EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	ne 2021 calendar year, or tax year beginning JUL I, 2021 and	ل ending	UN 30, 2022				
В	Check i	C Name of organization		D Employer identif	ication number			
	Addr	ge NORTHWESTERN MICHIGAN COLLEGE FOUNDATI	ON					
	Nam chan	ge Doing business as		38-23764	.75			
	Initia retur Final retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (231) 99				
	termi							
	Amer	nded mpatrepore ormy MT 40606		H(a) Is this a group r	10,408,705.			
	Appli	F Name and address of principal officer: JENNIFER HRICIK		for subordinates? Yes X No				
	pend	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
1	Гах-е	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions			
		ite: ▶ WWW.NMC.EDU/FOUNDATION		H(c) Group exemption	on number			
		f organization: X Corporation Trust Association Other	L Year	of formation: 1981	M State of legal domicile; MI			
Pa	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: TO P.			R THE			
Activities & Governance		OBJECTIVES AND PURPOSES OF NORTHWESTERN M						
ern	2	Check this box if the organization discontinued its operations or dispose		1				
NO.	3			3	39			
∘જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			34			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			100			
tivit	6	Total number of volunteers (estimate if necessary)		<u>6</u>				
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		Prior Year 5,527,825.	3,614,449.			
	9			0.	0.			
Revenue	10	Investment income (Part VIII, line 2g)		2,773,980.	1,377,441.			
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1-00) (1-00) (1-00)	4,938.	-859.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,306,743.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,361,851.	3,982,552.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
(0	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	000045405590554140	600,549.	655,104.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per	b	Total fundraising expenses (Part IX, column (D), line 25) 645,15	59.	100 W 100 Y				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,853.	127,912.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,162,253.	4,765,568.			
	19	Revenue less expenses. Subtract line 18 from line 12		4,144,490.	225,463.			
Pes				inning of Current Year	End of Year			
sets	20 21 22	Total assets (Part X, line 16)		64,114,838.	57,776,969.			
器	21	Total liabilities (Part X, line 26)		2,972,070.	3,266,653.			
콆	22	Net assets or fund balances. Subtract line 21 from line 20		61,142,768.	54,510,316.			
	rt II	Signature Block						
		llties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer i	nas any knowledge.	10102			
		Signature of officer		Date	14/25			
Sign		JENNIFER HRICIK, INTERIM EXECUTIVE DIR	EC#OD	Buto				
Here	9	Type or print name and title	ECTOR					
			In	ate Check	PTIN			
aid		Print/Type preparer's name Preparer's signature AMY CIMINELLO AMY CIMINELLO		5/02/23 off-employ				
repa		Firm's name PLANTE & MORAN, PLLC	JO.		38-1357951			
Jse (Firm's address 750 TRADE CENTRE WAY, STE. 300		THIIISLIN	00 100 1 7 0 1			
	,	PORTAGE, MI 49002		Phone no (2	69) 567-4500			
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 Hollo Ho. \ 2	X Yes No			

Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

22 22 23 24 24 25 25 25 25 25 25		·		Yes	No
32 Did the organization answer "Yes" to Part VII, Section A, Iiin S, 4, or 5, about compensation of the organization sourcet and former officers, directors, trustees, key employees, and highest compensated employees? "Yes," complete Schedule V. "Yes," to maintain an extra was issued after December 31, 2002? "I "Yes," arrawer lines 24th through 24th and complete Schedule K. If "No." go to line 25a. 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," arrawer lines 24th through 24th and complete Schedule K. If "No." go to line 25a. 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year of the complete schedule L. If "No." to defease any tax exempt bonds? 34d Did the organization are that a refunding secrow at any time during the year? 34d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person of under the organization person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 (if "Yes," complete Schedule L. Part II is 1. Part II	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule I J J Land Schedule I J Land Schedule I J Land Schedule I J Land Schedule I I May 1		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to fine 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b bit the organization maintain an earon account other than a refunding servor at any time during the year to defease any tax-exempt bonds? 4d bit the organization amount and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(2(3), 501(4)), 4m 6501(2)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1"/yes," complete Schedule L, Part I 25a 15 is the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? 1"/yes," complete Schedule L, Part I 25a 15 is the organization aware that the ransaction has not been reported on any of the organization's pilor Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25a 15 is 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 for family member of any of these persons? If "Yes," complete Schedule L, Part II 25a 25 is 30 in the organization party to a business transaction with no eff the following parties gee the Schedule L, Part II 25a 25 is 4 in the organization receive benefits of family employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
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		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Schedule L, Part I 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	b				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 28 28 29 29 20 20 20 20 21 22 23 25 26 26 27 28 28 28 28 29 29 29 20 20 20 20 20 20 20		,	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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, to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III winstructions for applicable flinig 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 28b	26				
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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 V I Ine 2 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 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	34				
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 36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Jid 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Table 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			34	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 Note: All Form 990 filers are required to complete Schedule O 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	35a	· · · · · · · · · · · · · · · · · · ·	35a		Х
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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	b				
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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 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 applicable gaming	36				
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 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 applicable gaming		If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O 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	37				
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 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		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 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	38				
Check if Schedule O contains a response or note to any line in this Part V Yes 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	D-	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Ta 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	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V			igspace
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		
		Enter the number of Fernie W Za moladed of line 14. Enter 6 if not applicable	-		
(gambling) winnings to prize winners?	С				
50m 990 /		(gambling) winnings to prize winners?		900	(0.5.5.1

