# (Rev. January 2020)

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

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

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.

and ending

OMB No. 1545-0047 2019

Open to Public Inspection

ㅂ		applicable:	C Name of organization	WESTERN	MARQUETTE COUNT	Y HEALTH F	OUNI	DATION	D Employer	identification	number
L	Address	change	Doing business as	O have if maril to m	at dally and to store to date						
	Name ch	nange	910 US 41 WEST	O. Dox II maii is n	ot delivered to street addre	ess) Room/s	suite		38-3040125		
	Initial ret	i i i i i	City or town		State	ZiP cod			E Telephone	number	
=	I IIIII I I I I	.uiii	ISHPEMING		MI	49849			906-204-23	95	
L	Final retur	n/terminated	Foreign country name	Foreig	n province/state/county	Foreign		code			
П	Amende	d return	,, <b>,</b>				Poolai	3040	G Gross rece	lots \$	263,447
$\Box$	A P 13		F Name and address of prin	acinal officer							
	Applicati	on pending	· ·		TOT IOUIDELANIO				nis a group return fo		Yes X No
			PAM CHRISTENSEN	910 US 41 W	EST, ISHPEMING,	MI 49849		H(b) Are	all subordinate	s Included?	Yes No
	Tax-exe	mpt status:	X 501(c)(3) 501(c	c) ( )	◀ (insert no.) 494	7(a)(1) or	527	lf"	No," attach a lis	i, (see instruct	ions)
J	Website	e: NWV	w.wmqtcountyhealthfou	ındation.org				H(c) Gro	oup exemption n	umber 🕨	
K	Form of	organization	: X Corporation T	rust Assoc	iation Other ►		I Vac	ar of forma			legal domicile: MI
_	Part I			1401	Other P		L 100	al OI JOITHE	tion: 1992	IN State of	legal domicile: MI
			nmary	-111							
ø	1		escribe the organizatio		most significant ac	ivities:	lop	rovide ti	unding for he	ealth and w	ellness
ä	i	Solutions	s in western Marquette	County.							
Ë											
š	2	Check th	nis box 🕨 🔙 if the or	rganization di	scontinued its opera	tions or disp	osed	of more	than 25% o	f its net as	sets.
رن مع	3	Number	of voting members of t	he governing	body (Part VI, line 1	a)				3	10
Š	4	Number	of independent voting	members of t	ne governing body (	Part VI, line	1b).			4	10
₩	5	Total nu	mber of individuals em	ployed in cale	ndar year 2019 (Pa	t V, line 2a)			]	5	1
Activities & Governance	6	Total nu	mber of volunteers (est	timate if nece	ssary)				[	6	
4	1	Total un	related business reven	ue from Part \	/III, column (C), line	12			[	7a	0
	<u> b</u>	Net unre	lated business taxable	income from	Form 990-T, line 39	<u></u>			<u></u> .	7b	0
	1.								Prior Year		Current Year
e	8	Contribu	tions and grants (Part	VIII, line 1h).					25	,250	0
ē	9	Program	service revenue (Part	VIII, line 2g).					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	0
Revenue	10		ent income (Part VIII, c						282	439	236,077
_	11		venue (Part VIII, colum						2	823	7,593
	12	Total reve	enue—add lines 8 throug	jh 11 (must eq	<u>ual Part VIII, column (</u>	A), line 12).			310		243,670
	13		nd similar amounts pai						177	689	239,146
	14		paid to or for members							0	0
es	15		other compensation, em						7	994	20,245
Expenses	16a		onal fundraising fees (F							_ 0	0
Š	b		draising expenses (Pa					Personal Property	Here's		
ш	''		penses (Part IX, colum						938,		55,107
	18		penses. Add lines 13-1						1,124		314,498
- 0	19	Revenue	less expenses. Subtra	act line 18 fror	<u>n line 12</u>	· · · · ·			-813,		-70,828
Net Assets or								Beginni	ng of Current \		End of Year
SSe	20	Total ass	sets (Part X, line 16) .				.		7,209,		8,594,290
et A	21	l otal liab	pilities (Part X, line 26)				[			737	23,784
			ts or fund balances. Sเ	ubtract line 21	from line 20		<u></u> .		7,186,	093	8,570,506
Li.	art II	Sigi	nature Block								
Und	er penalti	es of perjury,	, I declare that I have examine at, and complete. Declaration	ed this return, incl of propercy (other	uding accompanying sche	dules and state	ments,	and to the	best of my kno	wledge	
unu	Delioi, it is	s true, correc	t, and complete, Declaration	or preparer (other	than officer) is based on a	an imormation o	Which	preparer	nas any knowle	age.	
Sig	gn	-	Signature of officer								
He	re		Signature of officer						Date		
		-	To a second at a second at the	<del></del>							
			Type or print name and title Type preparer's name		Brangraria cianatura			15	·		DTIL
D۰	id	Fund	rype preparers name		Preparer's signature			Date		eck   if	PTIN
Pa		PAT	RICK N THOMSON					9/18	!	f-employed	P00710041
	eparer		name ► THOMSON	& METIVIER	PC				Firm's EIN ► 2		
US	e Only		s address ► 1901 W RID			1 10855					
N.4	u Ho - ID								Phone no.	906-226-19	
ivia	y une iK	uiscuss ت	this return with the pre	parer snown	apove? (see instruc	uons)					X Yes No

