEEDING AMERICA WEST MICHIGAN**

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

Employer identification number

**38-2439659**

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(1)	LOVE INC - NEWAYGO COUNTY 11 W. 96TH STREET GRANT MI 49327	38-2871534	501C3		87,059	FMV	FOOD	FIGHT HUNGER
(2)	LOVE INC OF WEST MACKINAC COUNTY W 14019 MELVILLE STREET ENGADINE MI 49827	46-4566509	501C3		13,280	FMV	FOOD	FIGHT HUNGER
(3)	LUCE COUNTY COMMUNITY RESOURCE & RE 103 WEST HELEN STREET NEWBERRY MI 49868	20-5768161	501C3		19,627	FMV	FOOD	FIGHT HUNGER
(4)	LUTHER BIBLE CHAPEL 1018 230TH AVE. NEWAYGO MI 49337	38-2232340	501C3		55,364	FMV	FOOD	FIGHT HUNGER
(5)	M-46 TABERNACLE PANTRY/PENTECOSTAL 11098 M-46 HIGHWAY RIVERDALE MI 48877	44-0612817	501C3		34,457	FMV	FOOD	FIGHT HUNGER
(6)	MAMRELUND EVANGELICAL LUTHERAN CHUR 4085 LUTHERAN CHURCH RD. KENT CITY MI 49330	41-1568278	501C3		28,227	FMV	FOOD	FIGHT HUNGER
(7)	MANISTEE COUNTY COUNCIL ON AGING 260 SAINT MARY'S PARKWAY MANISTEE MI 49660	38-1949993	501C3		44,200	FMV	FOOD	FIGHT HUNGER
(8)	MANISTEE FRIENDSHIP SOCIETY (M) 1475 US-31 N MANISTEE MI 49660	38-3636893	501C3		202,615	FMV	FOOD	FIGHT HUNGER
(9)	MANNA PANTRY OF BIG RAPIDS (M) 315 SOUTH STATE ST., SUITE B BIG RAPIDS MI 49307	46-2870828	501C3		238,211	FMV	FOOD	FIGHT HUNGER

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(1)	MANNA PROJECT, INC (EMMET) 8791 MCBRIDE PARK DR. HARBOR SPRINGS MI 49740-9697	38-2764533	501C3		971,916	FMV	FOOD	FIGHT HUNGER
(2)	MANTON AREA RETIREES CLUB 302 W MAIN STREET MANTON MI 49663	23-7187079	501C3		13,490	FMV	FOOD	FIGHT HUNGER
(3)	MANTON FOOD PANTRY- MANTON FREE MET 201 N MICHIGAN AVE. MANTON MI 49663	35-0877568	501C3		12,959	FMV	FOOD	FIGHT HUNGER
(4)	MARANATHA ASSEMBLY OF GOD 917 PYLE DRIVE KINGSFORD MI 49802	44-0577787	501C3		17,551	FMV	FOOD	FIGHT HUNGER
(5)	MARCELLUS COMMUNITY FOOD PANTRY (M) 197 WEST MAIN MARCELLUS MI 49067	26-4737267	501C3		38,702	FMV	FOOD	FIGHT HUNGER
(6)	MARCELLUS COMMUNITY FOOD PANTRY, 175 S CENTRE STREET MARCELLUS MI 49067	26-4737267	501C3		31,919	FMV	FOOD	FIGHT HUNGER
(7)	MARCY'S PANTRY WEST 17455 MAIN STREET CURTIIS MI 49820	84-4452557	501C3		90,843	FMV	FOOD	FIGHT HUNGER
(8)	MARILLA FOOD PANTRY--CHURCH OF THE 9991 MARILLA ROAD COPEMISH MI 49625	52-0643036	501C3		14,056	FMV	FOOD	FIGHT HUNGER
(9)	MARION COMMUNITY FOOD PANTRY COC 112 N CLARK STREET MARION MI 49665	44-0552038	501C3		27,450	FMV	FOOD	FIGHT HUNGER

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(1)	MARTIN RESOURCE CENTER 1445 S. 10TH STREET MARTIN MI 49070	38-3467198	501C3		24,184	FMV	FOOD	FIGHT HUNGER
(2)	MATTAWAN AREA PANTRY 23680 FRONT AVENUE MATTAWAN MI 49071	30-0666170	501C3		121,565	FMV	FOOD	FIGHT HUNGER
(3)	MATTAWAN FOOD PACKS DBA WILD PAKS 56720 MURRAY STREET MATTAWAN MI 49071	82-1172069	501C3		6,020	FMV	FOOD	FIGHT HUNGER
(4)	MATTHEW'S HOUSE MINISTRY 766 7TH STREET NW GRAND RAPIDS MI 49504	80-0268721	501C3		102,102	FMV	FOOD	FIGHT HUNGER
(5)	MCCLEES CLINIC/MERCY HEALTH PARTNER 1700 CLINTON STREET MUSKEGON MI 49442	38-2589966	501C3		11,682	FMV	FOOD	FIGHT HUNGER
(6)	MEALS ON WHEELS WESTERN MICHIGAN - F 1954 FULLER AVENUE NE GRAND RAPIDS MI 49505	38-2535537	501C3		213,027	FMV	FOOD	FIGHT HUNGER
(7)	MEALS ON WHEELS WESTERN MICHIGAN - F 551 HENRY AVE SE GRAND RAPIDS MI 49503	38-2535537	501C3		68,311	FMV	FOOD	FIGHT HUNGER
(8)	MEALS ON WHEELS WESTERN MICHIGAN - F 10075 NORTHLAND DR. NE ROCKFORD MI 49341	38-2535537	501C3		29,422	FMV	FOOD	FIGHT HUNGER
(9)	MEALS ON WHEELS WESTERN MICHIGAN - H 2900 WILSON AVE SW, SUITE 500 GRANDVILLE MI 49418	38-2535537	501C3		210,353	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	MECOSTA COUNTY SENIOR CENTER 12954 80TH AVE. MECOSTA MI 49332	38-2902050	501C3		7,660	FMV	FOOD	FIGHT HUNGER
(2)	MEL TROTTER MINISTRIES 225 COMMERCE AVE SW GRAND RAPIDS MI 49503	38-1410467	501C3		49,611	FMV	FOOD	FIGHT HUNGER
(3)	MEN & WOMEN OF CHARACTER/MMC 2401 8TH STREET MUSKEGON HEIGHTS MI 49444	30-0039346	501C3		8,825	FMV	FOOD	FIGHT HUNGER
(4)	MI FAMILY RESOURCES - HEAD START 2626 WALKER AVE. NW WALKER MI 49544	38-2942671	501C3		7,007	FMV	FOOD	FIGHT HUNGER
(5)	MID-COUNTY MINISTERIUM FOOD PANTRY 526 W. SAMUEL ST STEPHENSON MI 49887	46-4185622	501C3		13,974	FMV	FOOD	FIGHT HUNGER
(6)	MIDTOWN VILLAGE APARTMENTS (SEN.)/F 372 S. RIVER STREET HOLLAND MI 49423				14,742	FMV	FOOD	FIGHT HUNGER
(7)	MISION DE FE 3242 52 ST. SW GRANDVILLE MI 49418	44-0577787	501C3		25,463	FMV	FOOD	FIGHT HUNGER
(8)	MISSIONARY CHURCH OF CHRIST INC. 200 GRIGGS STREET SW GRAND RAPIDS MI 49507	38-1967844	501C3		110,260	FMV	FOOD	FIGHT HUNGER
(9)	MOCAP FOOD PANTRY MUSKEGON CO 1170 WEST SOUTHERN AVENUE MUSKEGON HEIGHTS MI 49444	38-1802280	501C3		35,384	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.

