

Public Inspection Copy

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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

2024

Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public.

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

A For the 2024 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:

Address change

Name change

Initial return

Final return/
terminated

Amended return

Application pending

C Name of organization

FEEDING AMERICA WEST MICHIGAN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

3070 SHAFFER AVE SE

D Employer identification number

38-2439659

E Telephone number

616-784-3250

City or town, state or province, country, and ZIP or foreign postal code

KENTWOOD MI 49512-1710

G Gross receipts \$ **62,709,895**

F Name and address of principal officer:

**KENNETH R. ESTELLE
3070 SHAFFER AVE SE
KENTWOOD MI 49512-1710**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.FEEDWM.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1981**

M State of legal domicile: **MI**

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities:

**WE GATHER AND DISTRIBUTE FOOD TO RELIEVE HUNGER AND INCREASE FOOD SECURITY
IN WEST MICHIGAN AND THE UPPER PENINSULA. CONTRIBUTIONS AND NET ASSETS
CONSIST PRIMARILY OF DONATED FOOD FOR DISTRIBUTION.**

- 2 Check this box 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)

- 4 Number of independent voting members of the governing body (Part VI, line 1b)

- 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)

- 6 Total number of volunteers (estimate if necessary)

- 7a Total unrelated business revenue from Part VIII, column (C), line 12

- b Net unrelated business taxable income from Form 990-T, Part I, line 11

3	13
4	13
5	89
6	589
7a	0
7b	0

Activities & Governance	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	51,357,478	59,902,611
9 Program service revenue (Part VIII, line 2g)	2,304,109	2,534,389
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	301,678	188,205
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	199,558	52,278
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,162,823	62,677,483
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	41,576,044	49,920,709
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,962,864	5,381,363
16a Professional fundraising fees (Part IX, column (A), line 11e)	445,424	431,485
b Total fundraising expenses (Part IX, column (D), line 25)	1,311,547	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,063,256	4,645,207
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	51,047,588	60,378,764
19 Revenue less expenses. Subtract line 18 from line 12	3,115,235	2,298,719

Expenses	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	28,092,763	31,928,917
21 Total liabilities (Part X, line 26)	760,296	2,390,045
22 Net assets or fund balances. Subtract line 21 from line 20	27,332,467	29,538,872

Part II Signature Block

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

**Sign
Here**

Signature of officer

Date

KENNETH R. ESTELLE

PRESIDENT/CEO

Type or print name and title

Signed by:

Preparer's signature
Eric A. Ryan

SSN 124-45-0450

Paid Preparer Use Only	Preparer's name	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		
	ANDREWS HOOPER PAVLIK PLC	9/11/2025		P01388772
	2311 EAST BELTLINE AVE SE STE 200 GRAND RAPIDS, MI 49546		Phone no.	616-942-6440

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 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.

- 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 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 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 \$ 57,898,518 including grants of \$ 49,920,709) (Revenue \$ 2,534,389)

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 \$3.4 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

57,898,518

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V
- 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? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - 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? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - 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? If "Yes," complete Schedule I, Parts I and II

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17	X	
18		X
19		X
20a		X
20b		
21	X	

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Part IV Checklist of Required Schedules (continued)

- 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III

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? If "Yes," complete Schedule L, Part IV
 - b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV
 - c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.

	Yes	No
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b		
36	X	
37	X	
38	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

- 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?

1a	18	Yes	No
1b	0		
1c	X		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	89
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		
	If "Yes," complete Form 6069.		

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Part VI

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

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

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year **13**
- 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.
- 1b Enter the number of voting members included on line 1a, above, who are independent **13**
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **X**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? **X**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **X**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **X**
- 6 Did the organization have members or stockholders? **X**
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **X**
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **X**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a The governing body? **X**
- b Each committee with authority to act on behalf of the governing body? **X**
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O **X**

	Yes	No
1a	13	
1b	13	
2		X
3	X	
4	X	
5	X	
6	X	
7a		X
7b		X
8a	X	
8b	X	
9		X

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

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

	Yes	No
10a	X	
10b	X	
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b		X
16a		X
16b		

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
KENTWOOD

3070 SHAFFER AVE SE

MI 49512-1710 616-784-3250

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- 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
		Officer	Individual trustee	Institutional trustee	Officer	Key employee	Former employee Highest compensated			
(1) DANIELLE LAPORTE BOARD PRESIDENT	2.00 0.00	X		X				0	0	0
(2) RICHARD HASLINGER TREASURER	2.00 0.00	X		X				0	0	0
(3) KAY HAHN SECRETARY	2.00 0.00	X		X				0	0	0
(4) JEFFREY BATTERSHALL DIRECTOR	2.00 0.00	X						0	0	0
(5) JULIE BRINKS DIRECTOR	2.00 0.00	X						0	0	0
(6) MIKE DEVRIENDT DIRECTOR	1.00 0.00	X						0	0	0
(7) AMY HERBRUCK DIRECTOR	1.00 0.00	X						0	0	0
(8) BEULAH GYDON DIRECTOR	1.00 0.00	X						0	0	0
(9) KYLE KUEHL DIRECTOR	1.00 0.00	X						0	0	0
(10) REV. BRUCE MCCOY DIRECTOR	1.00 0.00	X						0	0	0
(11) FRANK SAMUEL DIRECTOR	1.00 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			
(12) NOELE STITH	1.00								
(12) DIRECTOR	0.00	X					0	0	0
(13) THOMAS GREENWAY	1.00								
(13) DIRECTOR	0.00	X					0	0	0
(14) KENNETH R. ESTELLE	40.00								
(14) PRESIDENT/CEO	0.00		X				183,138	0	34,177
(15) PATTIJEAN MCCAHILL	40.00								
(15) DIRECTOR DEVELOPMENT	0.00			X			107,303	0	17,914
(16) ZACHARY SAUCIER	40.00								
(16) DIRECTOR OPERATIONS	0.00			X			103,366	0	33,745
(17)									
(18)									
(19)									
1b Subtotal							393,807		85,836
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							393,807		85,836

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 **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CHRISTMAN COMPANY GRAND RAPIDS MI 49504	801 BROADWAY AVE NW SUITE 300 CONSTRUCTION	7,275,051
PENSKE TRUCK LEASING CO READING PA 19607	2675 MORGANTOWN ROAD TRUCK RENTAL	565,448
CUSTER INC GRAND RAPIDS MI 49503	217 CESAR E. CHAVEZ AVE SW SUITE 200 FURNITURE	412,670
TRUE SENSE MARKETING FREEDOM PA 15042	156 COMMERCER DR FUNDRAISING	400,412
UNIVERSAL SIGN SYSTEMS INC KENTWOOD MI 49512	5001 FALCON VIEW AVE SE SIGN SHOP	260,225

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 **10**

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a 81,241				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,308,208				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 55,513,162				
	g Noncash contributions included in lines 1a-1f	1g \$ 48,995,714				
	h Total. Add lines 1a-1f		59,902,611			
			Business Code			
Program Service Revenue	2a SHARED MAINTENANCE	624210	2,534,389	2,534,389		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,534,389			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		183,905		183,905	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		6a	42,254			
		b Less: rental expenses	6b	32,412		
		c Rental inc. or (loss)	6c	9,842		
	d Net rental income or (loss)			9,842		9,842
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a		4,300		
b Less: cost or other basis and sales exps.		7b				
c Gain or (loss)		7c	4,300			
d Net gain or (loss)			4,300		4,300	
8a Gross income from fundraising events (not including \$						
	of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a MISC RECYCLING & PALLET	624210	37,062	37,062		
	b MISCELLANEOUS INCOME	624210	4,724		4,724	
	c NEW AGENCY MEMBER FEES	624210	650	650		
	d All other revenue					
	e Total. Add lines 11a-11d		42,436			
12 Total revenue. See instructions		62,677,483	2,572,101	0	202,771	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,516,066	47,516,066		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,404,643	2,404,643		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	217,315	54,329	119,523	43,463
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,827,535	2,846,713	562,239	418,583
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,509	140,942	26,333	20,234
9 Other employee benefits	850,909	624,069	132,169	94,671
10 Payroll taxes	298,095	214,986	49,275	33,834
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	431,485			431,485
f Investment management fees	13,605		13,605	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	286,485	140,951	71,220	74,314
12 Advertising and promotion				
13 Office expenses	567,199	339,712	118,179	109,308
14 Information technology				
15 Royalties				
16 Occupancy	317,825	289,175	14,325	14,325
17 Travel	957,928	935,704	8,717	13,507
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,491	182	23,051	21,258
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	791,978	752,380	19,799	19,799
23 Insurance	170,478	161,706	4,386	4,386
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHARED MAINTENANCE CHARGE	940,716	940,716		
b FOOD AND STORAGE COSTS	158,183	158,183		
c EQUIPMENT & IMPROVEMENTS	130,808	130,808		
d MAINTENANCE & PROP. TAXES	122,218	122,218		
e All other expenses	143,293	125,035	5,878	12,380
25 Total functional expenses. Add lines 1 through 24e	60,378,764	57,898,518	1,168,699	1,311,547
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,452,463	1	3,756,237
	2 Savings and temporary cash investments	5,225,139	2	157,027
	3 Pledges and grants receivable, net	633,607	3	146,493
	4 Accounts receivable, net	751,609	4	287,013
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,671,235	8	3,564,903
	9 Prepaid expenses and deferred charges	94,510	9	32,520
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	28,419,876		
	b Less: accumulated depreciation	6,003,145	10c	22,416,731
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,252,482	12	1,433,263
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	107,401	15	134,730
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,092,763	16	31,928,917	
Liabilities	17 Accounts payable and accrued expenses	596,345	17	2,152,948
	18 Grants payable		18	
	19 Deferred revenue	88,186	19	102,367
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	75,765	25	134,730
	26 Total liabilities. Add lines 17 through 25	760,296	26	2,390,045
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,141,257	27	18,286,852
	28 Net assets with donor restrictions	9,191,210	28	11,252,020
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,332,467	32	29,538,872
	33 Total liabilities and net assets/fund balances	28,092,763	33	31,928,917

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	62,677,483
2 Total expenses (must equal Part IX, column (A), line 25)	2	60,378,764
3 Revenue less expenses. Subtract line 2 from line 1	3	2,298,719
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,332,467
5 Net unrealized gains (losses) on investments	5	176,364
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	-268,678
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,538,872

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

- 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.