NORTHWESTERN MICHIGAN COLLEGE FOUNDATION Form 990 (2021) 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 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)? Х 4a **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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х 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). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X 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 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

6 Form **990** (2021)

If "Yes," complete Form 6069

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			21
000	ann A. Governing Body and Management		Voc	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 39		Yes	INO
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
17 10	List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an exempiration to make its Forms 1002 (1004 or 1004 A if applicable) 900, and 900 T (section 501(a)/2)	onl: /	0.40:1-1	
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	orliy)	avallal	שוכ
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PAUL SCHOPPE - (231)995-1144			
	1701 EAST FRONT STREET, TRAVERSE CITY, MI 49686			

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) NICHOLAS NISSLEY	8.00	_	_		_	1 0				
SECOND VICE-CHAIR	36.00	Х		Х				0.	217,106.	45,765
(2) REBECCA M. TEAHEN	36.00									
EXECUTIVE DIRECTOR	8.00	Х		Х				0.	127,506.	52,868
(3) CHERYL M. BLOOMQUIST	1.00									
NMC FACULTY REPRESENTATIVE	39.00	Х						0.	104,883.	45,682
(4) LINDA BERLIN	1.00	1						_		
NMC FACULTY REPRESENTATIVE	39.00	Х						0.	98,702.	23,236
(5) STEVEN H. RICE	1.00								00.006	00 505
NMC FACULTY REPRESENTATIVE	39.00	Х						0.	80,896.	29,595
(6) FRANCIS J. GINGRAS	3.00	.		v				0.	_	_
CHAIR (7) ALAN J. ZELINSKI	3.00	Х		Х				0.	0.	0
IMMEDIATE PAST CHAIR	0.00	Х		Х				0.	0.	0
(8) JAYNE H. MOHR	3.00	22		22				•	•	
FIRST VICE-CHAIR	0.00	х		Х				0.	0.	0
(9) STEPHEN M. FISHER	3.00	T-								
TREASURER	0.00	Х		х				0.	0.	0
(10) DEBRA J. EDSON	3.00									
SECRETARY	0.00	Х		Х				0.	0.	0
(11) NATHANAEL J. ADAMSON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(12) SUZANNE ALLEN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(13) LORRAINE BEERS	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0
(14) BARABARA F. BENSON	1.00									
BOARD MEMBER		Х						0.	0.	0
(15) DOUGLAS S. BISHOP	1.00								_	
TRUSTEE	0.00	Х						0.	0.	0
(16) CHRISTOPHER E. BRANSON	1.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0
(17) ROBERT T. BRICK	1.00	~						_	0.	
BOARD MEMBER 132007 12-09-21	0.00	X			<u> </u>			0.	<u> </u>	0 Form 990 (202

Form **990** (2021)