DAA



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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)	MONTABELLA MINISTERIAL ASSOC. / FAI 833 S. FIRST STREET EDMORE MI 48829	31-1813333	501C3		27,972	FMV	FOOD	FIGHT HUNGER
(2)	MOORESTOWN-STITTSVILLE UNITED METHOD 4509 E MOORESTOWN ROAD LAKE CITY MI 49651	31-1813333	501C3		14,105	FMV	FOOD	FIGHT HUNGER
(3)	MORLEY COMMUNITY CENTER (M) 151 E. 7TH ST MORLEY MI 49336	83-0927993	501C3		8,789	FMV	FOOD	FIGHT HUNGER
(4)	MOUNT HOPE CHURCH / AOG (M) 845 IONIA ROAD PORTLAND MI 48875	44-0577787	501C3		36,115	FMV	FOOD	FIGHT HUNGER
(5)	MT. CALVARY MISSIONARY BAPTIST CHUR 601 FERRY ST. NILES MI 49120	38-2676524	501C3		29,558	FMV	FOOD	FIGHT HUNGER
(6)	MT. ZION MISSIONARY BAPTIST CHURCH 100 MILLER STREET DOWAGIAC MI 49047		501C3		6,837	FMV	FOOD	FIGHT HUNGER
(7)	MULTITUDE MINISTRIES, INC. (H) 2018 CALVIN AVE SE GRAND RAPIDS MI 49507	46-2529623	501C3		56,562	FMV	FOOD	FIGHT HUNGER
(8)	MUSKEGON COUNTY COOPERATING CHURCHE 120 W. APPLE AVE MUSKEGON MI 49440	38-2746797	501C3		951,053	FMV	FOOD	FIGHT HUNGER
(9)	MUSKEGON RESCUE MISSION-MEN'S 400 W. LAKETON AVENUE MUSKEGON MI 49441	38-3525239	501C3		8,692	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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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	MUSKEGON YMCA 1115 3RD ST. MUSKEGON MI 49443	38-2000172	501C3		12,757	FMV	FOOD	FIGHT HUNGER
(2)	NECM (NORTH END COMMUNITY MINISTRY) 214 SPENCER STREET NE GRAND RAPIDS MI 49505	38-3572938	501C3		114,798	FMV	FOOD	FIGHT HUNGER
(3)	NEIGHBOR TO NEIGHBOR/GCSDA (M) 9147 US 31 BERRIEN SPRINGS MI 49103	52-0643036	501C3		70,769	FMV	FOOD	FIGHT HUNGER
(4)	NEW BEGINNINGS CHURCH/ NBCFF 302 WEST MAIN STREET EDMORE MI 48829	35-2247163	501C3		42,838	FMV	FOOD	FIGHT HUNGER
(5)	NEW FAITH TEMPLE CDC 1701 KALAMAZOO AVE. SE GRAND RAPIDS MI 49507	45-2871411	501C3		19,615	FMV	FOOD	FIGHT HUNGER
(6)	NEW FREEDOM CHURCH 6210 MOUNTAIN RD. COLOMA MI 49038		501C3		11,405	FMV	FOOD	FIGHT HUNGER
(7)	NEW FREEDOM CHURCH (M) 6210 MOUNTAIN RD. COLOMA MI 49038		501C3		108,588	FMV	FOOD	FIGHT HUNGER
(8)	NEW HARVEST HOUSE & SOUP KITCHEN/NE 201 N 12TH STREET ESCANABA MI 49829	81-2870134	501C3		23,373	FMV	FOOD	FIGHT HUNGER
(9)	NEW HEIGHTS CHRISTIAN COMMUNITY DEV 990 N. EUCLID AVE. BENTON HARBOR MI 49022	81-5017908	501C3		51,796	FMV	FOOD	FIGHT HUNGER

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	NEW HOPE COMMUNITY CHURCH FOOD PANTRY 66 CEDAR GROVE DRIVE KINCHELOE MI 49788	38-2051351	501C3		35,726	FMV	FOOD	FIGHT HUNGER
(2)	NEW HOPE COMMUNITY RCA PANTRY 244 S. 79TH AVE SHELBY MI 49455	13-3204416	501C3		167,770	FMV	FOOD	FIGHT HUNGER
(3)	NEW HOPE MISSIONARY BAPTIST CHURCH 130 DELAWARE SW GRAND RAPIDS MI 49507	23-7364078	501C3		14,341	FMV	FOOD	FIGHT HUNGER
(4)	NEW LIFE FOOD PANTRY COGIC 1072 JEFFERSON AVE. SE GRAND RAPIDS MI 49507	23-7002419	501C3		6,623	FMV	FOOD	FIGHT HUNGER
(5)	NONPROFIT INNOVATIONS INC. (M) 50 ANTOINE SW GRAND RAPIDS MI 49507	27-0669246	501C3		90,098	FMV	FOOD	FIGHT HUNGER
(6)	NOOR'S HEAVEN OF WEST MI SERVICES 2723 SARNIA ST WYOMING MI 49519	36-4748887	501C3		57,304	FMV	FOOD	FIGHT HUNGER
(7)	NORTH KENT CONNECT DBA / RCSC 10075 NORTHLAND DR. NE ROCKFORD MI 49341	38-2066893	501C3		63,667	FMV	FOOD	FIGHT HUNGER
(8)	NORTHERN MICHIGAN UNIVERSITY FOOD P 1401 PRESQUE ISLE AVE MARQUETTE MI 49855	23-7034523	501C3		15,717	FMV	FOOD	FIGHT HUNGER
(9)	NORTHLAND CHURCH OF CHRIST (M) 9891 S. MASON DRIVE GRANT MI 49327	84-0563716	501C3		163,205	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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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.