orm 9	990 (2019) WESTERN MARQUETTE COUNTY	HEALTH FOUNDATION	38-3040125	Page 2
	Statement of Program Service Ac Check if Schedule O contains a res	complishments	rt III	
1	Briefly describe the organization's mission: To provide funding for health and wellness solution			
2	Did the organization undertake any significant prog the prior Form 990 or 990-EZ?		e not listed on Yes	X No
3	Did the organization cease conducting, or make sign services?		Yes	X No
4	Describe the organization's program service accomexpenses. Section 501(c)(3) and 501(c)(4) organizative total expenses, and revenue, if any, for each present the total expenses of the total expenses.	ations are required to report the amount	of grants and allocations to others	,
4a	The Western Marquette County Health Foundation non-profit agencies. Grant applications will be reviefunding provided to those applications that seek to Success will be determined based on individual prosustainability. Grants for operational costs will received the average size is expected to request, however the average size is expected to reaccepted, based on board approval of progress	will provide funding in the form of grant ewed bi-annually on a competitive basis, enhance health and wellness in the regoposals, impact on the community, and ive low priority. Grant size varies based ange from \$1,000-\$10,000. Multi-year greports.	s to with ion. on rants will	
4b	) (Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	: (Code:) (Expenses \$	Including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule O.	)		
u	(Expenses \$ 0 including gran	its of \$ 0 ) (Revenue	9 \$ 0 )	
4e	Total program service expenses	239,146		

Par	t IV Checklist of Required Schedules	120		ugo C
			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	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	İ	ļ	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? 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? If "Yes,"			l
_	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Fettigaes.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		2.00	4.9
_	VII, VIII, IX, or X as applicable.		131	12.25
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	١	١.,	
l.	Schedule D, Part VI	11a	X	ļ
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	l		.,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	الما	ŀ	
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	ļ	X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	44.1		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's departed of consolidated inhancial 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		<sub>v</sub>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		X
ILU	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,"	120		<del>  ^-</del>
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<sub>v</sub>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	170		_^_
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	· · · ·		<u> </u>
	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			<u> </u>
	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		Х
20a		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	χl	

	Checklist of Required Schedules (Continued)		V	M-
	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
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	24a		X
b		24b		Χ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
٨	to defease any tax-exempt bonds?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	251		V
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
00	persons? If "Yes," complete Schedule L, Part III		120	<u>^</u>
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	TO RECEIVED	1.2290200025590	1274 MERCHENNA
-	If"Yes." complete Schedule L., Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		,
	If"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive more than \$25,000 in hon-cash contributions? If the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			\
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b		256		
••	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18	200	
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		2.0	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	