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

	TERN MIC	HI	GA	N	CO	LL	EG	E FOUNDATION	r 38-237	6475
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	(all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099-10130)	organization
	related	ee or	stee			nsate		(** 27 1000 1/1100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itution	ser	Key employee	hest c	Former			
	line)	lpul	Inst	Officer	Key	Hig	For			
(27) PAUL W. MAURER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) CHRISTOPHER D. MILLWARD	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) DIANA MILOCK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(30) MARTHA A. OLESON	1.00	1_							_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(31) SUSAN K. SHELDON	1.00	 						_		_
BOARD MEMBER	0.00	Х	_	_	<u> </u>	\vdash		0.	0.	0.
(32) DAVID M. SHOOLTZ	1.00								•	•
BOARD MEMBER	0.00	Х			<u> </u>			0.	0.	0.
(33) PATRICIA A. WARNER	1.00	.,							0	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(34) KENNARD WEAVER	1.00	.,							0	0
TRUSTEE (35) JAMES R. WEIGAND	1.00	Х						0.	0.	0.
BOARD MEMBER	0.00	х						0.	0.	0.
(36) TIMOTHY F. YOUNG	1.00	Δ						0.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(37) NANCY B. ZIMMER	1.00							0.	0.	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
(38) CHRIS BOTT	1.00							•	•	•
BOARD MEMBER-PART YEAR	0.00	x						0.	0.	0.
(39) AMBER MARSH	1.00								0.1	
NMC STUDENT REPRESENTATIVE	0.00	x						0.	0.	0.
(40) LANDON DEHEER	1.00	ļ —								
NMC STUDENT REPRESENTATIVE	0.00	Х						0.	0.	0.
(41) HANNAH WITTE	1.00									
NMC STUDENT REPRESENTATIVE-PART YEAR	0.00	Х						0.	0.	0.
		1								
		<u> </u>			<u> </u>					
		1								
		<u> </u>			<u> </u>					
		1								
		<u> </u>								
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 270,606. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 3,343,843. 1f 246,746, g Noncash contributions included in lines 1a-1f 3,614,449. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1226558 other similar amounts) 1,226,558 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 5,479,432. assets other than inventory b Less: cost or other basis 5,328,549. Other Revenue and sales expenses 7b 150,883. c Gain or (loss) ______7c 150,883. 150,883. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 270,606. of contributions reported on line 1c). See 76,096. Part IV, line 18 88,956. **b** Less: direct expenses -12,860 -12,860. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 12,170 169 **b** Less: direct expenses 9b 12,001 12,001. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 0. 1376582. 4,991,031.

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Form **990** (2021)

12 Total revenue. See instructions

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 (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,982,552. 3,982,552. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 655,104. 43,354. 611,750. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 82,346. 82,346. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 10,350. 10,350. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 132. 132. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 621. 621. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 33,409. 33,409. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,054. 1,054. SALES TAX All other expenses 4,765,568. 3,982,552. 137,857. 645,159. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2021)

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 7,468,832. 6,950,728. 2 Savings and temporary cash investments 3,517,372. 3,072,640. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 6,106. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 52,526,980. 47,120,478. Investments - publicly traded securities 11 11 62,599. 55,413. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 532,949. 577,710. 15 15 Other assets. See Part IV, line 11 64,114,838. 57,776,969. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 37,563. 24,662. Accounts payable and accrued expenses 17 17 18 18 Grants payable 100,514. 2,256. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,846,894. 3,226,834. of Schedule D 2,972,070. 3,266,653. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,471,633. 27 4,318,130. 27 Net assets without donor restrictions 50,192,186. Net assets with donor restrictions 55,671,135. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 61,142,768. 54,510,316. Total net assets or fund balances 32 32 64,114,838. 57,776,969. 33 Total liabilities and net assets/fund balances