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(1)	NORTHSIDE CHURCHES AT FIFTH REFORME 2330 HOLTON ROAD MUSKEGON MI 49445	13-3204416	501C3		210,669	FMV	FOOD	FIGHT HUNGER
(2)	NORWAY COMM FOOD PANTRY-BACKPACK-ME 130 O'DILL DRIVE NORWAY MI 49870	31-1813333	501C3		71,626	FMV	FOOD	FIGHT HUNGER
(3)	NORWAY COMMUNITY FOOD PANTRY @ GRAC 130 O'DILL DRIVE NORWAY MI 49870	31-1813333	501C3		159,404	FMV	FOOD	FIGHT HUNGER
(4)	NW FOOD PANTRY COALITION AT TRINITY 1224 DAVIS AVENUE NW GRAND RAPIDS MI 49504	38-3010758	501C3		40,010	FMV	FOOD	FIGHT HUNGER
(5)	NW OSCEOLA FOOD PANTRY 18499 20 MILE TUSTIN MI 49688	38-3056837	501C3		21,927	FMV	FOOD	FIGHT HUNGER
(6)	OAKRIDGE BAPTIST CHURCH 766 OAKRIDGE DR. ST. JOSEPH MI 49085	36-2192827	501C3		21,112	FMV	FOOD	FIGHT HUNGER
(7)	OPERATION GLOBAL CRISIS FOOD PANTRY 808 VICTORY ST BUCHANAN MI 49107	58-2479964	501C3		17,855	FMV	FOOD	FIGHT HUNGER
(8)	OTHER WAY MINISTRIES 710 W. FULTON STREET GRAND RAPIDS MI 49504	38-2236821	501C3		222,525	FMV	FOOD	FIGHT HUNGER
(9)	OUR HOPE ASSOCIATION 324 LYON STREET NE GRAND RAPIDS MI 49503	38-1998209	501C3		6,827	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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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)	OUR LADY QUEEN OF PEACE 3903 LAKE ST. BRIDGMAN MI 49106	53-0196617	501C3		11,978	FMV	FOOD	FIGHT HUNGER
(2)	PAW PAW SEVENTH-DAY ADVENTIST CHURCH 60409 SOUTH M-40 PAW PAW MI 49079	52-0643036	501C3		73,571	FMV	FOOD	FIGHT HUNGER
(3)	PEACE LUTHERAN CHURCH 1225 12 MILE ROAD NW SPARTA MI 49345	41-1568278	501C3		87,569	FMV	FOOD	FIGHT HUNGER
(4)	PENTWATER COMMUNITY FOOD PANTRY @ 101 SOUTH RUSH STREET PENTWATER MI 49449	36-2181949	501C3		25,871	FMV	FOOD	FIGHT HUNGER
(5)	PENTWATER MOBILE/CENTENARY UMC (M) 486 E PARK STREET PENTWATER MI 49449	31-1813333	501C3		113,234	FMV	FOOD	FIGHT HUNGER
(6)	PEOPLE HELPING PEOPLE 943 56TH STREET PULLMAN MI 49450	26-3902533	501C3		8,136	FMV	FOOD	FIGHT HUNGER
(7)	PILGRIM REST MISSIONARY BAPTIST CHU 510 FRANKLIN STREET SE GRAND RAPIDS MI 49507	38-6095426	501C3		106,259	FMV	FOOD	FIGHT HUNGER
(8)	PINE GROVE COMMUNITY CRC (M) 8775 E. 88TH STREET HOWARD CITY MI 49329	38-2051351	501C3		108,254	FMV	FOOD	FIGHT HUNGER
(9)	PINEVIEW HOMES, INC. 8444 OAK ROAD EVART MI 49631	38-1851783	501C3		13,037	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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(1)	PIONEER MEMORIAL S.D.A. - GOD'S ABU 4519 INTERNATIONAL COURT BERRIEN SPRINGS MI 49104	52-0643036	501C3		104,123	FMV	FOOD	FIGHT HUNGER
(2)	PORTLAND COMMUNITY FOOD PANTRY / PCF 310 EAST BRIDGE ST. PORTLAND MI 48875	38-2832191	501C3		20,216	FMV	FOOD	FIGHT HUNGER
(3)	PROJECT HOPE OF ALLEGAN COUNTY 1808 143RD AVENUE DORR MI 49323	38-3194627	501C3		148,060	FMV	FOOD	FIGHT HUNGER
(4)	PROJECT STARBURST 120 S. STATE STREET BIG RAPIDS MI 49307	38-1988807	501C3		106,092	FMV	FOOD	FIGHT HUNGER
(5)	RANDY'S HOUSE 407 S NELSON GREENVILLE MI 48838	81-1611212	501C3		9,678	FMV	FOOD	FIGHT HUNGER
(6)	RED PINE BIBLE CHURCH (M) 17195 RED PINE DR. KENT CITY MI 49330		501C3		38,729	FMV	FOOD	FIGHT HUNGER
(7)	REDBUD AREA MINISTRIES -BAMA (M) 708 N. REDBUD TRAIL BUCHANAN MI 49107	38-2513283	501C3		10,317	FMV	FOOD	FIGHT HUNGER
(8)	REDEEMER LUTHERAN CHURCH 1896 ROGERS ROAD GRAWN MI 49637	43-0658188	501C3		9,707	FMV	FOOD	FIGHT HUNGER
(9)	REED CITY AREA FOOD PANTRY 831 SOUTH CHESTNUT ST REED CITY MI 49677	38-3056454	501C3		39,748	FMV	FOOD	FIGHT HUNGER

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(1)	REHOBOTH REFORMED CHURCH MCBAIN/COM 8372 S LUCAS ROAD MCBAIN MI 49657	81-5336674	501C3		131,915	FMV	FOOD	FIGHT HUNGER
(2)	RESTORATION CHURCH (M) 1669 S. GARFIELD AVE TRAVERSE CITY MI 49686	84-3489505	501C3		17,031	FMV	FOOD	FIGHT HUNGER
(3)	REVIVE AND THRIVE PROJECT 4330 ASPEN TRAILS DR NE GRAND RAPIDS MI 49546	90-1015393	501C3		14,763	FMV	FOOD	FIGHT HUNGER
(4)	RIVER VALLEY SCHOOL DISTRICT - BLES 15480 THREE OAKS ROAD THREE OAKS MI 49128	26-1964620	501C3		12,648	FMV	FOOD	FIGHT HUNGER
(5)	ROAD TO HOPE/ROAD TO LIFE CHURCH 3800 NILES ROAD ST JOSEPH MI 49085	82-1002663	501C3		40,839	FMV	FOOD	FIGHT HUNGER
(6)	SACRED HEART CATHOLIC CHURCH-USCCB 150 E. SUMMIT AVE. MUSKEGON HEIGHTS MI 49444	53-0196617	501C3		17,984	FMV	FOOD	FIGHT HUNGER
(7)	SALVATION ARMY - ADULT REHAB 1491 S. DIVISION GRAND RAPIDS MI 49507	13-3485289	501C3		218,864	FMV	FOOD	FIGHT HUNGER
(8)	SALVATION ARMY - BENTON HARBOR 233 MICHIGAN ST. BENTON HARBOR MI 49022	13-3485289	501C3		22,149	FMV	FOOD	FIGHT HUNGER
(9)	SALVATION ARMY - ESCANABA 3001 5TH AVE S. ESCANABA MI 49829	36-2167910	501C3		99,336	FMV	FOOD	FIGHT HUNGER

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY - FULTON HTS. CITADEL 1235 E. FULTON STREET GRAND RAPIDS MI 49503		501C3		69,880	FMV	FOOD	FIGHT HUNGER
(2)	SALVATION ARMY - FULTON HTS. CITADEL 1235 E. FULTON STREET GRAND RAPIDS MI 49503	13-3485289	501C3		106,319	FMV	FOOD	FIGHT HUNGER
(3)	SALVATION ARMY - HOLLAND 104 CLOVER STREET HOLLAND MI 49423	13-3485289	501C3		23,477	FMV	FOOD	FIGHT HUNGER
(4)	SALVATION ARMY - KENT COUNTY SOCIAL 1215 E. FULTON STREET GRAND RAPIDS MI 49503	13-3485289	501C3		27,968	FMV	FOOD	FIGHT HUNGER
(5)	SALVATION ARMY - KINGSFORD 145 ROSELAND STREET KINGSFORD MI 49802	38-1370971	501C3		34,731	FMV	FOOD	FIGHT HUNGER
(6)	SALVATION ARMY - MARINETTE/MENOMINEE 1307 8TH AVE MENOMINEE MI 49858	36-2167910	501C3		156,738	FMV	FOOD	FIGHT HUNGER
(7)	SALVATION ARMY - MUSKEGON 1221 SHONAT STREET MUSKEGON MI 49442	13-3485289	501C3		31,023	FMV	FOOD	FIGHT HUNGER
(8)	SALVATION ARMY - SAULT STE MARIE 132 W SPRUCE STREET SAULT STE MARIE MI 49783	38-1370971	501C3		153,860	FMV	FOOD	FIGHT HUNGER
(9)	SALVATION ARMY - MARQUETTE FOOD PROG 1009 W. BARAGA AVE. MARQUETTE MI 49855	36-2167910	501C3		65,076	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.