Enter the number of amployeas reported on Form W-3, Transmittal of Wage and Tax Statements, fliel for the calendar year ending with or within the year covered by this return  2 1 2 3 3 3 4 3 5 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	10 120		ugo <b>o</b>
Statements, field for the calendar year ending with or within the year covered by this return 2a 1 2b X but fat least on learned and in the 2a, did the organization file all required deer entemployment tax returns? 2b X but for the sum of lines 1a and 2a is greater than 250, you may be required to e-the, (see instructions) 3b 2d X bit fives," has it filed a Form 990-T for this year? If No? to time 3b, provide an explanation or Schedule O. 3b X and A can't moduring the poars of the provided in the 1a form of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of year of the year of year of the year of the year of the year of year of the year of year of the year of year of the year of year of the year of year of the year of y				Yes	No
b If at least one is reported on line 2e, did the organization file all required federal employment tax returns?  Note: If the sum of lines a land 2a is greater than 250, you may be required to e-file. (See instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a filancial account in a foreign country (seud has a benk account, accurition account, or other authority over, a filancial account in a foreign country (seud has a benk account, accurition secount, or other authority over, a filancial accountry)  5b If "Yes," enter the name of the foreign country   Power or the second in the second in the comparization at party to a prohibited tax shalter transaction at any time during the tax year?  5c Bentructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry (Fin Power or the second in Fin Power or the second in the organization in the organization that it was or is a party to a prohibited tax shalter transaction?  5b If "Yes," did the organization file Form 889-17?  6c Does the organization self with the organization file Form 889-17?  6c Does the organization self with the organization file Form 889-18.  6c Julia (In Power or tax deductible or the party or the organization self under the power on tax deductible ac charity or the organization self under the power of the value of the goods or services provided?  6c Julia (In Power organization self under the power or the value of the goods or services provided?  6d If "Yes," indicate the number of Forms 8282 filed during the year.  6d Julia the organization self, exchange, or otherwise dispose of langible personal property for which it was required to file Form 889-18, or out the party of the organization self contribution of qualified intellectual property, did the organization file Form 189-18.  6d Julia the organization self, exchange, or o	2a				190
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to <i>-title</i> , (soo instructions) 3					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a A 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 (seed has a bank account, securities account, or other financial accountry?  5b If "Yes," enter the name of the foreign country to the sa bank account, securities account, or other financial accountry?  5c Was the organizations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886-17?  5d Does the organization severa on tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible?  6d Did the organization that may receive deductible contributions under section 170(c).  5d Did the organization that may receive deductible contributions under section 170(c).  5d Did the organization that may receive deductible contributions under section 170(c).  5d Did the organization that may receive deductible contributions under section 170(c).  5d Did the organization that may receive deductible contributions under section 170(c).  5d Did the organization exceive a payment in excess of \$75 made partity as a contribution and party for goods and sortices provided to the payor?  7d Did the organization receive and payment in excess of \$75 made partity as a contribution and party for goods and sortices provided to the payor?  7d Did the organization receive and payment in excess of \$75 made partity as a contribution and party for goods and sortices provided to the payor?  7d Did the organization receive	b				
b If "Yes," has it filed a Form 990-T for this year? If "Yes" to line 3b, provide an explanation on Schedule O.  A can yit me 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)?  If "Yes," after the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a proribiled tax shelter transaction at any time during the tax year? . 55	_				330
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 foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country by See instructions for filling requirements for FHCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelfar fransaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfar transaction at any time during the tax year?  5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any outhbullones that were not tax deductable as charitable contributions?  5 c Did the organization solicit any contributions that were not tax deductable as charitable contributions?  6 c Did the organization solicit any contributions under section 170(e).  a Did the organization solicit any contributions under section 170(e).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 d Did the organization solicy exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  b If "Yes," findicate the number of Forms 6282 filed during the year.  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 f E X Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 f Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  10 bid the sponsoring organization make any taxable distributions under				L	X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  By a financial account in a foreign country > See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prorhibited tax shelter transaction at any time during the tax year?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  By Did any taxable party notify the organization file Form 8886-17.  Does the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction?  By If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible a contribution and express statement that such contributions or grifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  By If "Yes," (did the organization notify the donor of the value of the goods or services provided?  If "Yes," (did the organization notify the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 6282 filed during the year.  If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization sell and the very and that she the year of the organization file Form 8283 as equired?  If the organization sell and the year pay premiums, directly or indirectly, on a personal benefit contract?  To bid the organization sell exceed a contribution of qualified intellectual property, did the organization file Form 8283 as equired?  If the organization received a contribution of acts, best aphrases, or other vehicles, did the organization file Form 8284 as equired?  If the organiza	_		3b		
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  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.).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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.  The organization receive any payments for Indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14a					
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sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Bection 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  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.).  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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.  Enter the amount of reserves on hand.  Senter the amount of reserves on hand.  The image of the provide an explanation on Schedule O.  The image of the provide an explanation on Schedule O.  The image of the provide an explanation on Schedule O.  Senter the amount of reserves on hand.  Senter the amount of reserves on hand.  The image of the provide an explanation on Schedule O.  The provide an explanation on Schedule O.  The provide an explanation on Schedule O.  The provide an explanation on Schedule O.  The provide an explanation on Schedule O.  The provide an explanation on Schedule O.  The provide an explanation on Schedule O.  The provide an explanation on Schedu				300.00	e de
9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractutions and file Form 4720, Schedule N.  10 Did the sponsoring organization and subtraction is section 4968 excise tax on net investment income?  9 Did the sponsoring organization make any taxable distributions under section 4966 excise tax on net investment income?  9 Did the sponsoring organization make any taxable distributions under section 4966 excise tax on net investment income?  9 Did the sponsoring organization make any taxable distributions under section 4968 excise tax on net investment income?  9 Did the sponsoring organization make any taxable distributions under section 4968 excise tax on net investment income?  9 Did the sponsoring organization in selucation is listributions for additional institution subject to the section 4968 excise tax on net investment income?  10 Did the organization and educational institution subject to the section 4968 excise tax on net investment income?  11 Did the organization and educational institution subject to the section 4968 excise tax on net investment income?  12 Did the organization and educational institution subject to the section 4968 excise tax on net investment income?	·		1		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	9			20140	03.76
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12.  Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  Tob  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.).  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Be 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.  Ce Enter the amount of reserves on hand.  13b  Enter the amount of reserves on hand.  13c  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14a  Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year.  15  X  If "Yes," see instructions and file Form 4720, Schedule N.					
10 Section 501(c)(7) organizations. Enter:   Inlitiation fees and capital contributions included on Part VIII, line 12.			-		
a Initiation fees and capital contributions included on Part VIII, line 12	10		100	100	or po
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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.  13a  13b  13b  13c  14a  14a  15c  15d  17e  17e  17e  17e  17e  17e  17e  17	b		1		
a Gross income from members or shareholders				19.13	-1.0
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	а				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		against amounts due or received from them.)		11,50	
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year.  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		CONTRACTORISM	~mexicon
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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.  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year.  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  13a  13a  13a  13a  13b  13b  13b  13b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		11.00	25.04
a Is the organization licensed to issue qualified health plans in more than one state?	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.		2.6	
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
Did the organization receive any payments for Indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<ul> <li>Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year</li></ul>	b ·	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
excess parachute payment(s) during the year					
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			15	į	Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
PARTY OF PROPERTY OF PROPERTY OF THE PROPERTY				HENRY .	
		If "Yes," complete Form 4720, Schedule O.	10	3653	70.0

Sect	ion A. Governing Body and Management			
		overzioù de	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1c	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	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			
ra	one or more members of the governing body?	7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		х
•	Did the organization contemporaneously document the meetings held or written actions undertaken during	Market		
8				
_	the year by the following: The governing body?	8a	X	CONSTRUCTION.
a	Each committee with authority to act on behalf of the governing body?	8b	X	_
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		١	
Seci	ion B. Policies (This Section B requests information about policies not required by the internal revolution	O C G G	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<del>  ^`</del>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	material
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del>                                     </del>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<del>  ^</del> -	$\vdash$
С	describe in Schedule O how this was done	12c	x	
40	Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14				2014
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?	15a	X	\$40.0km
а	The organization's CEO, Executive Director, or top management official.	15b	X	<del>                                     </del>
b	Other officers or key employees of the organization	130		100000
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0	,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		<b>******</b>
	with a taxable entity during the year?	16a	\$50000.0	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	466		Manual
	the organization's exempt status with respect to such arrangements?	16b	J	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI	501/-		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	30 I (0	,	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	A.		
	Own website Another's website X Upon request Other (explain on Schedule C			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	лісу,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PAM CHRISTENSEN 906-204-7410		<b>-</b>	
	910 US 41 WEST, SUITE B, ISHPEMING, MI 49849			