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91		
2	Total expenses (must equal Part IX, column (A), line 25)	2		765		
3	Revenue less expenses. Subtract line 2 from line 1	3		225		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,1	L42	, 76	<u> </u>
5	Net unrealized gains (losses) on investments	5	-6,8	888	, 26	51.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		30	, 34	46.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	54,5	510	, 31	L6.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				Υ	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L <i>:</i>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L <i>:</i>	2b :	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L <i>:</i>	2c :	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-	[;	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				\neg	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> ;	3b		
			F	orm 9	90 ₍₂	2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization NORTHWESTERN MICHIGAN COLLEGE FOUNDATION 38-2376475 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: X 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	1	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	• •	• •			• •			
	membership fees received. (Do not								
	include any "unusual grants.")	4454669.	6805856.	2507013.	5527825.	3614449.	22909812.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	444,771.	417,828.			394,820.	2220477.		
	Total. Add lines 1 through 3	4899440.	7223684.	2996499.	6001397.	4009269.	25130289.		
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,						4100000		
	column (f)						4122382.		
6	Public support. Subtract line 5 from line 4.						21007907.		
	• • • • • • • • • • • • • • • • • • • •						T		
	ndar year (or fiscal year beginning in)	(a) 2017 4899440.	(b) 2018 7223684.	(c) 2019 2996499.	(d) 2020 6001397.	(e) 2021	(f) Total 25130289.		
	Amounts from line 4	4099440.	1223004.	4330433.	0001397.	4009209.	23130203.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	815,833.	1061810.	1122033.	1026475.	1226558.	5252709.		
_	and income from similar sources	013,033.	1001010.	1144033.	1020475.	1220330.	3232703.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)	142 425.	157,622.	73,085.	83,950.	88 266	545,348.		
44	Total support. Add lines 7 through 10	142,423.	137,022.	73,003.	03,330.		30928346.		
	Gross receipts from related activities,	etc (see instruction	ine)			12	<u> </u>		
	First 5 years. If the Form 990 is for th			fourth or fifth tax v					
.0	organization, check this box and stop	_							
Sec	ction C. Computation of Publi								
	Public support percentage for 2021 (li			column (f))		14	67.92 %		
	Public support percentage from 2020					15	67.94 %		
	33 1/3% support test - 2021. If the c					ore, check this bo			
	stop here. The organization qualifies								
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation					
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part '	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	e facts-and-circum	stances test, ched	ck this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		T	1	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for th	-					
Sa	check this box and stop here	c Support Per	centage				P
	Public support percentage for 2021 (li			volumn (f)\		15	20
	Public support percentage from 2020			.,,		16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
.50	more than 33 1/3%, check this box an						. —
ŀ	33 1/3% support tests - 2020. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						
		on look u		.,,			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
3a		
- Ou		
3b		
3с		
30		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
0-		
9a		
9b		
9с		
10a		
 10b	- 000	0001
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C1	super	vised, or controlled the supporting organization.	2		
Seci	lion C	C. Type II Supporting Organizations			ı
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sect	the su	upported organization(s). D. All Type III Supporting Organizations	1		
000		5. All Type III cupper and organizations		Vaa	Na
4	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3	Paren	t 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.

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.

Schedule A (Form 990) 2021

За

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	,	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(2)	/** \	(***)

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

Schedule A (Form 990) 2021

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. Part VI (See instructions.)

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING	
2017 AMOUNT: \$	131,460.
2018 AMOUNT: \$	139,627.
2019 AMOUNT: \$	62,365.
2020 AMOUNT: \$	74,540.
2021 AMOUNT: \$	76,096.
GAMING	
2017 AMOUNT: \$	10,965.
2018 AMOUNT: \$	17,995.
2019 AMOUNT: \$	10,720.
2020 AMOUNT: \$	9,410.
2021 AMOUNT: \$	12,170.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

Name of the organization

NORTHWESTERN MICHIGAN COLLEGE FOUNDATION

38-2376475 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. 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 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

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Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

			GAN COLLEC			38-23			age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	r Sim	ilar Assets	(contir	nued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the f	ollowing that make s	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col						XIII.		
5	During the year, did the organization solicit or		,	*	r assets	· _	_		_
D -	to be sold to raise funds rather than to be mai						Yes		No
Par	TIV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the organization	n answered "Yes" or	n Form	990, Part IV,	line 9, or		
					. See a leasal a	-I			
та	Is the organization an agent, trustee, custodia						7		٦
	on Form 990, Part X?						」Yes		No
D	If "Yes," explain the arrangement in Part XIII a	na complete the foll	lowing table:				Amoun		
_	Designing belongs				- H	_	Amoun		
	Beginning balance				—	C			
a	Additions during the year					d			
•	Distributions during the year					e If			
f 22	Ending balance Did the organization include an amount on Fo						Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.		*				_]
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four	vears	back
1a	Beginning of year balance	30,012,964.	22,295,638.	21,993,448.		20,998,543.		19,115,643.	
b	Contributions	1,073,801.	2,050,664.	635,588.		666,412.	1,136,566.		
c	Net investment earnings, gains, and losses	-3,006,510.	6,405,676.	246,131.		936,161.	1,214,093.		
d	Grants or scholarships	771,796.	679,924.	607,229.		608,236.	541,465.		465.
е	Other expenditures for facilities	-				•			
	and programs	-51,210.	59,090.	-27,700.		-568.	-73,70		706.
f	Administrative expenses								
g	End of year balance	27,359,669.	30,012,964.	22,295,638.	21	,993,448.	20,998,543.		543.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	5.4200	_%						
b	Permanent endowment ► 64.0600	%							
С	Term endowment ▶30.5200 %	6							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for t	he orga	nization	-		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered			T T	-				
	Description of property	(a) Cost or of		1 ' '	Accumi.	I	(d) Boo	k valu	е
		basis (investr	nent) basis (orner) de	epreciat	IUI			
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other Add lines 1a through 1e (Column (d) must see		V askuma (D) 15- 44	<u> </u>					0.