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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)	SALVATION ARMY-CADILLAC 725 WRIGHT ST CADILLAC MI 49601	36-2167910	501C3		32,861	FMV	FOOD	FIGHT HUNGER
(2)	SARANAC COMMUNITY CHURCH (M) 125 S. BRIDGE ST. SARANAC MI 48881	36-2167730	501C3		86,302	FMV	FOOD	FIGHT HUNGER
(3)	SARANAC COMMUNITY CHURCH FOOD PANTRY 125 S. BRIDGE STREET SARANAC MI 48881	36-2167730	501C3		14,467	FMV	FOOD	FIGHT HUNGER
(4)	SCS - 22 MILE HOME 2200 22 MILE ROAD NE SAND LAKE MI 49343	38-2882853	501C3		5,695	FMV	FOOD	FIGHT HUNGER
(5)	SCS - BLYTHEFIELD HOME 3485 ROGUE RIVER ROAD NE BELMONT MI 49306	38-2882853	501C3		14,595	FMV	FOOD	FIGHT HUNGER
(6)	SCS - FOREST HILLS HOME 311 FOREST HILL AVE. SE GRAND RAPIDS MI 49546	38-2882853	501C3		6,059	FMV	FOOD	FIGHT HUNGER
(7)	SCS - IRIS HOME 3728 IRIS S.W. GRANDVILLE MI 49418	38-2882853	501C3		6,197	FMV	FOOD	FIGHT HUNGER
(8)	SCS - STAUFFER HOME 4661 STAUFFER AVE SE KENTWOOD MI 49508	38-2882853	501C3		7,183	FMV	FOOD	FIGHT HUNGER
(9)	SEARS FOOD PANTRY 5841 50TH AVE SEARS MI 49679	38-3288540	501C3		9,809	FMV	FOOD	FIGHT HUNGER

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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.

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	SECOM SOUTH END COMMUNITY OUTREACH 1545 BUCHANAN AVE. SW GRAND RAPIDS MI 49507	38-3038706	501C3		73,017	FMV	FOOD	FIGHT HUNGER
(2)	SECOND BAPTIST CHURCH BENEVOLENT MI 600 DONALD ATKINS DRIVE BENTON HARBOR MI 49022	32-0048628	501C3		46,260	FMV	FOOD	FIGHT HUNGER
(3)	SECOND CHRISTIAN REFORMED CHURCH FR 600 APACHE DRIVE FREMONT MI 49412	38-2051351	501C3		35,860	FMV	FOOD	FIGHT HUNGER
(4)	SENIOR SERVICES OF VAN BUREN COUNTY 1635 76TH STREET SOUTH HAVEN MI 49090	38-3200638	501C3		91,045	FMV	FOOD	FIGHT HUNGER
(5)	SETTLEMENT LUTHERAN CHURCH FOOD PAN 1031 S. JOHNSON ROAD GOWEN MI 49326	41-1568278	501C3		95,227	FMV	FOOD	FIGHT HUNGER
(6)	SEVENTH DAY ADVENTIST COMMUNITY SER 2055 4 MILE ROAD NORTH TRAVERSE CITY MI 49686	52-0643036	501C3		5,462	FMV	FOOD	FIGHT HUNGER
(7)	SEYMOUR CHRISTIAN REFORMED CHURCH ( ) 840 ALGER STREET SE GRAND RAPIDS MI 49507	38-2051351	501C3		28,637	FMV	FOOD	FIGHT HUNGER
(8)	SHAWNEE PARK CHRISTIAN REFORMED (M) 2255 TECUMSEH DRIVE SE GRAND RAPIDS MI 49506	38-2051351	501C3		39,081	FMV	FOOD	FIGHT HUNGER
(9)	SHEKINAH REVIVAL MINISTRIES AKA FAI 1941 WASHINGTON AVE. HOLLAND MI 49423	73-6109354	501C3		14,387	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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)	SHEPHERDS OF INDEPENDENCE 1400 MORGAN STREET NW GRAND RAPIDS MI 49504	58-2641404	501C3		25,050	FMV	FOOD	FIGHT HUNGER
(2)	SHERMAN STREET CRC (M) 1000 SHERMAN ST. SE GRAND RAPIDS MI 49506	38-2051351	501C3		97,524	FMV	FOOD	FIGHT HUNGER
(3)	SHILOH COMMUNITY CHURCH (M) 8197 HETH STREET ORLEANS MI 48865	38-2170276	501C3		112,329	FMV	FOOD	FIGHT HUNGER
(4)	SHILOH COMMUNITY CHURCH FOOD PANTRY 8197 HETH STREET ORLEANS MI 48865	38-2170276	501C3		8,007	FMV	FOOD	FIGHT HUNGER
(5)	SILVER CREEK THRIFT STORE (M) 219 SILVER CREEK ROAD HARVEY MI 49855	47-2568953	501C3		324,001	FMV	FOOD	FIGHT HUNGER
(6)	SOUTH ENSLEY UMC NEWAYGO CO (M) 13600 CYPRESS AVENUE SAND LAKE MI 49343	31-1813333	501C3		17,831	FMV	FOOD	FIGHT HUNGER
(7)	SOUTHEAST CHURCH OF CHRIST (M) 1915 NELSON SE GRAND RAPIDS MI 49507	38-2994544	501C3		18,040	FMV	FOOD	FIGHT HUNGER
(8)	SOUTHWEST MICHIGAN COMMUNITY ACTION 185 E. MAIN ST. SUITE 200 BENTON HARBOR MI 49022	38-2415106	501C3		72,010	FMV	FOOD	FIGHT HUNGER
(9)	SPARTA AREA MIGRANT RESOURCE CO (M) 4085 LUTHERAN CHURCH ROAD KENT CITY MI 49303	38-2010346	501C3		38,553	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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**2021**

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Name of the organization

**FEEDING AMERICA WEST MICHIGAN**

Employer identification number

**38-2439659**

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(1)	ST ANN'S LAKE CO SENIOR SERVICES/ST 690 9TH STREET BALDWIN MI 49304	53-0196617	501C3		5,472	FMV	FOOD	FIGHT HUNGER
(2)	ST. ALPHONSUS (M) 228 CARRIER STREET NE GRAND RAPIDS MI 49505	53-0196617	501C3		81,088	FMV	FOOD	FIGHT HUNGER
(3)	ST. ALPHONSUS FOOD & CLOTHING CENTE 228 CARRIER STREET NE GRAND RAPIDS MI 49505	53-0196617	501C3		68,853	FMV	FOOD	FIGHT HUNGER
(4)	ST. ANTHONY'S CATHOLIC CHAPEL 13421 GREEN STREET GRAND HAVEN MI 49417	53-0196617	501C3		24,410	FMV	FOOD	FIGHT HUNGER
(5)	ST. AUGUSTINE EPISCOPAL CHURCH 1753 UNION ST. BENTON HARBOR MI 49022	31-1629166	501C3		86,841	FMV	FOOD	FIGHT HUNGER
(6)	ST. FRANCIS XAVIER - CONKLIN 2044 GOODING CONKLIN MI 49403	53-0196617	501C3		10,550	FMV	FOOD	FIGHT HUNGER
(7)	ST. GREGORY'S BREAD OF LIFE FOOD PA 11 WASHINGTON STREET HART MI 49420	53-0196617	501C3		17,685	FMV	FOOD	FIGHT HUNGER
(8)	ST. IGNACE FOOD PANTRY 250 FERRY LANE ST IGNACE MI 49781	68-0518240	501C3		38,202	FMV	FOOD	FIGHT HUNGER
(9)	ST. IGNACE FOOD PANTRY (M) 250 FERRY LANE ST IGNACE MI 49781	68-0518240	501C3		166,345	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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(1)	ST. ISIDORE CATHOLIC CHURCH FOOD PA 625 SPRING AVE NE GRAND RAPIDS MI 49503	53-0196617	501C3		5,812	FMV	FOOD	FIGHT HUNGER
(2)	ST. JAMES CATHOLIC CHURCH WHITE LAK 5149 DOWLING STREET MONTAGUE MI 49437	53-0196617	501C3		15,643	FMV	FOOD	FIGHT HUNGER
(3)	ST. JOHN'S U.C.C. (M) 1934 BRIDGE STREET NW GRAND RAPIDS MI 49504	13-1957221	501C3		119,367	FMV	FOOD	FIGHT HUNGER
(4)	ST. JOSEPH CATHOLIC - WATERVLIET 157 LUCINDA LANE WATERVLIET MI 49098	53-0196617	501C3		9,498	FMV	FOOD	FIGHT HUNGER
(5)	ST. JOSEPH CATHOLIC CHURCH FOOD PAN 409 SOUTH BRIDGE STREET BELDING MI 48809	53-0196617	501C3		16,053	FMV	FOOD	FIGHT HUNGER
(6)	ST. JOSEPH CHURCH 8380 FIFTH STREET ONEKAMA MI 49675	53-0196617	501C3		24,266	FMV	FOOD	FIGHT HUNGER
(7)	ST. JOSEPH S.D.A. CHURCH 1201 MAIDEN LANE ST. JOSEPH MI 49085-0168	52-0643036	501C3		15,846	FMV	FOOD	FIGHT HUNGER
(8)	LUKE UNIVERSITY PARISH/USCCB 10144 42ND AVENUE GEORGETOWN TWP. MI 49428	53-0196617	501C3		17,253	FMV	FOOD	FIGHT HUNGER
(9)	ST. MARY MAGDALEN CHURCH (M) 1253 52ND STREET SE KENTWOOD MI 49508	53-0196617	501C3		165,298	FMV	FOOD	FIGHT HUNGER