Separate basis Consolidated basis Both consolidated and separate basis

- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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Public Charity Status and Public Support

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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). [Redacted]

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

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Schedule A (Form 990) 2024

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,252,198	47,714,592	48,329,389	53,200,843	59,902,611	275,399,633
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	66,252,198	47,714,592	48,329,389	53,200,843	59,902,611	275,399,633
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,721,988
6 Public support. Subtract line 5 from line 4						257,677,645

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	66,252,198	47,714,592	48,329,389	53,200,843	59,902,611	275,399,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	11,738	216,440	436,579	573,700	226,159	1,464,616
9 Net income from unrelated business activities, whether or not the business is regularly carried on					3,724	3,724
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,148	100,811	67,250	108,631	42,436	364,276
11 Total support. Add lines 7 through 10						277,232,249
12 Gross receipts from related activities, etc. (see instructions)					12	12,864,399
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	92.95 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	89.78 %
16a 33 1/3% support test — 2024. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2023. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2024. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2023. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024

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Part III

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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	<input type="checkbox"/>	
b 33 1/3% support tests — 2023. 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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

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Part IV Supporting Organizations

(Complete only if you checked a box on 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>	1	
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>	2	
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>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
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>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
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>	7	
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>	8	
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>	9a	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
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>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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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

\$ 364,276

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SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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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 in 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	1,252,482	1,106,216	1,298,836	1,126,919	735,892
b Contributions			6,250	321	300,521
c Net investment earnings, gains, and losses	180,781	146,266	-198,870	171,596	100,281
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					9,775
g End of year balance	1,433,263	1,252,482	1,106,216	1,298,836	1,126,919

- 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 **37.62%**

- c Term endowment **62.38%**

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:

- (i) Unrelated organizations?

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	
3a(ii)		<input checked="" type="checkbox"/>
3b		

- (ii) Related organizations?

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,501,750			1,501,750
b Buildings		21,876,390	2,824,542	19,051,848	
c Leasehold improvements		179,880	81,744	98,136	
d Equipment		4,209,431	2,849,768	1,359,663	
e Other		652,425	247,091	405,334	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

22,416,731

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Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

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) LEASE LIABILITY – NET OF CURRENT		73,857
(3) LEASE LIABILITY – CURRENT		60,873
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		134,730

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

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

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

1 Total revenue, gains, and other support per audited financial statements	1	62,872,862
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	176,364
b Donated services and use of facilities	2b	208
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	32,412
e Add lines 2a through 2d	2e	208,984
3 Subtract line 2e from line 1	3	62,663,878
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,605
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	13,605
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	62,677,483

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

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

1 Total expenses and losses per audited financial statements	1	60,397,779
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	208
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	32,412
e Add lines 2a through 2d	2e	32,620
3 Subtract line 2e from line 1	3	60,365,159
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,605
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	13,605
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	60,378,764

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 BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES.

GENERALLY, TAX YEARS FROM 2022 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 \$ 32,412

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

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Schedule D (Form 990) (Rev. 12-2024) **FEEDING AMERICA WEST MICHIGAN**

38-2439659

Page 5

Part XIII Supplemental Information (continued)

Public Inspection Copy

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of nongovernment grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

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 fund-raiser 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		
TRUE SENSE MARKETING 1 156 COMMERCE DR FREEDOM	PA 15042	DRCT MAIL	X	1,112,505	400,412
2 ALLEGRA MARKETING 3983 LINDEN AVE SE GRAND RAPIDS	MI 49548	DRCT MAIL	X	0	61,498
3					
4					
5					
6					
7					
8					
9					
10					
Total				1,112,505	461,910
					650,595

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.

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Schedule G (Form 990) (Rev. 12-2024) **FEEDING AMERICA WEST MICHIGAN**

38-2439659

Page 2

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

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

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

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

- a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes No
 b If "No," explain: _____

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

- b If "Yes," explain: _____

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Schedule G (Form 990) (Rev. 12-2024) **FEEDING AMERICA WEST MICHIGAN****38-2439659**

Page 3

- 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 the 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)**

rm 990)

Rev. December 2024)

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 22a

Go to www.irs.gov/Form990 for instructions and the latest information.
Attach to Form 990.

FEEDING AVEDA LIEGE VIAGLIANI

Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Food Inspection Copy								
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		18,291	FMV	FOOD	FIGHT HUNGER	
2) (C) BAY MILLS COMMUNITY COLLEGE - T 12214 W LAKESHORE DRIVE BRIMLEY MI 49715	38-2604866	501C3		63,155	FMV	FOOD	FIGHT HUNGER	
3) (C) FERRIS STATE FOOD PANTRY/FERRIS 805 CAMPUS DRIVE BIG RAPIDS MI 49307	38-6115813	501C3		33,060	FMV	FOOD	FIGHT HUNGER	
4) (C) GOD'S ABUNDANT PANTRY/PIONEER M 4519 INTERNATIONAL COURT BERRIEN SPRINGS MI 49104	52-0643036	501C3		71,812	FMV	FOOD	FIGHT HUNGER	
5) (C) GRCC STUDENT FOOD PANTRY/GRCC F 122 LYON ST. NE GRAND RAPIDS MI 49503	38-6100380	501C3		66,381	FMV	FOOD	FIGHT HUNGER	
6) (C) GVSU REPLENISH STUDENT FP/GRAND 1201 KIRKHOFF CENTER, 1 CAMPUS DRIVE ALLENDALE & GRAND RAPID MI 49401	38-1684280	501C3		8,545	FMV	FOOD	FIGHT HUNGER	
7) (C) LAKE MICHIGAN COLLEGE FOOD PANT 2755 E. NAPIER AVE. SUITE 1302 BENTON HARBOR MI 49022	38-2714753	501C3		6,438	FMV	FOOD	FIGHT HUNGER	
8) (C) NORTHERN MICHIGAN UNIVERSITY FO 1401 PRESQUE ISLE AVE MARQUETTE MI 49855	23-7034523	501C3		33,387	FMV	FOOD	FIGHT HUNGER	
9) (C) NORTHWESTERN MICHIGAN COLLEGE 1701 E FRONT ST. TRAVERSE CITY MI 49686	38-2376475	501C3		57,843	FMV	FOOD	FIGHT HUNGER	

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

- Yes No
- 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	2	3	4	5	6	7	8	9	10
(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) NORTHWESTERN MICHIGAN COLLEGE P 1701 E. FRONT ST. TRIANGLE CITY MI 49686	38-2376475	501C3		12,081	FMV	FOOD	FIGHT HUNGER		
(2) (C) THE STASH AT KENDALL COLLEGE/FTE 17 FOUNTAIN STREET NW GRAND RAPIDS MI 49503	38-6115813	501C3		8,387	FMV	FOOD	FIGHT HUNGER		
(3) (S) BIG BAY DE NOC BACKPACK/COMM FD 8928 0025 ROAD COOKS MI 49817	38-3227080	501C3		7,505	FMV	FOOD	FIGHT HUNGER		
(4) (S) GERALD R. FORD ACADEMIC/ST. MAR 410 BARNETT STREET NE GRAND RAPIDS MI 49503	31-1629166	501C3		22,751	FMV	FOOD	FIGHT HUNGER		
(5) (S) LYBROOK ELEMENTARY (EAU CLAIRE 6238 WEST MAIN ST. EAU CLAIRE MI 49111	62-0484177	501C3		12,566	FMV	FOOD	FIGHT HUNGER		
(6) (S) MID-PENINSULA SCHOOL BACKPACKS/ 5055 ST NICHOLAS 31ST ROAD ROCK MI 49880	38-3227080	501C3		7,160	FMV	FOOD	FIGHT HUNGER		
(7) (S) RIVER VALLEY SCHOOL DISTRICT - 15480 THREE OAKS ROAD THREE OAKS MI 49128	26-1964620	501C3		17,249	FMV	FOOD	FIGHT HUNGER		
(8) 31 BACKPACKS, INC 601 INGOT HANCOCK MI 49930	45-4916842	501C3		45,320	FMV	FOOD	FIGHT HUNGER		
(9) A.C.T.I.O.N. MINISTRY CENTER 301 MAIN STREET DOWAGIAC MI 49047	27-3920245	501C3		79,951	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

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

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

Attach to Form 990.

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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)	A. C. T. I. O. N. MINISTRY CENTER (M) 301 MAIN STREET..... MI 49047	27-3920245	501C3		135,951	FMV	FOOD	FIGHT HUNGER
(2)	ACTS GOSPEL OUTREACH MINISTRIES 950 TWELFTH STREET NW GRAND RAPIDS..... MI 49504	38-3554331	501C3		8,157	FMV	FOOD	FIGHT HUNGER
(3)	ADAMS PARK PANTRY/BOSTON SQUARE CRC 1440 FULLER AVENUE SE GRAND RAPIDS..... MI 49507	38-2051351	501C3		25,512	FMV	FOOD	FIGHT HUNGER
(4)	ADDIE S PANTRY/CENTRAL REFORMED CHURCH 10 COLLEGE AVE. NE GRAND RAPIDS..... MI 49503	13-3204416	501C3		25,178	FMV	FOOD	FIGHT HUNGER
(5)	ALEMAN CENTER/ST. THOMAS MORE STUDIE 63559 60TH AVENUE..... MI 49057	53-0196617	501C3		24,529	FMV	FOOD	FIGHT HUNGER
(6)	ALGER COMMUNITY FOOD PANTRY 414 E MUNISING AVE..... MI 49862	46-0871458	501C3		90,732	FMV	FOOD	FIGHT HUNGER
(7)	ALL SAINTS CATHOLIC CHURCH (M) 500 IROQUOIS..... MI 49412	53-0196617	501C3		35,801	FMV	FOOD	FIGHT HUNGER
(8)	ALTERNATIVE DIRECTIONS 1706 S. DIVISION AVE. GRAND RAPIDS..... MI 49507	38-2405582	501C3		72,109	FMV	FOOD	FIGHT HUNGER
(9)	ANGELS OF ACTION - BACKPACK BLESSIN 200 S STEWART AVE..... MI 49307	45-2035870	501C3		226,854	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)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12
(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) BENZIE DROP-IN CENTER 1034 MICHIGAN AVENUE BENZONIA MI 49616	35-2254782	501C3		9,513	FMV	FOOD	FIGHT HUNGER				
(2) BENZIE FOOD PARTNERS 10907 MAIN STREET HONOR MI 49640	38-3366816	501C3		26,716	FMV	FOOD	FIGHT HUNGER				
(3) BENZIE SENIOR RESOURCES 10579 MAIN STREET HONOR MI 49640	06-1673002	501C3		14,585	FMV	FOOD	FIGHT HUNGER				
(4) BEREAN BAPTIST CHURCH 1574 COIT AVE., NE GRAND RAPIDS MI 49505	36-2310475	501C3		30,488	FMV	FOOD	FIGHT HUNGER				
(5) BERRIEN SPRINGS SPANISH SDA CHURCH 209 WEST PITT BERRIEN SPRINGS MI 49103	52-0643036	501C3		8,216	FMV	FOOD	FIGHT HUNGER				
(6) BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE ST. MUSKEGON MI 49442	38-2051351	501C3		8,185	FMV	FOOD	FIGHT HUNGER				
(7) BETHANY CHRISTIAN SERVICES - RESIDE 901 EASTERN AVE NE GRAND RAPIDS MI 49503	38-1405282	501C3		9,417	FMV	FOOD	FIGHT HUNGER				
(8) BETHANY LUTHERAN CHURCH FOOD PANTRY 9208 KAUKO ST KALEVA MI 49645	41-1568278	501C3		21,701	FMV	FOOD	FIGHT HUNGER				
(9) BEULAH BAPTIST CHURCH (M) 2601 MANZ ST MUSKEGON HEIGHTS MI 49444	38-3207464	501C3		44,243	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)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