Schedule D (Form 990) 2021

132053 10-28-21

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule I	D (Forn	n 990) 2021 pplemental Ir		NORTH	WESTE	RN MI	CHIGAN	COLLEGE	FOUNDATION	38-237	6475 Page 5
Part XII	i Su	ppiementai ir	itorm	nation _{(c}	ontinued)						
т∩тат.	ΨО	SCHEDULE	ח	ם אם ת	YTT	T.TNF	2D				27,213.
TOTAL	10	ВСППВОПП	, כ	IAICI	2111,	<u> </u>	20				27,213.
-											
-											
-											

SCHEDULE G (Form 990)

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

2021

Open to Public Inspection

Name of the organization

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

Employer identification number

	SIEKN MICHIGAN CODI				30-2370	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		n activ	ities (Check all that apply		
				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	ising 6	events		
d In-person solicitations						
2 a Did the organization have a written o	or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees. or	
key employees listed in Form 990, Pa					Yes	No
b If "Yes," list the 10 highest paid indiv					· 	
		ant to	agreer	ments under willen ti	ie iuliulaisel is to be	•
compensated at least \$5,000 by the	organization.					
		/:::\	Dist		(v) Amount paid	
(i) Name and address of individual	(77) A -45 -54 -	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization
		contrib	utions?		listed in col. (i)	organization
		Yes	No			
		•	_			
<u>fotal</u>						
3 List all states in which the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						

132081 10-21-21

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

Schedule G (Form 990) 2021

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				TASTE OF		
			GOLF OUTING	SUCCESS	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			()))	())1)	())	
Revenue	1	Gross receipts	186,256.	152,946.	7,500.	346,702.
Be	'	Gloss receipts	100,250.	132,340.	7,300.	340,702.
	,	Less: Contributions	145,330.	117,776.	7,500.	270,606.
	-	Less. Contributions	143,330.	111,1100	7,300.	270,000.
	3	Gross income (line 1 minus line 2)	40,926.	35,170.		76,096.
	3	Gross income (line 1 minus line 2)	40,520.	33,170.		70,050.
	 	Cash prizes				
	"	Odon prizes				
	5	Noncash prizes				
Ø	"	TVOTICESTT PTIZES				
nse	6	Rent/facility costs	41,580.			41,580.
Direct Expenses	١	Tient/facility costs	41,500.			41,500.
Ω̈́	7	Food and beverages	386.	10,074.		10,460.
ie	'	Food and beverages	300.	10,074.		10,400.
		Entortainment				
	8	Entertainment Other direct expenses	1 10 0 = =	17,959.		36,916.
	10			•		88,956.
		Net income summary. Subtract line 10 from li			······	-12,860.
Pa	ırt I	II Gaming. Complete if the organization		990 Part IV line 19 or i	reported more than	12/0001
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 diff diff	1000, 1 4, 11, 11, 11, 10, 01,	oportou moro triair	
		¥ · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
Re	4	Gross revenue				
	<u> </u>	G1033 Teveride				
	,	Cash prizes				
ses	-	Cucii piizco				
Direct Expenses	3	Noncash prizes				
Ä		Tronocci prizoc				
ect	4	Rent/facility costs				
Ë	•					
	5	Other direct expenses				
	Ť	<u> </u>	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	-					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
		,	()			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
					·	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а		he organization licensed to conduct gaming a				Yes No
		No," explain:				
	_	<u> </u>				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
b) If "	Yes," explain:				
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	ledule G (Form 990) 2021 NORTHWESTERN MICHIGAN COLLEGE FOUNDATION 38 –	2376475	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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	%
			// %
	An outside facility	13b	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
_			
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
Da	organization's own exempt activities during the tax year \(\) \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III. Bass O	05 105
ıa		art III, lines 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	NORTHWESTERN	MICHIGAN	COLLEGE	FOUNDATION	38-2376475	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Inspection **Employer identification number** Name of the organization 38-2376475 NORTHWESTERN MICHIGAN COLLEGE FOUNDATION Part I **General Information on Grants and Assistance** 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 X Yes 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) MISCELLANEOUS NORTHWESTERN MICHIGAN COLLEGE SUPPLIES/ITEMS TO PROVIDE AWARDS AND 1701 E FRONT STREET GOVERNMENTAL SEC FOR SUPPORT FOR VARIOUS TRAVERSE CITY, MI 49686 38-6027348 115 226 168. FMV EDUCATIONAL PROGRAMS 3,756,384. 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