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Department of the Treasury  
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Name of the organization

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(1)	ST. MARY ROMAN CATHOLIC CHURCH FOOD 423 FIRST STREET N.W. GRAND RAPIDS MI 49504	53-0196617	501C3		25,509	FMV	FOOD	FIGHT HUNGER
(2)	ST. MARY'S CATHOLIC CHURCH - SPRIN 421 EAST EXCHANGE ST. SPRING LAKE MI 49456	53-0196617	501C3		7,463	FMV	FOOD	FIGHT HUNGER
(3)	ST. PATRICK'S & ST. ANTHONY'S CATHO 920 FULTON STREET GRAND HAVEN MI 49417	53-0196617	501C3		19,370	FMV	FOOD	FIGHT HUNGER
(4)	ST. PATRICK'S CATHOLIC CHURCH - TC/ 630 S WEST SILVER LAKE RD TRAVERSE CITY MI 49685	53-0196617	501C3		9,600	FMV	FOOD	FIGHT HUNGER
(5)	ST. PAUL LUTHERAN CHURCH 305 W. STATE ST. CASSOPOLIS MI 49031	43-0658188	501C3		11,786	FMV	FOOD	FIGHT HUNGER
(6)	ST. PAUL'S ANGLICAN CHURCH (M) 2560 LAKE MICHIGAN DR. GRAND RAPIDS MI 49504		501C3		35,231	FMV	FOOD	FIGHT HUNGER
(7)	ST. PAUL'S EPISCOPAL CHURCH/PECUSA 306 COURTLAND ST. DOWAGIAC MI 49047	31-1629166	501C3		46,886	FMV	FOOD	FIGHT HUNGER
(8)	ST. PHILIP NERI/EMPIRE FOOD PANTRY 4902 W MACFARLANE RD GLEN ARBOR MI 49636	53-0196617	501C3		8,825	FMV	FOOD	FIGHT HUNGER
(9)	ST. VINCENT DE PAUL CENTER/ST. FRAN 170 W. 13TH STREET HOLLAND MI 49423	53-0196617	501C3		42,672	FMV	FOOD	FIGHT HUNGER

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(1)	ST. VINCENT DE PAUL FOOD PANTRY / 134A W. ALLEGAN STREET OTSEGO MI 49078	53-0196617	501C3		5,834	FMV	FOOD	FIGHT HUNGER
(2)	ST. VINCENT DEPAUL - ISHPEMING 322 CLEVELAND AVE. ISHPEMING MI 49849	13-5562362	501C3		18,669	FMV	FOOD	FIGHT HUNGER
(3)	ST. VINCENT DEPAUL - MARQUETTE & 2119 PRESQUE ISLE AVE. MARQUETTE MI 49855	13-5562362	501C3		54,993	FMV	FOOD	FIGHT HUNGER
(4)	ST. VINCENT DEPAUL - MUNISING 413 MAPLE STREET MUNISING MI 49862	13-5562362	501C3		11,048	FMV	FOOD	FIGHT HUNGER
(5)	ST. VINCENT DEPAUL - NORWAY 431 MAIN STREET NORWAY MI 49870	13-5562362	501C3		18,557	FMV	FOOD	FIGHT HUNGER
(6)	ST. VINCENT DEPAUL - REPUBLIC 317 KLOMAN AVENUE REPUBLIC MI 49879	13-5562362	501C3		14,630	FMV	FOOD	FIGHT HUNGER
(7)	ST. VINCENT DEPAUL SERVICE CENTER 231 S. CEDAR MANISTIQUE MI 49854	13-5562362	501C3		9,134	FMV	FOOD	FIGHT HUNGER
(8)	ST. VINCENT DEPAUL SOCIETY - BANGOR 201 SOUTH WALNUT ST BANGOR MI 49013	53-0196617	501C3		52,579	FMV	FOOD	FIGHT HUNGER
(9)	STANWOOD FMC/ 12 BASKETS 7486 STANWOOD DRIVE STANWOOD MI 49346	35-0877568	501C3		6,344	FMV	FOOD	FIGHT HUNGER

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**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 non-cash assistance	(h) Purpose of grant or assistance
(1)	STEVENSVILLE UNITED METHODIST CHURCH 5506 RIDGE RD. STEVENSVILLE MI 49127	31-1813333	501C3		116,907	FMV	FOOD	FIGHT HUNGER
(2)	STREAMS OF HOPE FOOD CENTER 280 60TH STREET SE GRAND RAPIDS MI 49548	72-1610023	501C3		243,557	FMV	FOOD	FIGHT HUNGER
(3)	STREET LIGHT OUTREACH CHURCH 515 S. DIVISION GRAND RAPIDS MI 49503	38-3289683	501C3		6,705	FMV	FOOD	FIGHT HUNGER
(4)	STREETLIGHT OUTREACH MINISTRIES (M) 515 S. DIVISION GRAND RAPIDS MI 49503	38-3289683	501C3		22,564	FMV	FOOD	FIGHT HUNGER
(5)	STRONG BEGINNINGS - SPECTRUM HEALTH 751 LAFAYETTE NE GRAND RAPIDS MI 49503	38-3382353	501C3		7,388	FMV	FOOD	FIGHT HUNGER
(6)	STRONG TOWER MINISTRIES/TRINITY CRC 2851 BUCHANAN AVE SW WYOMING MI 49548	38-2051351	501C3		9,039	FMV	FOOD	FIGHT HUNGER
(7)	TEACHING FAMILY HOMES - NEWBERRY 7820 STATE HIGHWAY M123 NEWBERRY MI 49868	38-2425199	501C3		11,750	FMV	FOOD	FIGHT HUNGER
(8)	TEMPLE EMANUEL FOOD PANTRY / CONGREG 1715 E. FULTON STREET GRAND RAPIDS MI 49503	38-1710040	501C3		10,985	FMV	FOOD	FIGHT HUNGER
(9)	THE GREEN APPLE/JOHN KNOX COMMUNITY 4307 KALAMAZOO AVE. SE GRAND RAPIDS MI 49508	46-5148847	501C3		275,985	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.