Form 990 (2019) WESTERN MARQUE	TTE COUN	TY HEALTH FOL	JNDA	ATIC	N					38-3040 <sup>-</sup>	125 Page <b>7</b>
Part VII Compensation of Off			es, l	<b>Key</b>	En	npl	oyee	s, I	lighest Comp	ensated	
Employees, and Inde	pendent (	Contractors						_			,
Check if Schedule O c											<u> L.</u>
Section A. Officers, Directors, T											<del></del>
<b>1a</b> Complete this table for all persons recorganization's tax year.	quired to be	listed. Report co	mpei	nsat	ion 1	for t	the ca	len	dar year ending	with or within the	)
List all of the organization's currer	nt officers, d	irectors, trustees	(wh	ethe	r ind	divid	duals	or c	rganizations), re	gardless of amo	unt
of compensation. Enter -0- in columns (D									ć III.	0	
<ul> <li>List all of the organization's current</li> <li>List the organization's five current</li> </ul>	n key empic highest cor	nnensated empl	e insi	ruct s (ot	ions her	tha	deiin n an d	itior affic	i of "key employ er, director, trust	ee." 'ee or kev empl	avaa)
who received reportable compensation (l	Box 5 of For	m W-2 and/or B	ox 7	of Fo	orm	109	99-MI	SC)	of more than \$1	00,000 from the	oyee)
organization and any related organization											
<ul> <li>List all of the organization's forme</li> <li>\$100,000 of reportable compensation fro</li> </ul>	<b>r</b> officers, ke m the organ	ey employees, ar nization and any	nd hig relate	ghes ed o	t co rgan	mp niza	ensat tions.	ed e	employees who i	received more th	an
List all of the organization's forme	r directors	or trustees that	recei	ved,	in t	the	capac	city a	as a former direc	tor or trustee of	the
organization, more than \$10,000 of repor			e orga	aniz	atio	n ar	nd any	y rel	ated organizatio	ns.	
See instructions for the order in which to											
Check this box if neither the organize	ation nor an	y related organiz	ation	cor	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
						C)					
(A)		(B)	(do	not cl		ition more	e than o	one	(D)	(E)	(F)
Name and title		Average hours	ροx,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated amount
			01110			T S	or/trust <u>o</u> <u></u> ⊥		compensation from the	compensation from related	of other compensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	ey e	T ghes	Former	organization (W-2/1099-MJSC)	organizations (W-2/1099-MISC)	from the organization and
		related organizations	ctor la	l di	"	큫	yee yee	-	(	(1, 2, 1505 11,100)	related organizations
		below	rust	1		yee	mpe				
		dotted line)	8	stee			Highest compensated employee				
				L	<u> </u>		eg.	L			
(1) PAM CHRISTENSEN		20.00				١					
FOUNDATION MANAGER		0.00	ļ	├—	Х	<u> </u>	<u> </u>	<u> </u>	18,755	0	
(2) TOM EDMARK PRESIDENT		1.00 0.00	x		х					_	
(3) PAM ROOSE		1,00	<del>  ^</del>	H	<u> </u>	-				0	
/ICF PRESIDENT		0.00	v		v					۸ ا	

Hamo and the	hours	offic	er en	d a c	liract	or/trust	00)	compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAM CHRISTENSEN	20.00	l								
FOUNDATION MANAGER	0.00	<u> </u>		Х	X			18,755	0	
(2) TOM EDMARK	1.00									
PRESIDENT	0.00	Х		Х					0	
(3) PAM ROOSE	1.00	1								
VICE PRESIDENT	0.00	X		X					0	
(4) KEITH LACOSSE	1.00					İ				
TREASURER	0.00	X		X					0	
(5) KORI TOSSAVA	1.00									
SECRETARY	0.00	Χ		X					0	
(6) BRIAN SHERIDAN										
DIRECTOR	0.00	X							0	
(7) AMY CLICKNER						i				
DIRECTOR	0.00	X							0	
(8) KEVIN PIGGOTT, MD										
DIRECTOR	0.00	X							0	
(9) PAUL BONETTI	1.00									
DIRECTOR	0.00	Х							0	
(10) BARB MEYER	1.00						ı			
DIRECTOR	0.00	X							0	
(11) DEB PELLOW	1.00									
DIRECTOR	0.00	X							0	
(12)										
(13)										
(14)										