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2021

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV	Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART	I, LINE 2:									
GRANT	REQUESTS ARE PROVIDED TO THE	BOARD. A	PPROVAL IS	GRANTED B	ASED ON					
BOARD	SPENDING POLICIES AND DONOR	CRITERIA.								
PART	II, LINE 1, COLUMN (G):									
NAME	OF ORGANIZATION OR GOVERNMENT	: NORTHWE	STERN MICH	IIGAN COLLE	GE					
(G) D	ESCRIPTION OF NON-CASH ASSIST.	ANCE: MIS	CELLANEOUS	S SUPPLIES/	ITEMS FOR					
EDUCA	TIONAL ASSISTANCE									

SCHEDULE J (Form 990)

Compensation Information

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

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

NORTHWESTERN MICHIGAN COLLEGE FOUNDATION

 $Employer\ identification\ number \\ 38-2376475$

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		<u>X</u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 (1958-6/c)?	a		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensa (B)(i)-(D) in column (f		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) NICHOLAS NISSLEY	(i)	0.	0.	0.	0.	0.	0.	0.	
SECOND VICE-CHAIR	(ii)	195,102.	0.	22,004.	24,967.	20,798.	262,871.	0.	
(2) REBECCA M. TEAHEN	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	127,506.	0.	0.	32,281.	20,587.	180,374.	0.	
(3) CHERYL M. BLOOMQUIST	(i)	0.	0.	0.	0.	0.	0.	0.	
NMC FACULTY REPRESENTATIVE	(ii)	104,883.	0.	0.	29,593.	16,089.	150,565.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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.
PART I, LINE 3:
THE EXECUTIVE DIRECTOR WAS COMPENSATED BY A RELATED ORGANIZATION, AND
THEREFORE NONE OF THE LINE 3 BOXES HAVE BEEN CHECKED.
THE RELATED ORGANIZATION USED THE FOLLOWING METHODOLOGIES TO ESTABLISH THE
COMPENSATION OF THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION:
COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION
COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NORTHWESTERN MICHIGAN COLLEGE FOUNDATION Employer identification number 38-2376475

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of donorcash contribution	etermini	_	s
1	Art - Works of art	Х	18	153,475				
2	Art - Historical treasures			, ,				
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	3	26,000				
7	Boats and planes	Х	1	24,500	• FMV			
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 -							
44	Historic structures							
14	Qualified conservation contribution - Other							
15 16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	1	573	• FMV			
20	Drugs and medical supplies	X	8	11,570				
21	Taxidermy			,				
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	X	24	19,705				
26	Other \blacktriangleright (CLASSROOM SUP)	X	5	8,395				
27	Other (MISCELLANEOUS)	X	3	2,528	• FMV			
28	Other (
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29		I		
				=			Yes	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date		,	•		20-		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	·				30a		
31	Does the organization have a gift acceptance p	oolicy that re	auires the review (of any nonstandard contrib	utions?	31	Х	
	Does the organization hire or use third parties	-	· · ·	•		31		
OZU	contributions?		~			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is ch	ecked,			
	describe in Part II.		• • • • • •		<u> </u>			
	For Donomical Deduction Act Nation and					A /F		2004

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

NORTHWESTERN MICHIGAN COLLEGE FOUNDATION

Employer identification number 38-2376475

SECTION A, FORM 990, PART VI, LINE 6:

THE SOLE MEMBER IS NORTHWESTERN MICHIGAN COLLEGE

FORM 990, PART VI, SECTION A, LINE 7A:

THE NORTHWESTERN MICHIGAN COLLEGE BOARD OF TRUSTEES HAS THE POWER TO ELECT INDIVIDUALS TO THE NORTHWESTERN MICHIGAN COLLEGE FOUNDATION BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

REMOVAL OF THE SECOND VICE CHAIR CAN ONLY OCCUR WITH APPROVAL OF AND ACTION BY THE NORTHWESTERN MICHIGAN COLLEGE BOARD OF TRUSTEES. REMOVAL OF THE EXECUTIVE DIRECTOR OF NORTHWESTERN MICHIGAN COLLEGE FOUNDATION CAN ONLY OCCUR WITH APPROVAL OF AND ACTION BY THE PRESIDENT OR ACTING PRESIDENT OF NORTHWESTERN MICHIGAN COLLEGE.