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE RIVER CRC (M) 1652 M-40 NORTH ALLEGAN MI 49010	38-2051351	501C3		118,385	FMV	FOOD	FIGHT HUNGER
(2)	THE VINE AN ASSEMBLY OF GOD CHURCH/ 112 COMMERCE GRANT MI 49327	44-0577787	501C3		54,616	FMV	FOOD	FIGHT HUNGER
(3)	THIRD CHRISTIAN REFORMED CHURCH (M) 10 WEST CENTRAL AVENUE ZEELAND MI 49464	38-2051351	501C3		144,150	FMV	FOOD	FIGHT HUNGER
(4)	THRESHOLDS - 56TH STREET HOME 751 56TH STREET SE KENTWOOD MI 49548	38-2063018	501C3		8,250	FMV	FOOD	FIGHT HUNGER
(5)	THRESHOLDS - EASTERN AVE HOME/KRC 4707 EASTERN AVE SE GRAND RAPIDS MI 49508	38-2063018	501C3		5,802	FMV	FOOD	FIGHT HUNGER
(6)	THRESHOLDS - VILLA EAST & PORTER 3000 PORTER SW GRANDVILLE MI 49418	38-2063018	501C3		11,132	FMV	FOOD	FIGHT HUNGER
(7)	TOGETHER IN FAITH MINISTRIES 300 HALL STREET SE GRAND RAPIDS MI 49507				16,007	FMV	FOOD	FIGHT HUNGER
(8)	TOMMY DAVIS MEMORIAL FUND (M) 826 WINSLOW CT. NORTON SHORES MI 49441	83-0685363	501C3		43,141	FMV	FOOD	FIGHT HUNGER
(9)	TOTAL FAITH MINISTRIES (M) 352 EAST AYER STREET IRONWOOD MI 49938	31-1367429	501C3		113,703	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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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OMB No. 1545-0047

**2021**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TRANSFORMATION LIFE CHURCH (M) 2620 MCLAUGHLIN AVE MUSKEGON MI 49442		501C3		8,378	FMV	FOOD	FIGHT HUNGER
(2)	TRINITY EVANGELICAL FREE CHURCH (M) 415 N MILL ST STANTON MI 48888	38-6028507	501C3		33,386	FMV	FOOD	FIGHT HUNGER
(3)	TRINITY LUTHERAN CHURCH COMMUNITY F 5631 W STONY LAKE RD NEW ERA MI 49446	20-1737867	501C3		214,127	FMV	FOOD	FIGHT HUNGER
(4)	TRINITY LUTHERAN CHURCH OF MUSKEGON 3225 ROOSEVELT RD MUSKEGON MI 49441	43-0658188	501C3		56,761	FMV	FOOD	FIGHT HUNGER
(5)	TRINITY LUTHERAN CHURCH OF ST. JOSE 619 MAIN STREET ST. JOSEPH MI 49085	43-0658188	501C3		151,431	FMV	FOOD	FIGHT HUNGER
(6)	TRINITY LUTHERAN FOOD PANTRY 1003 S MAPLE ST. TRAVERSE CITY MI 49684	43-0658188	501C3		9,177	FMV	FOOD	FIGHT HUNGER
(7)	TRINITY UNITED METHODIST CHURCH (M) 808 CARPENTER AVENUE IRON MOUNTAIN MI 49801	31-1813333	501C3		25,675	FMV	FOOD	FIGHT HUNGER
(8)	TRUENORTH COMMUNITY SERVICES - BACK 6308 S. WARNER AVENUE FREMONT MI 49412	38-6158533	501C3		69,732	FMV	FOOD	FIGHT HUNGER
(9)	TRUENORTH COMMUNITY SERVICES (M) 6308 S. WARNER AVE. FREMONT MI 49412	38-6158533	501C3		312,815	FMV	FOOD	FIGHT HUNGER

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DAA



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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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OMB No. 1545-0047

**2021**

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	TRUENORTH COMMUNITY SERVICES FOOD P 6308 S. WARNER AVE. FREMONT MI 49412	38-6158533	501C3		625,124	FMV	FOOD	FIGHT HUNGER
(2)	UCOM 1311 CHICAGO DRIVE SW WYOMING MI 49509	38-2640284	501C3		372,822	FMV	FOOD	FIGHT HUNGER
(3)	UNITED CHURCH OF WAYLAND FOR WAYLAN 411 SUPERIOR STREET WAYLAND MI 49348	13-1957221	501C3		111,034	FMV	FOOD	FIGHT HUNGER
(4)	UNITED WAY OF MANISTEE (M) 449 RIVER STREET MANISTEE MI 49660	38-6032839	501C3		200,949	FMV	FOOD	FIGHT HUNGER
(5)	UNITED WAY OF SOUTHWEST MICHIGAN-BE 2015 LAKEVIEW ST. JOSEPH MI 49085	38-1358411	501C3		13,061	FMV	FOOD	FIGHT HUNGER
(6)	UNITED WAY OF SOUTHWEST MICHIGAN-CA 2015 LAKEVIEW ST. JOSEPH MI 49085	38-1358411	501C3		24,392	FMV	FOOD	FIGHT HUNGER
(7)	UNITED WAY OF THE LAKESHORE MUSKEGO 31 EAST CLAY AVE MUSKEGO MI 49442	38-1426895	501C3		72,818	FMV	FOOD	FIGHT HUNGER
(8)	UNITED WAY OF THE LAKESHORE-OCEANA 907 S. STATE STREET HART MI 49420	38-1426895	501C3		225,582	FMV	FOOD	FIGHT HUNGER
(9)	UNLEASHED LOVE PET RESCUE, INC. 1027 LAFAYETTE AVE SE GRAND RAPIDS MI 49548	82-1634769	501C3		8,808	FMV	FOOD	FIGHT HUNGER