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

Attach to Form 990.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12
(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 SERVANT CRC (M) 3835 BURTON AVE SE GRAND RAPIDS MI 49546	38-2051351	501C3		172,913	FMV	FOOD	FIGHT HUNGER				
(2) CIM-CMC PATIENT PANTRY/COREWELL HEA 75 SHELDON BLVD SE, SUITE 100 GRAND RAPIDS MI 49503	38-3382353	501C3		35,280	FMV	FOOD	FIGHT HUNGER				
(3) CITI BOI CORPORATION (M) 318 CENTER ST. SUITE 8 MUSKEGON MI 49445	87-4025619	501C3		82,457	FMV	FOOD	FIGHT HUNGER				
(4) CITY CHURCH GREENVILLE/LOCAL IMPACT 11470 W. CARSON CITY ROAD GREENVILLE MI 48838	82-1355582	501C3		28,207	FMV	FOOD	FIGHT HUNGER				
(5) CITY HEART MINISTRIES 2731 PECK STREET MUSKEGON HEIGHTS MI 49444	32-3287704	501C3		16,605	FMV	FOOD	FIGHT HUNGER				
(6) CITY IMPACT DBA/LOCAL IMPACT 288 N MAIN ST. CEDAR SPRINGS MI 49319	82-1355582	501C3		238,140	FMV	FOOD	FIGHT HUNGER				
(7) CLM CAA FOOD PANTRY 524 ASHMUN ST. SAULT STE MARIE MI 49783	38-1798626	501C3		16,869	FMV	FOOD	FIGHT HUNGER				
(8) CLM CAA SENIOR MEALS-SUGAR ISLAND 6401 EAST 1 1/2 MILE ROAD SUGAR ISLAND MI 49783	38-1798626	501C3		14,966	FMV	FOOD	FIGHT HUNGER				
(9) CLUB CADILLAC 2105 6TH AVE. CADILLAC MI 49601	20-1865066	501C3		6,104	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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

FEEDING AMERICA WEST MICHIGAN**Part I General Information on Grants and Assistance**

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	(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)	COGIC COMMUNITY CENTER @ HOLY TRINI 2140 VALLEY ST MUSKEGON	MI 49442 38-2929137	501C3		70,658	FMV	FOOD	FIGHT HUNGER			
(2)	COMMUNITY ACTION HOUSE HOLLAND 739 PAW PAW DRIVE	MI 49423 23-7120670	501C3		2,070,337	FMV	FOOD	FIGHT HUNGER			
(3)	COMMUNITY ACTION OF ALLEGAN COUNTY ALLEGAN 323 WATER STREET	MI 49010 501C3			16,972	FMV	FOOD	FIGHT HUNGER			
(4)	COMMUNITY BASKET/COMMUNITY SERVICES CALEDONIA	MI 49316 3178 68TH ST SE	27-2506891	501C3		29,168	FMV	FOOD	FIGHT HUNGER		
(5)	COMMUNITY CRC (M) WYOMING 150 BURT AVE SE	MI 49548 38-2051351	501C3		133,455	FMV	FOOD	FIGHT HUNGER			
(6)	COMMUNITY FOOD CLUB GRAND RAPIDS	MI 49507 1100 S. DIVISION AVE.	82-2265189	501C3		1,944,742	FMV	FOOD	FIGHT HUNGER		
(7)	COMMUNITY FOOD PROGRAM/ ST. MARY'S CARSON CITY	MI 48811 404 N. DIVISION STREET	53-0196617	501C3		49,033	FMV	FOOD	FIGHT HUNGER		
(8)	COMMUNITY FOUNDATION FOR DELTA CO ESCANABA	MI 49829 2420 1ST STREET S	38-3227080	501C3		18,314	FMV	FOOD	FIGHT HUNGER		
(9)	COMMUNITY HOPE BACK PACKS/COMMUNITY LAKE CITY	MI 49651 1551 S. MOREY ROAD	81-5336674	501C3		15,690	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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection** Yes No**Public Inspection Copy**

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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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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.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

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

Attach to Form 990.

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

Name of the organization

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?

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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 8010 | 8011 | 8012 | 8013 | 8014 | 8015 | 8016 | 8017 | 8018 | 8019 | 8020 | 8021 | 8022 | 8023 | 8024 | 8025 | 8026 | 8027 | 8028 | 8029 | 8030 | 8031 | 8032 | 8033 | 8034 | 8035 | 8036 | 8037 | 8038 | 8039 | 8040 | 8041 | 8042 | 8043 | 8044 | 8045 | 8046 | 8047 | 8048 | 8049 | 8050 | 8051 | 8052 | 8053 | 8054 | 8055 | 8056 | 8057 | 8058 | 8059 | 8060 | 8061 | 8062 | 8063 | 8064 | 8065 | 8066 | 8067 | 8068 | 8069 | 8070 | 8071 | 8072 | 8073 | 8074 | 8075 | 8076 | 8077 | 8078 | 8079 | 8080 | 8081 | 8082 | 8083 | 8084 | 8085 | 8086 | 8087 | 8088 | 8089 | 8090 | 8091 | 8092 | 8093 | 8094 | 8095 | 8096 | 8097 | 8098 | 8099 | 80100 | 80101 | 80102 | 80103 | 80104 | 80105 | 80106 | 80107 | 80108 | 80109 | 80110 | 80111 | 80112 | 80113 | 80114 | 80115 | 80116 | 80117 | 80118 | 80119 | 80120 | 80121 | 80122 | 80123 | 80124 | 80125 | 80126 | 80127 | 80128 | 80129 | 80130 | 80131 | 80132 | 80133 | 80134 | 80135 | 80136 | 80137 | 80138 | 80139 | 80140 | 80141 | 80142 | 80143 | 80144 | 80145 | 80146 | 80147 | 80148 | 80149 | 80150 | 80151 | 80152 | 80153 | 80154 | 80155 | 80156 | 80157 | 80158 | 80159 | 80160 | 80161 | 80162 | 80163 | 80164 | 80165 | 80166 | 80167 | 80168 | 80169 | 80170 | 80171 | 80172 | 80173 | 80174 | 80175 | 80176 | 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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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	2	3	4	5	6	7	8	9	10
(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) FAITH LUTHERAN CHURCH PANTRY & BACK 4081 E MAPLE RIDGE 37TH ROAD ROCK	41-1568278	501C3		25,291	FMV	FOOD	FIGHT HUNGER		
(2) FAMILY CARE NETWORK MANTON FP 800 S MICHIGAN AVE	MI 49663	501C3		28,576	FMV	FOOD	FIGHT HUNGER		
(3) FAMILY CARE NETWORK/LIVING WORD MIN 800 S MICHIGAN AVE	MI 49663	501C3		53,037	FMV	FOOD	FIGHT HUNGER		
(4) FAMILY NETWORK 1029 44TH STREET SW	MI 49509	26-3264303	501C3		437,671	FMV	FOOD	FIGHT HUNGER	
(5) FEED MY SHEEP FOOD PANTRY/FIRST CHR 201 OAK ST	MI 49047	35-2035882	501C3		8,883	FMV	FOOD	FIGHT HUNGER	
(6) FELLOWSHIP BAPTIST CHURCH 308 ELM STREET	LUTHER	MI 49656	501C3		24,423	FMV	FOOD	FIGHT HUNGER	
(7) FENNVILLE UNITED METHODIST CHURCH 5849 124TH AVENUE	MI 49408	31-1813333	501C3		5,264	FMV	FOOD	FIGHT HUNGER	
(8) FGF/BENTON HARBOR HIGH SCHOOL/BH ED 870 COLFAX AVENUE	BENTON HARBOR	MI 49022	82-3690593	501C3	7,672	FMV	FOOD	FIGHT HUNGER	
(9) FGF/FAIR PLAIN E ELEM. SCHOOL/BH ED 1998 UNION AVENUE	BENTON HARBOR	MI 49022	82-3690593	501C3	7,106	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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Public Inspection Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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) FIRST CUTLERVILLE CRC (M) 1425 68TH ST. SW BYRON CENTER MI 49315	38-2051351	501C3			37,742	FMV	FOOD	FIGHT HUNGER
(2) FIRST EVANGELICAL LUTHERAN CHURCH - 1210 S STEPHENSON AVE IRON MOUNTAIN MI 49801	41-1991463	501C3			17,341	FMV	FOOD	FIGHT HUNGER
(3) FIRST PARK CONGREGATIONAL U.C.C. (M) 10 EAST PARK PLACE NE GRAND RAPIDS MI 49503	13-1957221	501C3			59,710	FMV	FOOD	FIGHT HUNGER
(4) FIVECAP - LAKE COUNTY (TEFAP) 2476 W 44TH ST BALDWIN MI 49304	38-1814318	501C3			42,030	FMV	FOOD	FIGHT HUNGER
(5) FIVECAP - MANISTEE COUNTY (TEFAP) 265 FIRST STREET MANISTEE MI 49660	38-1814318	501C3			37,151	FMV	FOOD	FIGHT HUNGER
(6) FIVECAP - MASON COUNTY (TEFAP) 44 E JOHNSON RD SCOTTVILLE MI 49454	38-1814318	501C3			37,189	FMV	FOOD	FIGHT HUNGER
(7) FIVECAP - NEWAYGO COUNTY (TEFAP) 434 NORTH EVERGREEN WHITE CLOUD MI 49349	38-1814318	501C3			40,566	FMV	FOOD	FIGHT HUNGER
(8) FIVECAP/LAKE CO - BALDWIN (CSFP) 2476 W 44TH ST BALDWIN MI 49304	38-1814318	501C3			123,001	FMV	FOOD	FIGHT HUNGER
(9) FIVECAP/MANISTEE CO - MANISTEE (CSF) 265 FIRST STREET MANISTEE MI 49660	38-1814318	501C3			113,135	FMV	FOOD	FIGHT HUNGER