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em <sub>l</sub>	oloye	es,	and	Hi	ghes	t Co	mpensated Em	ployees (con	tinuea	)	
(C) Position										ļ			
	(A)	(B)			ieck	more	than c		(D)	(E)	_	(F)	t
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation		stimated amo of other	unt
		per week							from the	from related organizations		compensation from the	n
		(list any hours for	dire	SE LE	Officer	y er	Highest co	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		rganization a	
		related organizations	or Ha	ona		Key employee	8 2	ľ			rela	ated organizat	tions
		below	Individual trustee or director	Institutional trustee		98	npen						
		dotted line)	Φ	e e			Highest compensated employee						
			ļ	_	<u> </u>		Ω.	_					
(15)				ļ		i							
(16)			-	┼		-					<del>  -</del>		
7.55													
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(23)						1							
(24)			<del>                                     </del>	<del>                                     </del>	t	<u> </u>							
ATTL.			1										
(25)								1					
			l		L.	<u> </u>	<u> </u>	Ļ	40.755				
1b	Subtotal			•		•		<b>P</b>	18,755 0		0		0
C	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).								18,755		<del> </del>		0
<u>d</u>	Total number of individuals (including but not li	mited to those lis	sted a	abov	/e) \	vho	rece	ived			<u> </u>		
_	reportable compensation from the organization				,								0
											Filtrana	Yes	100,000,000
3	Did the organization list any former officer, dire	ector, trustee, ke	y em	ploy	/ee,	or l	highe	st c	ompensated				
	employee on line 1a? If "Yes," complete Sched										3	3 2005 - 2006 (1)	X
4	For any individual listed on line 1a, is the sum	of reportable cor	npen	sati	on a	ind	other	cor	npensation from				
	the organization and related organizations great	ater than \$150,0	00? /	f "Y	9S,"	con	npiete	e So	chedule J for suc	rn			X
	individual				•		 احتاجا	•		uldual	2370	198336	
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensatio	on tro	m a	ny ι <i>I for</i>	ınre	lated ch no	org real	anization or inui	viduai		1 1	X
800	tion B. Independent Contractors	es, complete si	criedi	uie c	, 101	Sur	on po	1301	7	· · · · · ·			
1	Complete this table for your five highest compe	ensated indepen	dent	con	trac	tors	that	rec	eived more than	\$100,000 of			
	compensation from the organization. Report co	mpensation for	the c	aler	dar	yea	ar end	ding	with or within th	e organizatio	ı's tax	year.	
	(A)								(B)		Com	(C) pensation	
	Name and business add	Iress						-	Description of ser	vices	Com	pensation	0
								┢					0
								+-					0
								T					0
					_	_						Description of the last of the	0
2	Total number of independent contractors (inclu		ted to	o the	ose	liste	d ab			V			
	more than \$100,000 of compensation from the	organization	<u> </u>					0	<del></del>			000	

e Total. Add lines 11a-11d . .

Total revenue. See instructions. . . . . . . . . .

12

Par	rt VIII	Statement of Reven	IIIA						33.33.13	
		Check if Schedule O co		a respor	se or	note to any line i	in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512–514
S &	1a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	(	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
0, 5	С	Fundraising events			1c	(			14.6	, 18 B. B. B. B. B. B. B. B. B. B. B. B. B.
iffs TA	d	Related organizations			1d		)			
9,8	е	Government grants (contrib			1e	<u> </u>	)			
S is	f	All other contributions, gifts			İ					
e e		similar amounts not include			1f	<u> </u>				
重点	g	Noncash contributions inclu			1.	1.				
20.00	١.	lines 1a–1f			_1g				10.7	
	h	Total. Add lines 1a-1f	· ·		• •	Business Code	0			and the state of
Q)	2a					Business Code			1	
⋛ ૣ	Ι.						0			
Program Service Revenue	C						1 0			
E	d						1 0			
200	e						0	<del> </del>		
ē	f	All other program service re					0			
	g	Total. Add lines 2a-2f					0	male of the second of the second of the second		
	3	Investment income (includir	ng divi	dends, in	terest	i, and		3-10-1349-0-149-9-10-12-0-1-12-0-1-1-1-1-1-1-1-1-1-1-1-1-	A SAN CONTRACTOR OF STREET OF STREET	
	other similar amounts)					236,077			236,077	
	4	Income from investment of					0			
	5	Royalties	<u></u>			<b>.</b>	0			
	l .	_		(I) Rea	al	(ii) Personal			1	
	6a	Gross rents	6a				1			
	b	Less: rental expenses .	6b				4.5			
	C	Rental income or (loss)	6c		0	0				
	d 7a	Net rental income or (loss) . Gross amount from	<del>' ' '</del>	(i) Securi	tioe	(li) Other	0		7100007 #1 6430pa6 * 4000pa6 7400b	NAME OF BUILDING
	1a	sales of assets		(I) Gecan	1100	(II) Other				
		other than inventory	7a		0	n				
φ	b	Less: cost or other basis				-				
en		and sales expenses	7b		o	0				
Şev	С	Gain or (loss)	7c		0	0				
Other Revenue	d	Net gain or (loss)					0		NC 1940 045115 TO 104 TO 5118015 CT	THE RESERVE AND ASSESSED OF
Ę	8a	Gross income from fundrais	ing				1.1	10	14 14 17 17 18	
٠ ا		events (not including \$		0						
		of contributions reported on					1000			
	<b>L</b>	See Part IV, line 18			8a	27,370				
	b	Less: direct expenses Net income or (loss) from fu			8b	19,777 •	7.500		An or the second	
	c 9a	Gross income from gaming			<u>.s</u>	<u> </u>	7,593			Section and the second
	Ja	See Part IV, line 19			9a	0		100 682		a part 14
	b	Less: direct expenses			9b	0				10
		Net income or (loss) from ga					0			
	10a	Gross sales of inventory, les			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
		returns and allowances			10a	0				
	b	Less: cost of goods sold			10b	0				
	_с	Net income or (loss) from sa					0,			rumarini di di 1881 1882 d
z T		****				Business Code				
Scellaneous Revenue	11a	OTHER			[		0			
Revenue	b						0			
اچ ۋ	С						0			
7 T	d	All other revenue					0			