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

COPY OF THE FORM 990 IS REVIEW BY THE VP OF FINANCE, BOARD CHAIR AND BOARD TREASURER PRIOR TO FILING. THE BOARD IS PROVIDED WITH A COPY OF THE RETURN PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY ALONG WITH A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS MAILED EACH JANUARY TO NMC FOUNDATION BOARD MEMBERS REQUIRING THEM TO UPDATE BY THE FEBRUARY BOARD MEETING. THE DIRECTOR IS RESPONSIBLE FOR MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY.

CONFLICT ARISES, THE BOARD MEMBER DOES NOT VOTE ON THE PROPOSAL.

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** NORTHWESTERN MICHIGAN COLLEGE FOUNDATION 38-2376475 FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS PAID THROUGH NORTHWESTERN MICHIGAN COLLEGE AND BASED ON COLLEGE POLICIES AND PROCEDURES. THE COLLEGE COMPLETES A BENCHMARKING STUDY TO REVIEW COMPENSATION LEVELS. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2019. FORM 990, PART VI, SECTION C, LINE 19: FORM 990 AND FINANCIAL STATEMENT INFORMATION IS PROVIDED TO THE PUBLIC UPON REQUEST BY THE APPROPRIATE DEPARTMENT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 34,001. UNCOLLECTIBLE PLEDGES -3,655. TOTAL TO FORM 990, PART XI, LINE 9 30,346. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	MICHIGAN COLLEGE E		2			38-23764	13		
3				(e)		T			
(a)	(b)	I	(c) (d)			(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of	or Total inco	me End-of-yea	r assets	ets Direct controlling entity			
or disregarded entity		foreign country)				e	itity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34, b	pecause it had one	or more	related tax-exer	mpt		
(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire	ct controlling		512(b)(13) trolled	
of related organization		foreign country)	section	status (if section		entity	ent	tity?	
				501(c)(3))			Yes	No	
NORTHWESTERN MICHIGAN COLLEGE - 38-6027348	_								
1701 E FRONT STREET									
TRAVERSE CITY, MI 49686	HIGHER EDUCATION	MICHIGAN	SECTION 115		N/A			Х	
-									
			1						

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

Schedule R (Form 990) 2021

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

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

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

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

Schedule R (Form 990) 2021

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
1	During the tax year, did the organization engage in any of the following transactions		•									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х					
	Gift, grant, or capital contribution to related organization(s)				1b	X						
	Gift, grant, or capital contribution from related organization(s)				1c		X					
	d Loans or loan guarantees to or for related organization(s)											
	Loans or loan guarantees by related organization(s)				1e		Х					
f	Dividends from related organization(s)				1f		Х					
g	Sale of assets to related organization(s)											
h	Purchase of assets from related organization(s)				1h		Х					
i	Exchange of assets with related organization(s)				1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
- 1	Performance of services or membership or fundraising solicitations for related organ				11		Х					
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х						
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
	Sharing of paid employees with related organization(s)				10	Х						
р	Reimbursement paid to related organization(s) for expenses				1р	Х						
	Reimbursement paid by related organization(s) for expenses				1q		Х					
r	Other transfer of cash or property to related organization(s)				1r	Х						
	Other transfer of cash or property from related organization(s)				1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the seco	ho must complete th	nis line, including covered r	elationships and transaction thresholds.								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved							
<u>(1)</u>												
<u>(2)</u>												
(3)												
(4)												
177												
(5)												
101		l		1								

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		General manage partner	(k) Al or Percentage ging ownership
	-									
										-
	_							Ochodolo		

Schedule R	R (Form 990) 2021	NORTHWESTERN	MICHIGAN	COLLEGE	FOUNDATION	38-2376475	Page 5
Part VII	(Form 990) 2021 Supplemental Ir	nformation					
			tions on Cobodula	D Coo inateriat	iono		
	Provide additional ini	formation for responses to ques	stions on Schedule	e R. See Instruct	IONS.		