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	3
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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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	2	3	4	5	6	7	8	9
(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) FRESH WIND CHRISTIAN COMMUNITY FOOD 14595 THOMPSON AVE..... MI 49683		501C3		36,691	FMV	FOOD	FIGHT HUNGER	
(2) FROST SEVENTH DAY ADVENTIST CHURCH 977 NORTH NEFF ROAD..... MI 48888	52-0643036	501C3		27,546	FMV	FOOD	FIGHT HUNGER	
(3) FULLER AVENUE CRC 1239 FULLER AVENUE SE GRAND RAPIDS..... MI 49506	38-2051351	501C3		40,124	FMV	FOOD	FIGHT HUNGER	
(4) GALIEN & OLIVE BRANCH PARISH UMC (M) PO BOX 266..... MI 49113	31-1813333	501C3		96,095	FMV	FOOD	FIGHT HUNGER	
(5) GEORGETOWN CRC (M) 6475 40TH AVENUE HUDSONVILLE..... MI 49426	38-2051351	501C3		109,937	FMV	FOOD	FIGHT HUNGER	
(6) GEORGETOWN UMC (M) 2766 BALDWIN STREET JENISON..... MI 49428	31-1813333	501C3		43,196	FMV	FOOD	FIGHT HUNGER	
(7) GEORGETOWN UMC FOOD PANTRY 2766 BALDWIN STREET JENISON..... MI 49428	31-1813333	501C3		13,722	FMV	FOOD	FIGHT HUNGER	
(8) GLADSTONE SENIOR CENTER/MDS HUMAN R 303 N. 8TH ST..... MI 49837	23-7270048	501C3		18,493	FMV	FOOD	FIGHT HUNGER	
(9) GLADSTONE-RAPID RIVER BACKPACK/CF F 2100 HW 35..... MI 49837	38-3227080	501C3		31,571	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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

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

Attach to Form 990.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12
(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) GLEANERS COMMUNITY FOOD BANK 2131 BEAUFAIT STREET DETROIT MI 48207	38-2156255	501C3		154,060	FMV	FOOD	FIGHT HUNGER				
(2) GOBLES-KENDALL MINISTERIAL ASSOC/C 210 E EXCHANGE ST GOBLES MI 49055	31-1813333	501C3		16,838	FMV	FOOD	FIGHT HUNGER				
(3) GOD'S HELPING HANDS OF MECOSTA 8760 50TH AVENUE REMUS MI 49340	38-3358125	501C3		62,221	FMV	FOOD	FIGHT HUNGER				
(4) GOD'S KITCHEN - CAPITOL LUNCH/CCWM 303 DIVISION AVENUE SOUTH GRAND RAPIDS MI 49503	53-0196617	501C3		25,261	FMV	FOOD	FIGHT HUNGER				
(5) GOGBIC-ONTONAGON CAA FOOD PANTRY 100 S. MILL ST BESSEMER MI 49911	38-1802755	501C3		23,880	FMV	FOOD	FIGHT HUNGER				
(6) GOOD HANDS PLAINWELL 684 STARR RD PLAINWELL MI 49080	45-5460079	501C3		54,601	FMV	FOOD	FIGHT HUNGER				
(7) GOOD NEIGHBOR FOOD PANTRY/LAKE CITY 5804 W. HOUGHTON LAKE RD. LAKE CITY MI 49651	38-2329622	501C3		93,281	FMV	FOOD	FIGHT HUNGER				
(8) GOOD NEIGHBOR SERVICES/A NEIGHBOR'S 200 DEER STREET MANISTIQUE MI 49854	38-3426777	501C3		58,897	FMV	FOOD	FIGHT HUNGER				
(9) GOOD NEIGHBORS SERVICES (M) 7870 US-2 MANISTIQUE MI 49854	38-3426777	501C3		232,666	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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
(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) GRACE COVENANT CHURCH (M) 316 JASPER ST. IRON RIVER MI 49935	36-2167730	501C3		121,308	FMV	FOOD	FIGHT HUNGER							
(2) GRACE CRC 100 BUCKLEY STREET SE GRAND RAPIDS MI 49503	38-2051351	501C3		39,971	FMV	FOOD	FIGHT HUNGER							
(3) GRACE LUTHERAN CHURCH (M) 8636 S M-37 BALDWIN MI 49304	43-06558188	501C3		109,350	FMV	FOOD	FIGHT HUNGER							
(4) GRACE LUTHERAN CHURCH (M) 558 W STATE HWY M-35 GWINN MI 49841	41-1568278	501C3		63,089	FMV	FOOD	FIGHT HUNGER							
(5) GRAND MARAIS HELPING HAND PANTRY/FI E21677 BRAZIEL STREET GRAND MARAIS MI 49839	41-1568278	501C3		11,122	FMV	FOOD	FIGHT HUNGER							
(6) GRANDVILLE SENIOR NEIGHBORS FOOD FA 3380 DIVISION SW GRANDVILLE MI 49418	23-7195491	501C3		6,555	FMV	FOOD	FIGHT HUNGER							
(7) GREAT LAKES RECOVERY CENTER ADULT 241 WRIGHT STREET MARQUETTE MI 49855	38-2453316	501C3		26,274	FMV	FOOD	FIGHT HUNGER							
(8) GREAT LAKES RECOVERY CENTERS NEW HO 1416 W. EASTERDAY AVENUE SAULT STE MARIE MI 49783	38-2453316	501C3		26,805	FMV	FOOD	FIGHT HUNGER							
(9) GREAT LAKES RECOVERY CENTERS NEW HO 2655 ASHMUN STREET SAULT STE MARIE MI 49783	38-2453316	501C3		10,633	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

**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

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	3
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

- Yes No
- 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	2	3	4	5	6	7	8	9	10
(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) HAND2HAND/HIGH POINTE COMMUNITY CHURCH 2975 76TH ST. BYRON CENTER MI 49315	44-0552034	501C3		19,746	FMV	FOOD	FIGHT HUNGER		
(2) HAND2HAND/INSPIRE CHURCH 918 GARDEN AVE. FREMONT MI 49412	35-1148762	501C3		18,354	FMV	FOOD	FIGHT HUNGER		
(3) HAND2HAND/JOURNEY CHURCH WCC 9185 CHERRY VALLEY CALEDONIA MI 49316	35-1148762	501C3		21,915	FMV	FOOD	FIGHT HUNGER		
(4) HAND2HAND/KENTWOOD COMMUNITY CHURCH 1200 60TH STREET SE KENTWOOD MI 49508	35-1148762	501C3		13,386	FMV	FOOD	FIGHT HUNGER		
(5) HAND2HAND/LAKETON BETHEL CHURCH 1568 W. GILES ROAD MUSKEGON MI 49445	13-3204416	501C3		30,206	FMV	FOOD	FIGHT HUNGER		
(6) HAND2HAND/LEE ST. CRC 1261 LEE ST SW WYOMING MI 49509	38-2051351	501C3		5,895	FMV	FOOD	FIGHT HUNGER		
(7) HAND2HAND/OTTAWA REFORMED CHURCH 11390 STANTON ST. WEST OLIVE MI 49460	86-1960271	501C3		6,395	FMV	FOOD	FIGHT HUNGER		
(8) HAND2HAND/OVERISLE REFORMED CHURCH 4706 142ND AVE HOLLAND MI 49423	86-1960271	501C3		8,945	FMV	FOOD	FIGHT HUNGER		
(9) HAND2HAND/ROCKFORD/SOUTH HARBOR-GSR 5100 BELDING RD NE ROCKFORD MI 49341	13-3204416	501C3		7,872	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

**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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(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Name of the organization

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

- 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361
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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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	2	3	4	5	6	7	8	9
(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) HELPING HANDS FOOD PANTRY / ROTHBURY 2500 W. WINSTON ROAD ROTHBURY MI 49452	38-2343626	501C3		21,579	FMV	FOOD	FIGHT HUNGER	
(2) HELPING HANDS FOUNDATION 133 NAPIER AVE. BENTON HARBOR MI 49022	36-4513441	501C3		18,314	FMV	FOOD	FIGHT HUNGER	
(3) HELPING HANDS OF CASS COUNTY (M) 130 S. BROADWAY CASSOPOLIS MI 49031	38-2663969	501C3		44,937	FMV	FOOD	FIGHT HUNGER	
(4) HERMANSVILLE SENIOR CENTER/MDS HUMA W5480 1ST ST HERMANSVILLE MI 49847	38-1795659	501C3		22,143	FMV	FOOD	FIGHT HUNGER	
(5) HESPERIA COMMUNITY FOOD PANTRY / HES 45 HOSKINS HESPERIA MI 49421	38-3598027	501C3		75,786	FMV	FOOD	FIGHT HUNGER	
(6) HISPANIC CENTER OF WESTERN MI (M) 1204 GRANDVILLE AVE. SW GRAND RAPIDS MI 49503	38-2265825	501C3		171,522	FMV	FOOD	FIGHT HUNGER	
(7) HOLLAND SDA CHURCH (M) 11385 OTTOGAN STREET HOLLAND MI 49423	52-0643036	501C3		98,528	FMV	FOOD	FIGHT HUNGER	
(8) HOLY CROSS LUTHERAN (M) 1481 BALDWIN JENISON MI 49428	43-0658188	501C3		68,253	FMV	FOOD	FIGHT HUNGER	
(9) HOLY SPIRIT EPISCOPAL CHURCH LOAVES 1200 POST DRIVE NE BELMONT MI 49306	31-1629166	501C3		6,889	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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**Employer identification number
38-2439659**Public Inspection Copy**

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?