243,670

236,077

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c									
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	domestic governments. See Part IV, line 21	239,146	239,146							
2	Grants and other assistance to domestic				1.0					
	individuals. See Part IV, line 22	0								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,			40.755						
	trustees, and key employees	18,755		18,755						
6	Compensation not included above to disqualified				,					
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	0								
8	Pension plan accruals and contributions (include	_								
	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0		4 400						
10	Payroll taxes	1,490		1,490						
11	Fees for services (nonemployees):	_								
а	Management	0		1 001						
b	Legal	1,284		1,284						
C	Accounting	3,688		3,688						
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	22,711		22,711						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	221		221						
12	Advertising and promotion	2,235		2,235						
13	Office expenses	8,433		8,433						
14	Information technology	3,049		3,049						
15	Royalties	0		0.000						
16	Occupancy	3,900		3,900						
17	Travel	0								
18	Payments of travel or entertainment expenses	1								
	for any federal, state, or local public officials	0		0.000						
19	Conferences, conventions, and meetings	2,022		2,022						
20	Interest	0								
21	Payments to affiliates	0		4.454	- 0					
22	Depreciation, depletion, and amortization	1,151		1,151 2,642	<del>                                     </del>					
23	Insurance	2,642		2,042						
24	Other expenses. Itemize expenses not covered			4.00						
	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.)	0.774		0 774	\$60.00 to \$10.00					
а	DUES & SUBSCRIPTIONS	3,771		3,771						
b		0								
C		0								
d		0								
е	All other expenses	011.100		75.050						
25	Total functional expenses. Add lines 1 through 24e	314,498	239,146	75,352	0					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs		1							
	from a combined educational campaign and									
	fundraising solicitation. Check here if									
	following SOP 98-2 (ASC 958-720)	L	<u> </u>	L	Farm <b>990</b> (2010)					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	K <i></i>		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-Interest-bearing	10,975	1	25,466
	2	Savings and temporary cash investments	185,183	2	115,558
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			190
		trustee, key employee, creator or founder, substantial contributor, or 35%		100	A COLUMN TO SERVICE
		controlled entity or family member of any of these persons	0		
	6	Loans and other receivables from other disqualified persons (as defined		1	a karana a karana a
"		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ş	8	Inventories for sale or use	0	8	
_	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 12,937			
	b	Less: accumulated depreciation 10b 1,408	7,374	10c	11,529
	11	Investments—publicly traded securities	6,984,702	11	8,419,798
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	21,596	15	21,939
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,209,830	16	8,594,290
	17	Accounts payable and accrued expenses	2,141	17	1,845
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
<u>8</u>	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
!	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			,
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	21,596	25	21,939
	26	Total liabilities. Add lines 17 through 25	23,737	26	23,784
es		Organizations that follow FASB ASC 958, check here ▶ X			
alances		and complete lines 27, 28, 32, and 33.		W. Sala	
	27	Net assets without donor restrictions	7,186,093	27	8,570,506
ш Ш	28	Net assets with donor restrictions	0	28	
<u>.</u> 5		Organizations that do not follow FASB ASC 958, check here ▶			
빝		and complete lines 29 through 33.			
S S	29	Capital stock or trust principal, or current funds	0	29	The state of the s
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund E	32	Total net assets or fund balances	7,186,093	32	8,570,506
Z	33	Total liabilities and net assets/fund balances	7,209,830	33	8,594,290

Form **990** (2019)

Form 9	90 (2019) WESTERN MARQUETTE COUNTY HEALTH FOUNDATION	38-3040	125	Page	12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		243,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		314,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-70,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		186,	
5	Net unrealized gains (losses) on investments	5	1,	<u>,455,</u>	<u> 241</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,	,570,	<u>506</u>
Part	XII Financial Statements and Reporting			г	-
-	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· _	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O.	To the state of th		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
Ŋ	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
	Indian on many or many artifacts		Form 9	90 (	2019)

# SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization
WESTERN MARQUETTE COUNTY HEALTH FOUNDATION

Employer identification number 38-3040125

Pa	Reason for Public Cha	rity Status (All o	rganizations must co	omplete t	his part	See instructions			
The	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1									
2									
3	A hospital or a cooperative ho		•		,,	ii\			
4	A medical research organizati				· · · · · · · · · · · · · · · · · · ·	•			
-7	hospital's name, city, and state		unction with a nospital		in section	1 170(b)(1)(A)(III). E	nter the		
5	An organization operated for t section 170(b)(1)(A)(iv). (Cor	nplete Part II.)					cribed in		
6	A federal, state, or local gover								
7	X An organization that normally described in section 170(b)(1	receives a substant )(A)(vi). (Complete	lal part of its support fro Part II.)	om a gove	ernmental	unit or from the gene	eral public		
8	A community trust described in	n section 170(b)(1)(	(A)(vi). (Complete Part	II.)					
9	An agricultural research organ or university or a non-land-grauniversity:	ization described in nt college of agricul	section 170(b)(1)(A)(i ture (see instructions).	x) operate Enter the	name, cit	y, and state of the co	ollege or		
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function its exempt function its income and unrelated to the income and unrelated its income.	ons—subject to certain ted business taxable ir	exception	ns, and (2) as section	no more than 33 1/ 511 tax) from busine	3% of its		
11	An organization organized and	l operated exclusive	ely to test for public safe	ety. See <b>s</b>	ection 50	9(a)(4).			
12	An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations de	escribed in <b>section 50</b> :	9(a)(1) or	section 5	09(a)(2). See sectio	n 509(a)(3).	a.	
а	the supported organization( organization. You must co	s) the power to regumplete Part IV, Sec	ularly appoint or elect a ctions A and B.	majority	of the dire	ctors or trustees of t	he supporting		
b	Type II. A supporting organ control or management of the organization(s). You must	he supporting organ	ization vested in the sa	ion with its ame perso	s supporte ons that co	d organization(s), by ntrol or manage the	/ having supported		
С	Type III functionally integring its supported organization(s	ated. A supporting	organization operated	in connec	tion with, a	and functionally integ	grated with,		
d	Type III non-functionally in that is not functionally integr	ntegrated. A suppor rated. The organiza	rting organization opera tion generally must sat	ated in co isfv a disti	nnection w	vith its supported org	anization(s) tentiveness		
	requirement (see instruction	ns). You must com	plete Part IV, Sections	A and D	, and Part	<b>V.</b>			
е	Check this box if the organize functionally integrated, or T	zation received a wr	ritten determination from	m the IRS	that it is a	ı Type I, Type II, Typ	e III		
f	Enter the number of supported						Г—	0	
g g	Provide the following information	n about the support	ed organization(s)				• • •		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see Instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount other support Instruction	(see	
					N.				
(A)				Yes	No				
(~)									
(B)									
(C)									
(D)									
(E)									
Total						0			

Schedule A (Form 990 or 990-EZ) 2019 WESTERN MARQUETTE COUNTY HEALTH FOUNDATION 38-3040

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.)

	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		40.77	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50	27,153	0	25,250	0	52,453	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	50	27,153	0	25,250	0	52,453	
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						52,453	
	Public support. Subtract line 5 from line 4			1,000			52,455	
	tion B. Total Support	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	27,153	0	25,250	0	52,453	
7	Amounts from line 4	50	27,103		20,200		02,100	
8	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from							
	similar sources	266,432	134,285	223,312	282,439	236,077	1,142,545	
9	Net income from unrelated business	-						
	activities, whether or not the business is							
	regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)		Constant Con	Tour day to provide the second			4 404 000	
11	Total support. Add lines 7 through 10			101		40	1,194,998	
	Gross receipts from related activities, etc. (se	ee instructions)				12		
13	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first, s	secona, tnira, tourt	n, or tittn tax year a	is a section 50 r(c)	(3)		
_								
	etion C. Computation of Public Su Public support percentage for 2019 (line 6, c			·f/)		14	4.39%	
14	Public support percentage for 2019 (line 6, 6)  Public support percentage from 2018 Sched	ulo A Part II line 1	ny mierri, columbri 1/1			15	65,06%	
10	33 1/3% support test—2019. If the organiz	ation did not check	the hoy on line 13	and line 14 is 33	1/3% or more, che	ck this box		
iva	and <b>stop here</b> . The organization qualifies as	s a publicly suppor	ted organization .				▶[	
b	33 1/3% support test-2018, If the organiz	ation did not check	c a box on line 13 c	or 16a, and line 15	is 33 1/3% or more	, check this	<b>&gt;</b> X	
	box and <b>stop here.</b> The organization qualified						· · · · · • [A]	
17a	7a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10%-facts-and-circumstances test—2018. If the organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		,	
	instructions						▶ [	
							- 000 000 EZ\ 2010	

Schedule A (Form 990 or 990-Ez) 2019 WESTERN MARQUETTE COUNTY HEALTH FOUNDATION 38-3040125

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.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						,
_	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3					1	
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000					]	
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	. 0
8	Public support (Subtract line 7c from		all the second		A Park Mark		
	line 6.)						0
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	<u> </u>					
	payments received on securities loans, rents,						
	royalties, and Income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				i		
	acquired after June 30, 1975				_		0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
40	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or						
<u> </u>	organization, check this box and stop here .						· · · · • <u> </u>
	tion C. Computation of Public Sup						
15 40	Public support percentage for 2019 (line 8, co	, ,,,	, ,	,,		15	0.00%
	Public support percentage from 2018 Schedution D. Computation of Investment			· · · · · · · · · · · · · · · · · · ·		16	0.00%
	tion D. Computation of Investmen						
	Investment income percentage for 2019 (line					17	0.00%
	Investment income percentage from 2018 Sc					18	0.00%
เซล	33 1/3% support tests—2019. If the organization many than 33 1/3% shock this box and s						, m
h	not more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the organize	-	•		-		▶ ∐
	line 18 is not more than 33 1/3%, check this t						<b>⊾</b> □
	Private foundation. If the organization did n						
	THE THEORY IS ALL AND A STATE OF THE STATE O	OLUNIOUS A DUX UIT I	196. LOG. UL 181	a common dues dues 21	iou see districtions		