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals 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 noncash 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		51,663	FMV	FOOD	FIGHT HUNGER
(2)	UPLIFT/COVENANT PRESBYTERIAN CHURCH 108 WEST CHURCH STREET TUSTIN MI 49688	23-6393377	501C3		38,068	FMV	FOOD	FIGHT HUNGER
(3)	UPPER PENINSULA HEALTH CARE SOLUTIO 835 W. WASHINGTON STREET MARQUETTE MI 49855	45-2716432	501C3		186,978	FMV	FOOD	FIGHT HUNGER
(4)	UPPER PENINSULA HEALTH CARE SOLUTIO 853 W. WASHINGTON ST. MARQUETTE MI 49855	45-2716432	501C3		26,153	FMV	FOOD	FIGHT HUNGER
(5)	VAN BUREN UNITED CIVIC ORGANIZATION 73292 34TH AVENUE COVERT MI 49043	38-6123963	501C3		45,803	FMV	FOOD	FIGHT HUNGER
(6)	VANDALIA CHURCH OF GOD 60825 WALNUT STREET VANDALIA MI 49095	35-6064030	501C3		45,094	FMV	FOOD	FIGHT HUNGER
(7)	VINEYARD NORTH CHURCH 4700 EAST BELTLINE AVE NE GRAND RAPIDS MI 49525	38-3011105	501C3		60,115	FMV	FOOD	FIGHT HUNGER
(8)	VINEYARD NORTH CHURCH (M) 4700 EAST BELTLINE GRAND RAPIDS MI 49525	38-3011105	501C3		114,759	FMV	FOOD	FIGHT HUNGER
(9)	W.I.S.E. (WOMEN'S INFO. SERVICE) PROTECTED ADDRESS BIG RAPIDS MI 49307	38-2536680	501C3		6,860	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WATERVLIET FREE METHODIST CHURCH-LI 7734 PAW PAW AVENUE WATERVLIET MI 49098	20-0690370	501C3		65,756	FMV	FOOD	FIGHT HUNGER
(2)	WEDWOOD CHRISTIAN-FOOD SERVICES-KE 3300 36TH STREET SE GRAND RAPIDS MI 49512	38-1918221	501C3		6,853	FMV	FOOD	FIGHT HUNGER
(3)	WEEKEND BACKPACK MISSION/UMC HARTFO 425 EAST MAIN HARTFORD MI 49057	31-1813333	501C3		28,557	FMV	FOOD	FIGHT HUNGER
(4)	WELLSPRING LUTHERAN SERVICES-FTBS& 1715 SUTHERLAND DR. SE GRAND RAPIDS MI 49508	38-1359524	501C3		19,729	FMV	FOOD	FIGHT HUNGER
(5)	WEST MI COMMUNITY ADVANCEMENT (M) 658 EASTERN AVENUE SE GRAND RAPIDS MI 49503	81-1788638	501C3		9,189	FMV	FOOD	FIGHT HUNGER
(6)	WEST MI VETERANS ASSISTANCE PROGRAM 620 CENTURY AVE SW GRAND RAPIDS MI 49503	45-0531112	501C3		121,615	FMV	FOOD	FIGHT HUNGER
(7)	WESTEND CRC (M) 1015 WESTEND AVE. NW GRAND RAPIDS MI 49504	38-2051351	501C3		88,266	FMV	FOOD	FIGHT HUNGER
(8)	WESTERN U.P. FOOD BANK 926 DODGE STREET HOUGHTON MI 49931-1944	87-0723404	501C3		619,689	FMV	FOOD	FIGHT HUNGER
(9)	WESTMINSTER FOOD PANTRY 47 JEFFERSON AVENUE SE. GRAND RAPIDS MI 49503	38-1387661	501C3		75,813	FMV	FOOD	FIGHT HUNGER

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	WHITE CLOUD CHURCH OF GOD (M) 1621 SOUTH EVERGREEN DRIVE WHITE CLOUD MI 49349	62-1870586	501C3		111,102	FMV	FOOD	FIGHT HUNGER
(2)	WOLF LAKE UNITED METHODIST CHURCH 378 VISTA TERRACE MUSKEGON MI 49442	31-1813333	501C3		14,132	FMV	FOOD	FIGHT HUNGER
(3)	WOODLAWN CHRISTIAN REFORMED CHURCH 3190 BURTON STREET SE GRAND RAPIDS MI 49546	38-2051351	501C3		107,994	FMV	FOOD	FIGHT HUNGER
(4)	WOODSIDE WESLEYAN CHURCH 6789 OLE WHITE DR LAKE ANN MI 49650		501C3		19,946	FMV	FOOD	FIGHT HUNGER
(5)	WORD OF LIFE FELLOWSHIP / P.C.G. 330 SOUTH PLEASANT STREET WATERVLIET MI 49098	44-0612817	501C3		10,642	FMV	FOOD	FIGHT HUNGER
(6)	ZION LUTHERAN CHURCH (M) 582 LAMOREAUX DRIVE NW COMSTOCK PARK MI 49321	41-1568278	501C3		91,737	FMV	FOOD	FIGHT HUNGER
(7)	ZION UMC (M) 423 W WASHINGTON STREET IONIA MI 48846	31-1813333	501C3		158,828	FMV	FOOD	FIGHT HUNGER
(8)								
(9)								

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD - FIGHT HUNGER	464000		2,859,169	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)**

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

**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 and/or 1099-NEC 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	142,564	12,000	0	9,979	26,802	191,345	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								



**SCHEDULE L**  
**(Form 990)**

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.

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

OMB No. 1545-0047

**2021**

Open To Public Inspection

**FEEDING AMERICA WEST MICHIGAN**

Employer identification number

**38-2439659**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**FEEDING AMERICA WEST MICHIGAN**

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**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	<b>X</b>	<b>489</b>	<b>39,042,542</b>	<b>WHOLESALE VALUE</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

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

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**FEEDING AMERICA WEST MICHIGAN**

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**FORM 990 - ADDITIONAL INFORMATION**

FEEDING AMERICA WEST MICHIGAN PURCHASED A NEW LARGER WAREHOUSE WITH CASH ON JUNE 2, 2021, WHICH RESULTED IN AN INCREASE IN FIXED ASSETS. IT WAS PURCHASED TO EXPAND OUR PROGRAMS AND FOOTPRINT IN WESTERN MICHIGAN. THE NEW WAREHOUSE WILL GIVE US THE SPACE TO ACCOMMODATE THE EXPANSION OF OUR PROGRAMS AND ULTIMATE GOAL OF FEEDING MORE PEOPLE.

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 \$50.7 MILLION INCLUDES THE ESTIMATED VALUE OF NON-CASH FOOD DONATIONS OF \$39 MILLION. THE FOOD BANK THEN DISTRIBUTES THIS FOOD TO RECIPIENT ORGANIZATIONS. TOTAL REPORTED EXPENSES OF \$52.2 MILLION INCLUDE THE ESTIMATED VALUE OF NON-CASH FOOD DISTRIBUTION OF \$44.1 MILLION. NOT INCLUDING THE ESTIMATED NON-CASH VALUE OF FOOD DONATED AND DISTRIBUTED THE FOOD BANK HAD TOTAL REVENUE OF \$11.7 MILLION AND TOTAL EXPENSES OF \$8.2 MILLION RESULTING IN A NET GAIN OF \$3.5 MILLION. THE DISTRIBUTION OF THE DONATED FOOD TAKES PLACE THROUGH FIXED SITE FOOD PANTRIES, MEAL PROGRAMS, AND GROUP HOMES, RECEIVING FOOD DIRECTLY FROM THE

Name of the organization

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FEEDING AMERICA WEST MICHIGAN

38-2439659

FOOD BANK. ADDITIONALLY, FRESH PRODUCE, DAIRY, AND OTHER GROCERY PRODUCTS ARE DISTRIBUTED DIRECTLY TO FAMILIES VIA MOBILE FOOD DISTRIBUTION. IN 2021, THE FOOD BANK DISTRIBUTED 24.6 MILLION POUNDS OF FOOD, WHICH IS THE EQUIVALENT OF 20.5 MILLION MEALS. THE FOOD BANK DELIVERED FOOD TO 800 FOOD PANTRY AGENCIES AND SERVED APPROXIMATELY 464,000 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, 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

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**FEEDING AMERICA WEST MICHIGAN**

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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.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

RECLASS RENTAL EXPENSE TO REVENUE \$ 65,317

RECLASS RENTAL EXPENSE TO REVENUE \$ -65,317

## **Filing Instructions**

### **Feeding America West Michigan**

#### **Michigan Charitable Organization Registration / Request For Exemption / Dissolution**

**Taxable Year Ended December 31, 2021**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** None is required.

**Mail To:** Department of Attorney General  
Charitable Trust Section  
PO Box 30214  
Lansing, MI 48909

or

Email to: [ct\\_email@michigan.gov](mailto:ct_email@michigan.gov)  
Include the AG File Number and name of the organization in the email subject line. If your email and PDF attachments exceed 25 MB, submit two or more emails as necessary. Reference them as 1 of 2, 2 of 2, etc.