- 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)	HOLY TRINITY EPISCOPAL CHURCH (M) 221 WEST B ST. IRON MOUNTAIN MI 49801	31-1629166	501C3		243,978	FMV	FOOD	FIGHT HUNGER
(2)	HOPE COMMUNITY CACG CHURCH (M) 2390 LAKE STREET NILES MI 49120	35-6064030	501C3		86,859	FMV	FOOD	FIGHT HUNGER
(3)	HOPE FREE LUTHERAN CHURCH 795 NORTH LAKE DRIVE ISHPEMING MI 49849	41-0884943	501C3		8,476	FMV	FOOD	FIGHT HUNGER
(4)	HOPE RESOURCES 262 NORTH PAW PAW STREET COLOMA MI 49038	81-4103453	501C3		47,328	FMV	FOOD	FIGHT HUNGER
(5)	HOPE WITHIN FOOD PANTRY/LAKEFIELD B 24230 COUNTY ROAD 98 MCMILLIAN MI 49853		501C3		10,195	FMV	FOOD	FIGHT HUNGER
(6)	HUDSONVILLE CONGREGATIONAL UCC (M) 4950 32ND AVENUE HUDSONVILLE MI 49426	38-2456087	501C3		15,559	FMV	FOOD	FIGHT HUNGER
(7)	IDEAL PARK CRC (M) 320 56TH STREET SW GRAND RAPIDS MI 49548	38-2051351	501C3		166,589	FMV	FOOD	FIGHT HUNGER
(8)	ILLUMINATE CHURCH/GIRCWCC 83 E. TUTTLE ROAD IONIA MI 48846	35-1148762	501C3		141,462	FMV	FOOD	FIGHT HUNGER
(9)	IM KIDS 3RD MEAL/MI CENTER FOR 21ST 409 S. BRIDGE STREET BELDING MI 48809	27-2325075	501C3		111,461	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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection** Yes No**Public Inspection Copy**

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	3
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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS MI 49505	04-3760991	501C3			334,496	FMV	FOOD	FIGHT HUNGER
(2) KIDS FOOD BASKET - HOLLAND 652 HASTINGS AVE HOLLAND MI 49423	04-3760991	501C3			44,634	FMV	FOOD	FIGHT HUNGER
(3) KIDS FOOD BASKET - MUSKEGON @ CENTR 1537 SOUTH GETTY ST MUSKEGON MI 49442	04-3760991	501C3			84,119	FMV	FOOD	FIGHT HUNGER
(4) KINGS STORE HOUSE FOOD PANTRY/FIRST 125 STIMSON STREET CADILLAC MI 49601	13-5563018	501C3			30,180	FMV	FOOD	FIGHT HUNGER
(5) LADDERS OF HOPE USA INC. 717 E. MAIN STREET FENNVILLE MI 49408	38-3863090	501C3			26,493	FMV	FOOD	FIGHT HUNGER
(6) LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON MI 49431	81-4673437	501C3			199,376	FMV	FOOD	FIGHT HUNGER
(7) LAKESHORE FOOD CLUB 920 E TINKHAM AVE LUDINGTON MI 49431	81-4673437	501C3			99,585	FMV	FOOD	FIGHT HUNGER
(8) LAKETON BETHEL REFORMED (M) 1568 GILES ROAD MUSKEGON MI 49445	13-3204416	501C3			204,361	FMV	FOOD	FIGHT HUNGER
(9) LAKEVIEW BIBLE CHURCH (M) 1211 HWY US2 CRYSTAL FALLS MI 49920	38-1914302	501C3			74,790	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

**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

**Open to Public
Inspection**

Public Inspection Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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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Name of the organization

FEEDING AMERICA WEST MICHIGAN**Part I General Information on Grants and Assistance**

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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	2	3	4	5	6	7	8	9	10	11	12
(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) LAKEVIEW CHURCH OF THE BRETHREN FOO 14049 NORTH COATES HWY BRETHREN LAKEVIEW PO BOX 272..... MI 49619	36-2167026	501C3		16,869	FMV	FOOD	FIGHT HUNGER				
(2) LAKEVIEW MINISTERIAL ASSOC (M) 912 FOURTH AVENUE..... MI 48850	84-4805645	501C3		41,763	FMV	FOOD	FIGHT HUNGER				
(3) LAKewood COMMUNITY COUNCIL (H) LAKE ODESSA..... MI 48849	38-2318134	501C3		8,667	FMV	FOOD	FIGHT HUNGER				
(4) LAWRENCE UNITED METHODIST CHURCH 122 SOUTH EXCHANGE ST. LAWRENCE..... MI 49064	31-1813333	501C3		14,719	FMV	FOOD	FIGHT HUNGER				
(5) LEBANON LUTHERAN CHURCH/WHITE LAKE 1101 S MEARS AVENUE..... MI 49461	41-1568278	501C3		65,706	FMV	FOOD	FIGHT HUNGER				
(6) LEELANAU CHRISTIAN NEIGHBORS 7322 E DUCK LAKE RD LAKE LEELANAU..... MI 49653	38-3345824	501C3		55,729	FMV	FOOD	FIGHT HUNGER				
(7) LEELANAU CHRISTIAN NEIGHBORS - BLES 7322 E DUCK LAKE RD..... MI 49653	38-3345824	501C3		9,528	FMV	FOOD	FIGHT HUNGER				
(8) LEMONADE STAND OF MUSKEGON 1192 JEFFERSON STREET MUSKEGON..... MI 49441	38-3418511	501C3		6,626	FMV	FOOD	FIGHT HUNGER				
(9) LIFE CENTER CHURCH OF THE APOSTOLIC 1905 MADISON AVE SE..... MI 49507	68-0599440	501C3		6,459	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)**

(Rev. December 2024)

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.

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Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361</th
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12
(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) LOAVES OF GRACE FP/HARBOR OF GRACE 1132 W SOUTHERN AVE. MUSKEGON MI 49441	41-1568278	501C3		66,137	FMV	FOOD	FIGHT HUNGER				
(2) LOCKER LUNCH 1133 HWY M-73 IRON RIVER MI 49935	46-3142141	501C3		20,001	FMV	FOOD	FIGHT HUNGER				
(3) LOVE IN ACTION - TRI-CITIES (M) 326 N FERRY STREET GRAND HAVEN MI 49417	38-2856482	501C3		319,680	FMV	FOOD	FIGHT HUNGER				
(4) LOVE IN ACTION OF THE TRI CITIES 1106 FULTON ST GRAND HAVEN MI 49417	38-2856482	501C3		296,301	FMV	FOOD	FIGHT HUNGER				
(5) LOVE IN ACTION OF THE TRI CITIES-B 1106 FULTON ST GRAND HAVEN MI 49417	38-2856482	501C3		14,917	FMV	FOOD	FIGHT HUNGER				
(6) LOVE IN ACTION TRI CITIES (M) 3520 E PONTAULINA ROAD FRUITPORT MI 49415	38-2856482	501C3		37,095	FMV	FOOD	FIGHT HUNGER				
(7) LOVE INC - NEWAYGO COUNTY 11 W. 96TH STREET GRANT MI 49327	38-2871534	501C3		349,947	FMV	FOOD	FIGHT HUNGER				
(8) LOVE INC OF WEST MACKINAC COUNTY W 14015 MELVILLE STREET ENGADINE MI 49827	46-4566509	501C3		20,266	FMV	FOOD	FIGHT HUNGER				
(9) LOVE INC OF WEXFORD AND OSCEOLA COU 753 SUNNYSIDE DR CADILLAC MI 49601	38-3067784	501C3		10,005	FMV	FOOD	FIGHT HUNGER				

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

DAA

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

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

Attach to Form 990.

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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)	MANNA PANTRY OF BIG RAPIDS 315 SOUTH STATE ST., SUITE B BIG RAPIDS MI 49307	46-2870828	501C3		172,789	FMV	FOOD	FIGHT HUNGER
(2)	MANNA PANTRY OF BIG RAPIDS (M) 315 SOUTH STATE ST., SUITE B BIG RAPIDS MI 49307	46-2870828	501C3		146,364	FMV	FOOD	FIGHT HUNGER
(3)	MANTON AREA RETIREES CLUB 302 W MAIN STREET MI 49663	23-7187079	501C3		6,516	FMV	FOOD	FIGHT HUNGER
(4)	MANTON AREA RETIREES CLUB 302 W MAIN STREET MI 49663	23-7187079	501C3		5,570	FMV	FOOD	FIGHT HUNGER
(5)	MANTON FOOD PANTRY/MANTON FREE METH 201 N MICHIGAN AVE. MANTON MI 49663	35-0877568	501C3		10,174	FMV	FOOD	FIGHT HUNGER
(6)	MARANATHA ASSEMBLY OF GOD 917 PYLE DRIVE KINGSFORD MI 49802	44-0577787	501C3		32,214	FMV	FOOD	FIGHT HUNGER
(7)	MARCELLUS COMMUNITY FOOD PANTRY 214 E. MAIN ST MI 49067	26-4737267	501C3		20,939	FMV	FOOD	FIGHT HUNGER
(8)	MARCELLUS COMMUNITY FOOD PANTRY (M) 197 WEST MAIN MARCELLUS MI 49067	26-4737267	501C3		48,988	FMV	FOOD	FIGHT HUNGER
(9)	MARCY'S PANTRY WEST 17455 MAIN STREET CURTIS MI 49820	84-4452557	501C3		150,632	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)

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12
(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) MARILLA FOOD PANTRY/CHURCH OF THE E 9991 MARILLA ROAD COPEMISH MI 49625	36-2167026	501C3		17,379	FMV	FOOD	FIGHT HUNGER				
(2) MARION COMMUNITY FOOD PANTRY COC 112 N CLARK STREET MARION MI 49665	44-0552038	501C3		39,677	FMV	FOOD	FIGHT HUNGER				
(3) MARION COMMUNITY MOBILE PANTRY/COC 530 E MAIN STREET MARION MI 49665	44-0552038	501C3		132,783	FMV	FOOD	FIGHT HUNGER				
(4) MARTIN AREA RESOURCE CENTER 1445 S. 10TH STREET MARTIN MI 49070	38-3467198	501C3		45,999	FMV	FOOD	FIGHT HUNGER				
(5) MATTAWAN AREA PANTRY 56720 MURRAY ST. MATTAWAN MI 49071	30-06666170	501C3		176,737	FMV	FOOD	FIGHT HUNGER				
(6) MATTAWAN AREA PANTRY (CP DIRECT) 56720 MURRAY ST. MATTAWAN MI 49071	30-06666170	501C3		22,180	FMV	FOOD	FIGHT HUNGER				
(7) MATTAWAN LIONS CLUB FOUNDATION (M) 24821 FRONT AVE MATTAWAN MI 49011	46-5511707	501C3		66,919	FMV	FOOD	FIGHT HUNGER				
(8) MATTHEW'S HOUSE MINISTRY 766 7TH STREET NW GRAND RAPIDS MI 49504	80-0268721	501C3		373,898	FMV	FOOD	FIGHT HUNGER				
(9) MCCLEES CLINIC/MERCY HEALTH PARTNER 1675 LEAHY ST. MUSKEGON MI 49442	38-2589966	501C3		18,188	FMV	FOOD	FIGHT HUNGER				

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

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

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DAA

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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Name of the organization

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?

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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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361</th
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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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Name of the organization

FEEDING AMERICA WEST MICHIGAN**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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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	2	3	4	5	6	7	8	9
	(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)	NORTH KENT CONNECT/RCSC 10075 NORTHLAND DR. NE ROCKFORD MI 49341	38-2066893	501C3		26,859	FMV	FOOD	FIGHT HUNGER
(2)	NORTHLAND CHURCH OF CHRIST (M) 9891 S. MASON DRIVE MI 49327 GRANT	84-0563716	501C3		110,605	FMV	FOOD	FIGHT HUNGER
(3)	NORTHWEST FOOD PANTRY/TRINITY REFOR 1224 DAVIS AVENUE NW GRAND RAPIDS MI 49504	38-3010758	501C3		34,403	FMV	FOOD	FIGHT HUNGER
(4)	NORWAY COMM FOOD PANTRY @ GRACE UMC 130 ODILL DRIVE NORWAY MI 49870	31-1813333	501C3		87,397	FMV	FOOD	FIGHT HUNGER
(5)	NORWAY COMMUNITY FOOD PANTRY @ GRAC 130 ODILL DRIVE NORWAY MI 49870	31-1813333	501C3		157,357	FMV	FOOD	FIGHT HUNGER
(6)	NW OSCEOLA FOOD PANTRY 18499 20 MILE TUSTIN MI 49688	38-3056837	501C3		7,007	FMV	FOOD	FIGHT HUNGER
(7)	OAKRIDGE BAPTIST CHURCH 766 OAKRIDGE DR. ST. JOSEPH MI 49085	36-2192827	501C3		46,395	FMV	FOOD	FIGHT HUNGER
(8)	OTTAWA CO/CHURCH OF THE SAVIOR COOP 180 N. 68TH STREET COOPERSVILLE MI 49546		501C3		15,878	FMV	FOOD	FIGHT HUNGER
(9)	OTTAWA CO/EVERGREEN VILLAGE APARTME 217 DEWITT LN. SPRING LAKE MI 49456		501C3		10,346	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)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10
(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) PAW PAW SEVENTH-DAY ADVENTIST CHURC 60409 SOUTH M-40 PAW PAW MI 49079	52-0643036	501C3		77,213	FMV	FOOD	FIGHT HUNGER		
(2) PEACE LUTHERAN CHURCH (M) 1225 12 MILE ROAD NW SPARTA MI 49345	41-1568278	501C3		98,994	FMV	FOOD	FIGHT HUNGER		
(3) PEACE LUTHERAN CHURCH PANTRY 1225 12 MILE ROAD NW SPARTA MI 49345	41-1568278	501C3		31,760	FMV	FOOD	FIGHT HUNGER		
(4) PENTWATER AREA MOBILE PANTRY/CENTEN 486 E PARK STREET PENTWATER MI 49449	31-1813333	501C3		95,359	FMV	FOOD	FIGHT HUNGER		
(5) PENTWATER COMMUNITY FOOD PANTRY @ F 101 SOUTH RUSH STREET PENTWATER MI 49449	38-2289867	501C3		23,551	FMV	FOOD	FIGHT HUNGER		
(6) PEOPLE HELPING PEOPLE OF PULLMAN, 943 56TH STREET PULLMAN MI 49450	26-3902533	501C3		30,671	FMV	FOOD	FIGHT HUNGER		
(7) PHOENIX HOUSE, INC. 57467 WATERWORKS ST CALUMET MI 49913	38-2068932	501C3		7,405	FMV	FOOD	FIGHT HUNGER		
(8) PILGRIM REST MISSIONARY BAPTIST (M) 510 FRANKLIN STREET SE GRAND RAPIDS MI 49507	38-6095426	501C3		83,776	FMV	FOOD	FIGHT HUNGER		
(9) PILGRIM REST MISSIONARY BAPTIST CHU 510 FRANKLIN STREET SE GRAND RAPIDS MI 49507	93-4355564	501C3		16,774	FMV	FOOD	FIGHT HUNGER		

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?

- 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	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .		
	Enter total number of other organizations listed in the line 1 table .		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		
	DAA		

OMB No. 1545-0047
Open to Public Inspection

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

Employer identification number

38-2439659

Public Inspection Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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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	2	3	4	5	6	7	8	9	10	11	12
(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) RED PROJECT MUSKEGON 1270 E. LAKETON AVE. MUSKEGON MI 49442	38-3414580	501C3		14,216	FMV	FOOD	FIGHT HUNGER				
(2) REDEEMER LUTHERAN CHURCH 1896 ROGERS ROAD GRAWN MI 49637	43-0658188	501C3		13,723	FMV	FOOD	FIGHT HUNGER				
(3) REED CITY AREA FOOD PANTRY 831 SOUTH CHESTNUT ST REED CITY MI 49677	38-3056454	501C3		103,681	FMV	FOOD	FIGHT HUNGER				
(4) REHOBOTH REFORMED CHURCH MCBAIN/COM 8372 S LUCAS ROAD MCBAIN MI 49657	81-5336674	501C3		164,148	FMV	FOOD	FIGHT HUNGER				
(5) RESTORATION OF THE BREACH 352 EAST AYER ST IRONWOOD MI 49938	26-1871083	501C3		27,694	FMV	FOOD	FIGHT HUNGER				
(6) REVIVE AND THRIVE 1815 HALL ST SE GRAND RAPIDS MI 49506	90-1015393	501C3		5,187	FMV	FOOD	FIGHT HUNGER				
(7) ROTARY INTERNATIONAL STANTON ROTARY PO BOX 244 STANTON MI 48888	38-6150547	501C3		108,625	FMV	FOOD	FIGHT HUNGER				
(8) SALVATION ARMY - ADULT REHAB 1491 S. DIVISION GRAND RAPIDS MI 49507	38-1370971	501C3		247,623	FMV	FOOD	FIGHT HUNGER				
(9) SALVATION ARMY - BENTON HARBOR 233 MICHIGAN ST. BENTON HARBOR MI 49022	38-1370971	501C3		5,211	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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10
(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 – CADILLAC 725 WRIGHT ST..... MI 49601	38-1370971	501C3		88,133	FMV		FOOD	FIGHT HUNGER	
(2) SALVATION ARMY – DISASTER SERVICES 1632 LINDEN SE GRAND RAPIDS..... MI 49507	38-1370971	501C3		16,840	FMV		FOOD	FIGHT HUNGER	
(3) SALVATION ARMY – ESCANABA 3001 5TH AVE S..... MI 49829	36-2167910	501C3		74,131	FMV		FOOD	FIGHT HUNGER	
(4) SALVATION ARMY – ESCANABA (M) 3001 5TH AVE S..... MI 49829	36-2167910	501C3		220,933	FMV		FOOD	FIGHT HUNGER	
(5) SALVATION ARMY – FULTON HTS .CITADEL 1235 E. FULTON STREET GRAND RAPIDS..... MI 49503	38-1370971	501C3		29,267	FMV		FOOD	FIGHT HUNGER	
(6) SALVATION ARMY – GRAND HAVEN CORPS 310 N. DESPEELDER STREET GRAND HAVEN..... MI 49417	38-1370971	501C3		5,796	FMV		FOOD	FIGHT HUNGER	
(7) SALVATION ARMY – HANCOCK 408 RAVINE ST..... MI 49930	36-2167910	501C3		13,198	FMV		FOOD	FIGHT HUNGER	
(8) SALVATION ARMY – HOLLAND 104 CLOVER STREET..... MI 49423	38-1370971	501C3		16,342	FMV		FOOD	FIGHT HUNGER	
(9) SALVATION ARMY – ISHPEMING 222 EAST DIVISION STREET..... MI 49849	36-2167910	501C3		7,374	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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Public Inspection Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366</
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SCHEDULE I
(Form 990)

(Rev. December 2024)

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.

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

Name of the organization

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?

- 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	1(a) Name and address of organization or government	1(b) EIN	1(c)IRC section (if applicable)	1(d) Amount of cash grant	1(e) Amount of noncash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of noncash assistance	1(h) Purpose of grant or assistance
(1)	SCS - ALGOMA HOME 2690 WIERSMA ST NE CEDAR SPRINGS MI 49319	38-2882853	501C3		6,628	FMV	FOOD	FIGHT HUNGER
(2)	SCS - LAKE GERALD HOME 9410 LAKE GERALD STREET SPARTA MI 49345	38-2882853	501C3		5,749	FMV	FOOD	FIGHT HUNGER
(3)	SCS - MADISON HOME 5993 MADISON AVE KENTWOOD MI 49301	38-2882853	501C3		6,800	FMV	FOOD	FIGHT HUNGER
(4)	SCS - STAUFFER HOME 4661 STAUFFER AVE SE KENTWOOD MI 49508	38-2882853	501C3		10,445	FMV	FOOD	FIGHT HUNGER
(5)	SCS - TERRACE PARK HOME 5901 TERRACE PARK ROCKFORD MI 49341	38-2882853	501C3		5,699	FMV	FOOD	FIGHT HUNGER
(6)	SEARS FOOD PANTRY 5841 50TH AVE SEARS MI 49679	38-3288540	501C3		27,565	FMV	FOOD	FIGHT HUNGER
(7)	SEARS FOOD PANTRY (M) 5841 50TH AVE SEARS MI 49679	38-3288540	501C3		130,989	FMV	FOOD	FIGHT HUNGER
(8)	SECOND BAPTIST BENEVOLENT MINISTRIES 600 DONALD ATKINS DRIVE BENTON HARBOR MI 49022	32-0048628	501C3		47,436	FMV	FOOD	FIGHT HUNGER
(9)	SECOND CHRISTIAN REFORMED CHURCH OF 600 APACHE DRIVE FREMONT MI 49412	38-2051351	501C3		30,375	FMV	FOOD	FIGHT HUNGER

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

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

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DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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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Name of the organization

FEEDING AMERICA WEST MICHIGAN**Part I General Information on Grants and Assistance**