**Signature:** The form(s) should be signed and dated as required.



### RENEWAL SOLICITATION FORM

Full legal name of organization <b>FEEDING AMERICA WEST MICHIGAN</b>		
All other names under which you intend to solicit		
Attorney General File Number <b>7889</b>	Telephone number <b>616-784-3250</b>	Fax number <b>616-784-3255</b>
Employer Identification No. (EIN) <b>38-2439659</b>	Organization email address <b>INFO@FEEDINGAMERICAWESTMICHIGAN.ORG</b>	Organization website <b>WWW.FEEDWM.ORG</b>

All items must be answered. Provide additional sheets if necessary. If you have questions, see the instructions.

1. Organization addresses –

A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records.

**864 WEST RIVER CENTER COMSTOCK PARK MI 49321**

B. Organization mailing address, if different.

C. Provide the address of all other offices in Michigan.

**SEE STATEMENT 1**

2. Has there been any change in the organization's purposes? Yes  No   
If yes, summarize organization's current purposes below in 50 words or less. This summary appears on our website.

3. You **must** designate a resident agent located in Michigan authorized to receive official mail sent to your organization.

Name **KENNETH ESTELLE**

Address (Michigan street address, not PO box) **864 WEST RIVER CENTER DRIVE  
COMSTOCK PARK MI 49231**

4. Methods of solicitation. Check all that apply.

- Mail     Personal contact     Special events     Other (specify) **QUARTERLY NEWSLETTER**  
 Telephone     Radio / television     Newspaper/magazines     None (explain) \_\_\_\_\_  
 Internet     Email

5. Has there been a change in the organization's tax status with the IRS since your last filing? Yes  No   
If yes, explain and document.

6. List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the person is an officer, director, or both. Provide an additional sheet if necessary.

Name	Officer	Director	Name	Officer	Director

7. Is there any officer or director who cannot be reached at the organization's mailing address? Yes  No   
 If "yes," provide the names and addresses on an additional sheet.

8. Since your last registration form, has the organization or any of its officers, directors, employees or fundraisers: Yes No

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting?

B. Had its solicitation registration or license denied or revoked by any jurisdiction?

C. Been the subject of a proceeding regarding any license, registration, or solicitation?

D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?

If any "yes" box is checked, provide a complete explanation on a separate sheet.

9. Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser." Yes  No   
 A consultant is not a PFR. If no, go to question 10.

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.

*Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.*

**Professional Fundraisers Under Contract for Michigan Campaigns**

Name	Mailing address	Sum of all payments to / retained by PFR during year reported	Is contract in effect now (as you complete the form)?	If no, enter date contract ended
<b>TRUE SENSE MARKETING 156 COMMERCE DR FREEDOM</b>	<b>PA 15042</b>		y <input checked="" type="checkbox"/> n <input type="checkbox"/>	End date: <input type="text"/>
<b>ALLEGRA MARKETING 3983 LINDEN AVE SE GRAND RAPIDS</b>	<b>MI 49548</b>		y <input checked="" type="checkbox"/> n <input type="checkbox"/>	End date: <input type="text"/>
			y <input type="checkbox"/> n <input type="checkbox"/>	End date: <input type="text"/>

10. All organizations must report on their most recently completed financial accounting period.

Check the box to indicate the type of return filed with the IRS and follow the instructions:

- Form 990 or 990-EZ** - Provide a copy of the return. Do not include Schedule B. Go to item 13 below.
- Form 990-PF** - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program in the space below. Complete item 11 and go to 13.

Total program services expense: \$ \_\_\_\_\_

If your organization does not file the above returns with the IRS, check the appropriate box below to explain the reason, and follow the instructions:

- Files Form 990-N.** Complete 11 and 12 below, then go to 14.
- Included in IRS group return.** Provide a copy of the group return. Complete 11 and 12 below.
- Other reason.** Explain: \_\_\_\_\_  
Complete 11 and 12 below.

11. Briefly describe your charitable accomplishments during the period. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Complete this section only if directed to in item 10 because your organization does not complete a Form 990, 990-EZ, or 990-PF. Complete all lines of the following schedules. You must enter the end date of the accounting period being reported. Enter "0" or "none" where appropriate or if you had no financial activity in the period.

Enter the end date of the financial accounting period reported below: \_\_\_\_\_

Revenue		
A	Contributions and fundraising received	
B	All other revenue	
C	Total revenue (add lines A and B)	

Expenses		
D	Charitable program services expense	
E	All remaining expenses (supporting services)	
F	Total expense (Sum of lines D and E)	

G	Revenue less expenses (subtract line F from line C)	
---	---	--

Balance Sheet		
H	Total assets at end of fiscal period	
I	Liabilities at end of fiscal period	
J	Net assets (subtract line I from line H)	

**13. Audited or reviewed financial statements requirement**

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

	<b>Item</b>	<b>Where to Find it:</b>	<b>Amount</b>
A.	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF: line 1	<b>47,714,592</b>
B.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6d	
C.	Net income from gaming activities	Form 990: Part VIII, line 9c	
D.	Total contributions and fundraising	Add lines A, B, and C	<b>47,714,592</b>
<hr/>			
E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	<b>5,799,123</b>
F.		Subtract line E from line D	<b>41,915,469</b>

After completing the schedule:

- If line F is \$550,000 or more, audited financial statements are required. They must be audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles.
- If line F is greater than \$300,000, but not greater than \$550,000, financial statements either reviewed or audited by a certified public accountant are required.

14. Do you have chapters in Michigan that are to be included in the solicitation registration?

Yes  No

*Tip: If you have offices in Michigan with no separate reporting or filing requirements, answer "no."*

If yes, provide the following:

- a listing of the names and addresses of all Michigan chapters to be included
- a financial report for each chapter (see instructions)
- a copy of your organization's IRS group return (if applicable)

*Note – if you have chapters but have not previously informed us of your intent to include them, see the instructions.*

15. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Type or print name (must be legible): **KENNETH R. ESTELLE**

Title: **PRESIDENT/CEO**

Date: \_\_\_\_\_

Check here if you would like to request an automatic 5-month extension to your expiration date (this will not be reflected in your registration document, but can be verified online on our website at [michigan.gov/charity](http://michigan.gov/charity)).

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

**FEEDING AMERICA WEST MICHIGAN  
CHECKLIST:**

**38-2439659**

- Have all parts of the form been fully completed unless instructed otherwise?
- Have you provided the name and Michigan street address of a resident agent in item 3?
- Is a list of the officers and directors provided or included with the IRS return?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
- If you file Form 990-PF, did you complete item 11?
- If you file Form 990-N, did you complete items 11 and 12?
- If audited or reviewed financial statements are required, are they provided? If not, have you requested a conditional registration or one-time waiver? (See instructions.)
- Are the Form 990 and financial statements prepared for the same reporting period?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- Have you typed or printed your name, date, and title in Item 15 to certify the form?
- If you are requesting a 5-month extension, have you checked the box below item 15?

Return the completed registration form by:	
Email (preferred method):	ct_email@michigan.gov
<b>1. Put the AG File Number and legal name of the organization in the email subject line.</b>	
<b>2. If your email with attachments exceeds 25 MB, submit two or more emails as necessary. Reference them as 1 of 2, 2 of 2, etc. Attachments must be PDF.</b>	
<b>3. Do not submit encrypted files.</b>	
<b>4. Do not share documents via links.</b>	
Mail:	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
Overnight mail:	Attorney General-Charitable Trust Section 525 West Ottawa Williams Building - 3rd Floor Lansing, MI 48933
Fax:	(517) 241-7074

**Statement 1 - Renewal Solicitation Registration, Line 1-C - Addresses of Offices in Michigan**

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
101 CLAY DR.	CADILAC	MI	49601
1488 EAST EMPIRE AVE - PO BOX 825	BENTON HARBOR	MI	49022