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 8010 | 8011 | 8012 | 8013 | 8014 | 8015 | 8016 | 8017 | 8018 | 8019 | 8020 | 8021 | 8022 | 8023 | 8024 | 8025 | 8026 | 8027 | 8028 | 8029 | 8030 | 8031 | 8032 | 8033 | 8034 | 8035 | 8036 | 8037 | 8038 | 8039 | 8040 | 8041 | 8042 | 8043 | 8044 | 8045 | 8046 | 8047 | 8048 | 8049 | 8050 | 8051 | 8052 | 8053 | 8054 | 8055 | 8056 | 8057 | 8058 | 8059 | 8060 | 8061 | 8062 | 8063 | 8064 | 8065 | 8066 | 8067 | 8068 | 8069 | 8070 | 8071 | 8072 | 8073 | 8074 | 8075 | 8076 | 8077 | 8078 | 8079 | 8080 | 8081 | 8082 | 8083 | 8084 | 8085 | 8086 | 8087 | 8088 | 8089 | 8090 | 8091 | 8092 | 8093 | 8094 | 8095 | 8096 | 8097 | 8098 | 8099 | 80100 | 80101 | 80102 | 80103 | 80104 | 80105 | 80106 | 80107 | 80108 | 80109 | 80110 | 80111 | 80112 | 80113 | 80114 | 80115 | 80116 | 80117 | 80118 | 80119 | 80120 | 80121 | 80122 | 80123 | 80124 | 80125 | 80126 | 80127 | 80128 | 80129 | 80130 | 80131 | 80132 | 80133 | 80134 | 80135 | 80136 | 80137 | 80138 | 80139 | 80140 | 80141 | 80142 | 80143 | 80144 | 80145 | 80146 | 80147 | 80148 | 80149 | 80150 | 80151 | 80152 | 80153 | 80154 | 80155 | 80156 | 80157 | 80158 | 80159 | 80160 | 80161 | 80162 | 80163 | 80164 | 80165 | 80166 | 80167 | 80168 | 80169 | 80170 | 80171 | 80172 | 80173 | 80174 | 80175 | 80176 | 80177 | 80178 | 80179 | 80180 | 80181 | 80182 | 80183 | 80184 | 80185 | 80186 | 80187 | 80188 | 80189 | 80190 | 80191 | 80192 | 80193 | 80194 | 80195 | 80196 | 80197 | 80198 | 80199 | 80200 | 80201 | 80202 | 80203 | 80204 | 80205 | 80206 | 80207 | 80208 | 80209 | 80210 | 80211 | 80212 | 80213 | 80214 | 80215 | 80216 | 80217 | 80218 | 80219 | 80220 | 80221 | 80222 | 80223 | 80224 | 80225 | 80226 | 80227 | 80228 | 80229 | 80230 | 80231 | 80232 | 80233 | 80234 | 80235 | 80236 | 80237 | 80238 | 80239 | 80240 | 80241 | 80242 | 80243 | 80244 | 80245 | 80246 | 80247 | 80248 | 80249 | 80250 | 80251 | 80252 | 80253 | 80254 | 80255 | 80256 | 80257 | 80258 | 80259 | 80260 | 80261 | 80262 | 80263 | 80264 | 80265 | 80266 | 80267 | 80268 | 80269 | 80270 | 80271 | 80272 | 80273 | 80274 | 80275 | 80276 | 80277 | 80278 | 80279 | 80280 | 80281 | 80282 | 80283 | 80284 | 80285 | 80286 | 80287 | 80288 | 80289 | 80290 | 80291 | 80292 | 80293 | 80294 | 80295 | 80296 | 80297 | 80298 | 80299 | 80300 | 80301 | 80302 | 80303 | 80304 | 80305 | 80306 | 80307 | 80308 | 80309 | 80310 | 80311 | 80312 | 80313 | 80314 | 80315 | 80316 | 80317 | 80318 | 80319 | 80320 | 80321 | 80322 | 80323 | 80324 | 80325 | 80326 | 80327 | 80328 | 80329 | 80330 | 80331 | 80332 | 80333 | 80334 | 80335 | 80336 | 80337 | 80338 | 80339 | 80340 | 80341 | 80342 | 80343 | 80344 | 80345 | 80346 | 80347 | 80348 | 80349 | 80350 | 80351 | 80352 | 80353 | 80354 | 80355 | 80356 | 80357 | 80358 | 80359 | 80360 | 80361 | 80362 | 80363 | 80364 | 80365 | 80366 | 80367 | 80368 | 80369 | 80370 | 80371 | 80372 | 80373 | 80374 | 80375 | 80376 | 80377 | 80378 | 80379 | 80380 | 80381 | 80382 | 80383 | 80384 | 80385 | 80386 | 80387 | 80388 | 80389 | 80390 | 80391 | 80392 | 80393 | 80394 | 80395 | 80396 | 80397 | 80398 | 80399 | 80400 | 80401 | 80402 | 80403 | 80404 | 80405 | 80406 | 80407 | 80408 | 80409 | 80410 | 80411 | 80412 | 80413 | 80414 | 80415 | 80416 | 80417 | 80418 | 80419 | 80420 | 80421 | 80422 | 80423 | 80424 | 80425 | 80426 | 80427 | 80428 | 80429 | 80430 | 80431 | 80432 | 80433 | 80434 | 80435 | 80436 | 80437 | 80438 | 80439 | 80440 | 80441 | 80442 | 80443 | 80444 | 80445 | 80446 | 80447 | 80448 | 80449 | 80450 | 80451 | 80452 | 80453 | 80454 |<
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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)	ST. ANN'S LAKE COUNTY SENIOR SERVICE 690 9TH STREET BALDWIN	53-0196617	501C3		95,413	FMV	FOOD	FIGHT HUNGER
(2)	ST. ANTHONY'S CATHOLIC CHAPEL 13421 GREEN STREET GRAND HAVEN	53-0196617	501C3		24,355	FMV	FOOD	FIGHT HUNGER
(3)	ST. AUGUSTINE EPISCOPAL CHURCH 1753 UNION ST. BENTON HARBOR	31-1629166	501C3		185,628	FMV	FOOD	FIGHT HUNGER
(4)	ST. FRANCIS XAVIER - CONKLIN 2044 GOODING ST CONKLIN	53-0196617	501C3		5,373	FMV	FOOD	FIGHT HUNGER
(5)	ST. GREGORY'S BREAD OF LIFE FOOD PANTRY 11 WASHINGTON STREET HART	53-0196617	501C3		93,408	FMV	FOOD	FIGHT HUNGER
(6)	ST. IGNACE FOOD PANTRY 250 FERRY LANE ST IGNACE	68-0518240	501C3		48,038	FMV	FOOD	FIGHT HUNGER
(7)	ST. IGNACE FOOD PANTRY (M) 250 FERRY LANE ST IGNACE	68-0518240	501C3		110,354	FMV	FOOD	FIGHT HUNGER
(8)	ST. JAMES WHITE LAKE GIVING TREE (H) 5149 DOWLING STREET MONTAGUE	38-1387115	501C3		15,281	FMV	FOOD	FIGHT HUNGER
(9)	ST. JOHN VIANNEY CATHOLIC CHURCH (M) 4101 CLYDE PARK AVE SW WYOMING	53-0196617	501C3		38,564	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.

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

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?

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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)	ST. JOHN'S U.C.C. (M) 1934 BRIDGE STREET NW GRAND RAPIDS MI 49504	38-2456087	501C3		135,469	FMV	FOOD	FIGHT HUNGER
(2)	ST. JOSEPH CATHOLIC CHURCH 157 LUCINDA LANE WATERVILLE MI 49098	53-0196617	501C3		13,603	FMV	FOOD	FIGHT HUNGER
(3)	ST. JOSEPH CATHOLIC CHURCH FOOD PAN 409 SOUTH BRIDGE STREET BEILDING MI 48809	53-0196617	501C3		28,628	FMV	FOOD	FIGHT HUNGER
(4)	ST. JOSEPH CHURCH (M) 126 EAST ST PEWAMO MI 48873	53-0196617	501C3		196,629	FMV	FOOD	FIGHT HUNGER
(5)	ST. JOSEPH OF ONEKAMA COMMUNITY FOO 8380 FIFTH STREET ONEKAMA MI 49675	53-0196617	501C3		24,374	FMV	FOOD	FIGHT HUNGER
(6)	ST. JOSEPH S.D.A. CHURCH 1201 MAIDEN LANE ST. JOSEPH MI 49085-0168	52-0643036	501C3		9,161	FMV	FOOD	FIGHT HUNGER
(7)	ST. LUKE UNIVERSITY PARISH/USCCB 10144 42ND AVENUE GEORGETOWN TWP.	53-0196617	501C3		25,907	FMV	FOOD	FIGHT HUNGER
(8)	ST. MARK'S EPISCOPAL CHURCH 134 DIVISION AVE N GRAND RAPIDS MI 49503	31-1629166	501C3		5,665	FMV	FOOD	FIGHT HUNGER
(9)	ST. MARY FOOD PANTRY 423 FIRST STREET N.W. GRAND RAPIDS MI 49504	53-0196617	501C3		25,187	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.

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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?

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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)	ST. MARY MAGDALEN CHURCH (M) 1253 52ND STREET SE KENTWOOD	53-0196617	501C3		157,226	FMV	FOOD	FIGHT HUNGER
(2)	ST. MARY OF THE IMMACULATE CONCEPT 239 W CLAY AVE MUSKEGON	53-0196617	501C3		20,233	FMV	FOOD	FIGHT HUNGER
(3)	ST. PATRICK CATHOLIC CHURCH 630 S WEST SILVER LAKE RD TRAVERSE CITY	53-0196617	501C3		19,274	FMV	FOOD	FIGHT HUNGER
(4)	ST. PATRICK'S & ST. ANTHONY'S CATHO 920 FULTON STREET GRAND HAVEN	53-0196617	501C3		25,929	FMV	FOOD	FIGHT HUNGER
(5)	ST. PAUL LUTHERAN CHURCH 305 W STATE ST. CASSOPOLIS	43-0658188	501C3		12,079	FMV	FOOD	FIGHT HUNGER
(6)	ST. PAULS ANGLICAN CHURCH (M) 2560 LAKE MICHIGAN DR. GRAND RAPIDS	MI 49031	501C3		49,025	FMV	FOOD	FIGHT HUNGER
(7)	ST. VINCENT DE PAUL - GWINN 111 N. PINE ST. GWINN	38-1914302	501C3		108,338	FMV	FOOD	FIGHT HUNGER
(8)	ST. VINCENT DE PAUL - IRON MOUNTAIN 117 WEST A STREET IRON MOUNTAIN	MI 49841	501C3		18,668	FMV	FOOD	FIGHT HUNGER
(9)	ST. VINCENT DE PAUL - IRON RIVER 313 W GENESEE ST IRON RIVER	38-1914302	501C3		58,283	FMV	FOOD	FIGHT HUNGER

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

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

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DAA

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Yes No

Public Inspection Copy

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**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.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	36
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

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

Attach to Form 990.

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

Name of the organization

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?

- 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361</th
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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?
- 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 GROVE CHURCH / LAKE CITY ASSEMBLY 3815 S MOREY ROAD MI 49651 LAKE CITY	38-2562324	501C3			18,806	FMV	FOOD	FIGHT HUNGER
(2) THE LORDS TABLE FOOD PANTRY/FAITH C 610 GREEN STREET MI 49307 BIG RAPIDS		501C3			29,049	FMV	FOOD	FIGHT HUNGER
(3) THE OTHER WAY MINISTRIES 710 W. FULTON STREET MI 49504 GRAND RAPIDS	38-2236821	501C3			176,610	FMV	FOOD	FIGHT HUNGER
(4) THE RIVER CRC (M) 1652 M-40 NORTH MI 49010 ALLEGAN		38-2051351	501C3			107,734	FMV	FOOD
(5) THE VINE AN ASSEMBLY OF GOD CHURCH/ 1112 COMMERCE MI 49327 GRANT	44-0577787	501C3				108,785	FMV	FOOD
(6) THIRD CHRISTIAN REFORMED CHURCH (M) 10 WEST CENTRAL AVENUE ZEELAND MI 49464	38-2051351	501C3				91,869	FMV	FOOD
(7) THRESHOLDS - VILLA EAST & PORTER 3000 PORTER SW MI 49418 GRANDVILLE	38-2063018	501C3				13,690	FMV	FOOD
(8) TOTAL FAITH MINISTRIES (M) 352 EAST AYER ST MI 49938 IRONWOOD	31-1367429	501C3				46,232	FMV	FOOD
(9) TRINITY LUTHERAN CHURCH OF MUSKEGON 3225 ROOSEVELT RD MI 49441	43-0658188	501C3				32,844	FMV	FOOD

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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Yes No**Public Inspection Copy**

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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?

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1	2	3	4	5	6	7	8	9
(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) TRINITY LUTHERAN CHURCH OF ST. JOSE 619 MAIN STREET ST. JOSEPH MI 49085	43-0658188	501C3		79,398	FMV	FOOD	FIGHT HUNGER	
(2) TRINITY LUTHERAN COMMUNITY FOOD PAN 5631 W STONY LAKE RD NEW ERA MI 49446	20-1737867	501C3		273,183	FMV	FOOD	FIGHT HUNGER	
(3) TRUE NORTH COMMUNITY SERVICES 6308 S. WARNER AVENUE FREMONT MI 49412	38-6158533	501C3		19,225	FMV	FOOD	FIGHT HUNGER	
(4) TRUENORTH COMMUNITY SERVICES (M) 6308 S. WARNER AVE. FREMONT MI 49412	38-6158533	501C3		328,054	FMV	FOOD	FIGHT HUNGER	
(5) TRUENORTH COMMUNITY SERVICES FOOD C 6308 S. WARNER AVE. FREMONT MI 49412	38-6158533	501C3		823,025	FMV	FOOD	FIGHT HUNGER	
(6) TUSTIN COVENANT CHURCH (M) 108 WEST CHURCH ST TUSTIN MI 49688	23-6393377	501C3		55,205	FMV	FOOD	FIGHT HUNGER	
(7) TWELVE BASKETS/STANWOOD FREE METHOD 7486 STANWOOD DRIVE STANWOOD MI 49346	35-0877568	501C3		7,621	FMV	FOOD	FIGHT HUNGER	
(8) UNITED CHURCH OF WAYLAND (M) 411 E. SUPERIOR STREET WAYLAND MI 49348	13-1957221	501C3		95,084	FMV	FOOD	FIGHT HUNGER	
(9) UNITED CHURCH OUTREACH MINISTRY (UC 1311 CHICAGO DRIVE SW WYOMING MI 49509	38-2640284	501C3		435,256	FMV	FOOD	FIGHT HUNGER	

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

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

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DAA

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Public Inspection Copy

SCHEDULE I
(Form 990)

(Rev. December 2024)

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.

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

Name of the organization

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	2	3	4	5	6	7	8	9
(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) UNITED WAY OF MANISTEE CO. (M) 449 RIVER STREET MANISTEE MI 49660	38-6032839	501C3		176,253	FMV	FOOD	FIGHT HUNGER	
(2) UNITED WAY OF THE LAKESHORE-OCEANA 907 S. STATE STREET MI 49420 HART	38-1426895	501C3		128,833	FMV	FOOD	FIGHT HUNGER	
(3) UPLIFT PINE RIVER AREA KIDS BACKPAC 18499 20 MI RD. TUSTIN MI 49688	93-2939698	501C3		47,949	FMV	FOOD	FIGHT HUNGER	
(4) UPPER PENINSULA HEALTH CARE SOLUTION 853 W. WASHINGTON ST. MARQUETTE MI 49855	45-2716432	501C3		199,566	FMV	FOOD	FIGHT HUNGER	
(5) UPPER PENINSULA HEALTH CARE SOLUTION 853 W. WASHINGTON STREET MARQUETTE MI 49855	45-2716432	501C3		425,289	FMV	FOOD	FIGHT HUNGER	
(6) VALLEY RESIDENTIAL SERVICES 731 STONEY CREEK DR. REED CITY MI 49677	38-2687303	501C3		10,859	FMV	FOOD	FIGHT HUNGER	
(7) VANDALIA CHURCH OF GOD 60825 WALNUT STREET VANDALIA MI 49095	35-6064030	501C3		22,229	FMV	FOOD	FIGHT HUNGER	
(8) VINEYARD NORTH CHURCH 4700 EAST BELTLINE AVE NE GRAND RAPIDS MI 49525	38-3011105	501C3		66,672	FMV	FOOD	FIGHT HUNGER	
(9) VINEYARD NORTH CHURCH (M) 4700 EAST BELTLINE AVE NE GRAND RAPIDS MI 49525	38-3011105	501C3		154,427	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)**

(Rev. December 2024)

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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Name of the organization

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?

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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.

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

Name of the organization

FEEDING AMERICA WEST MICHIGAN**Part I General Information on Grants and Assistance**

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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)	WHITE CLOUD CHURCH OF GOD (M) 1621 SOUTH EVERGREEN DRIVE WHITE CLOUD MI 49349	62-1870586	501C3		51,066	FMV	FOOD	FIGHT HUNGER
(2)	WHITE CLOUD UMC (M) 1125 E NEWELL ST WHITE CLOUD MI 49349	31-1813333	501C3		51,720	FMV	FOOD	FIGHT HUNGER
(3)	WHITE LAKE CONGREGATIONAL UCC (M) 1809 SOUTH MEARS RD. WHITEHALL MI 49461	13-1957221	501C3		51,768	FMV	FOOD	FIGHT HUNGER
(4)	WOLF LAKE UNITED METHODIST CHURCH 378 VISTA TERRACE MUSKEGON MI 49442	31-1813333	501C3		24,544	FMV	FOOD	FIGHT HUNGER
(5)	WOODLAWN CHRISTIAN REFORMED CHURCH 3190 BURTON STREET SE GRAND RAPIDS MI 49546	38-2051351	501C3		128,718	FMV	FOOD	FIGHT HUNGER
(6)	WOODSIDE WESLEYAN CHURCH 6789 OLE WHITE DR HOLLAND MI 49423		501C3		10,435	FMV	FOOD	FIGHT HUNGER
(7)	ZION CHURCH OF IONIA (M) 423 W WASHINGTON STREET IONIA MI 48846	88-1516956	501C3		107,722	FMV	FOOD	FIGHT HUNGER
(8)	ZION CHURCH OF IONIA FOOD PANTRY 130 E WASHINGTON ST. IONIA MI 48846	88-1516956	501C3		58,459	FMV	FOOD	FIGHT HUNGER
(9)	ZION LUTHERAN CHURCH (M) 582 LAMOREAUX DRIVE NW COMSTOCK PARK MI 49321	41-1568278	501C3		168,957	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)**

(Rev. December 2024)

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.

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

Name of the organization

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?
- 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	2	3	4	5	6	7	8	9
(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) ZION TABERNACLE HOUSE OF GOD MUSKEGON 1282 4TH STREET MUSKEGON MI 49441	47-3561308	501C3		25,836	FMV	FOOD	FIGHT HUNGER	
(2) ZION TEMPLE 670 N MCCORD ST. BENTON HARBOR MI 49022		501C3		17,901	FMV	FOOD	FIGHT HUNGER	
(3)								
(4)								
(5)								
(6)								
(7)								
(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

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

DAA

OMB No. 1545-0047

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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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
---------------------------------	--------------------------	--------------------------	----------------------------------	---	---------------------------------------

1 FOOD - FIGHT HUNGER	503000		2,404,643	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 GRANTEES ANNUALLY AND REQUIRES
DOCUMENTATION OF HOW THE FOOD IS DISTRIBUTED. GRANTEES ARE MONITORED
ANNUALLY FOR FOOD SAFETY AND COMPLIANCE WITH USDA AND OTHER GOVERNMENT
AGENCY REGULATIONS.

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SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

FEEDING AMERICA WEST MICHIGAN

OMB No. 1545-0047

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

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Inspection

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)?

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				
KENNETH R. ESTELLE 1 PRESIDENT/CEO	\$173,138 0	\$10,000 0	\$0 0	\$12,120 0	\$22,057 0	\$217,315 0	\$0 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M
(Form 990)**

OMB No. 1545-0047

2024**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	686	48,995,714	WHOLESALE VALUE
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29
- 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.

	Yes	No
30a		X
31		X
32a		X

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Schedule M (Form 990) 2024

FEEDING AMERICA WEST MICHIGAN

38-2439659

Page 2

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.

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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

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FEEDING AMERICA WEST MICHIGAN

Employer identification number

38-2439659

FORM 990 - ADDITIONAL INFORMATION

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 \$62.9 MILLION INCLUDES THE ESTIMATED VALUE OF NON-CASH FOOD DONATIONS OF \$49.0 MILLION. THE FOOD BANK THEN DISTRIBUTES THIS FOOD TO RECIPIENT ORGANIZATIONS. TOTAL REPORTED EXPENSES OF \$60.4 MILLION INCLUDE THE ESTIMATED VALUE OF NON-CASH FOOD DISTRIBUTION OF \$49.9 MILLION. NOT INCLUDING THE ESTIMATED NON-CASH VALUE OF FOOD DONATED AND DISTRIBUTED THE FOOD BANK HAD TOTAL REVENUE OF \$13.9 MILLION AND TOTAL EXPENSES OF \$10.5 MILLION RESULTING IN A NET GAIN OF \$3.4 MILLION.

THE DISTRIBUTION OF THE DONATED FOOD TAKES PLACE THROUGH FIXED SITE FOOD PANTRIES, MEAL PROGRAMS, AND GROUP HOMES, RECEIVING FOOD DIRECTLY FROM THE FOOD BANK. ADDITIONALLY, FRESH PRODUCE, DAIRY, AND OTHER GROCERY PRODUCTS ARE DISTRIBUTED DIRECTLY TO FAMILIES VIA MOBILE FOOD DISTRIBUTION. IN 2024, 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 700 FOOD PANTRY AGENCIES AND SERVED APPROXIMATELY 503,000 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 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.

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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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FEEDING AMERICA WEST MICHIGAN

Employer identification number
38-2439659

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

RECLASS RENTAL EXPENSE TO REVENUE	\$ 32,412
RECLASS RENTAL EXPENSE TO REVENUE	\$ -32,412

**THE ORGANIZATION HAD A PRIOR PERIOD ADJUSTMENT OF \$268,678 TO REDUCE
ACCOUNTS RECEIVABLE AND FOOD BANK COUNCIL OF MICHIGAN REVENUE.**