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3a	REAL PROPERTY.	2000 ASSASSASSAS
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4b	NAME OF THE PERSON	
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Part	IV Supporting Organizations (continued)	<u></u>		age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ly i	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
Socti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
3600	on B. Type I Supporting Organizations		Van	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	The same of	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	PERSONAL PROPERTY.	TANKS (COS)
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		Showing	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.5		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	30.0	eria.	
Secti	on D. All Type III Supporting Organizations	1		
	on birth Type in dapporting diguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (lii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	·······································	THE WAY STATE OF
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			100
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			24
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		1.12	
Socti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3	l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr		-1	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	uctions	s).	
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 <b>Part VI</b> how you supported a government entity (see	instruct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			,
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	22.00.0		
	that these activities constituted substantially all of its activities.	2a	A SAME AND	ARREST .
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	26	ALS:	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	<b>NAME</b>	1332
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		TAKE IN S
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			(1)
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-1811000/99	::5552F

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	B A through E. (B) Current Year				
Section A - Adjusted Net Income	Section A - Adjusted Net Income						
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4	0	0				
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):			4				
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d	0	0				
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3	0	0				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
see instructions).	4	0	0				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0				
6 Multiply line 5 by .035.	6	0	0				
7 Recoveries of prior-year distributions	7	0	0				
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0				
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0				
2 Enter 85% of line 1	2		0				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4	0				
4 Enter greater of line 2 or line 3.	4		0				
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6		0				
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	organization (see				
instructions).							

Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)					
Section D - Distributions							
1 Amounts paid to supported organizations to accomplish exempt purposes							
organizations, in excess of income from activity							
	es of supported organiza	ations					
Amounts paid to acquire exempt-use assets							
Qualified set-aside amounts (prior IRS approval required)							
Other distributions (describe in Part VI). See instructions.							
Total annual distributions. Add lines 1 through 6.			C				
Distributions to attentive supported organizations to which the	ne organization is respor	nsive					
			0				
Line 8 amount divided by line 9 amount			0.000				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
Distributable amount for 2019 from Section C, line 6			0				
Underdistributions, if any, for years prior to 2019		The second of th					
(reasonable cause required—explain in Part VI). See							
instructions.	To the state of th						
Excess distributions carryover, if any, to 2019	0.930						
From 2014 0							
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	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemy organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019 From 2014	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is respon (provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distributions carryover, if any, to 2019  (reasonable cause required—explain in Part VI). See instructions.  From 2014	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions, Add lines 1 through 8.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019 From 2014.  Cream 2014.  O From 2015.  O Prom 2016.  O Prom 2017.  O Prom 2018.  Total of lines 3 at through e  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to 2019 distributable amount  Carryover from 2014 not applied (see instructions)  Remainder, Subtract lines 3g, 3h, and 3l from 3f.  O Applied to 2019 distributable amount  Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4 from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instruction				

Schedule A (F	orm 990 or 990-EZ) 2019 WESTERN MARQUETTE COUNTY HEALTH FOUNDATION	38-3040125	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a 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	t 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, li	ines 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	t V. Section E.	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	,	
	lines 2, 5, and 6. Also complete this part for any additional information, (oee instructions.)		
<b></b>			<b></b>
			,

### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

WESTERN MARQUETTE COUNTY HEALTH FOUNDATION

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

38-3040125

2019

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

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Employer Identification number** Name of organization WESTERN MARQUETTE COUNTY HEALTH FOUNDATION 38-3040125 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person **Payroll** Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country:

Name of organization
WESTERN MARQUETTE COUNTY HEALTH FOUNDATION

Semployer identification number
38-3040125

Part II	Noncash Property (see instructions). Use duplicate	e copies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
,		  \$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
i) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$   \$	
i) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of org	ganization I MARQUETTE COUNTY HEALTH FOUNDATION	<u> </u>			Employer identification number 38-3040125		
Part III	Exclusively religious, charitable, etc., contrib (10) that total more than \$1,000 for the year fr the following line entry. For organizations comple contributions of \$1,000 or less for the year. (Ent Use duplicate copies of Part III if additional space	outions to om any o eting Part ter this info	ne contributor. Con III, enter the total of a ormation once. See in	nplete col e <i>xclusivei</i>	section 501(c)(7), (8), or umns (a) through (e) and /y religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(	d) Description of how gift is held		
	Transferee's name, address, and ZIP +		ransfer of gift Relatio	onship of	transferor to transferee		
	For. Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(	d) Description of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and ZIP +	4	Relatio	onship of	transferor to transferee		
	For, Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(	d) Description of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and ZIP +	transferor to transferee					
(a) No.	For. Prov. Country						
from Part I	(b) Purpose of gift	(c)	Use of gift	(	d) Description of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, and ZIP +	4	Relatio	onship of	transferor to transferee		
	For, Prov. Country						

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **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.

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.

2019

Open to Public

Employer Identification number

WESTERN MARQUETTE COUNTY HEALTH FOUNDATION 38-3040125 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . 1 Addregate value of contributions to (during year) . . 2 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Yes 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 Part II 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 2 easement on the last day of the tax year. 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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: 

Assets included in Form 990, Part X.

Part	Complete if the organization answe		990, Part IV, line 11a	a. See Form 990, Pa	rt X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		C
b	Buildings	0	0	0	C
C	Leasehold improvements	0	0	0	(
d	Equipment	0	12,937	1,408	11,529
е	Other	0	0	0	C
	Add lines to through to (Column (d) must o	aual Form 000 Part Y	column (R) line 10c )	<b>&gt;</b>	11 529

Part VII	Investments—Other Securities. Complete if the organization answered "	Ves" on Form 990	Part IV line 11b See Form 9	90. Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of val	uation:
	(including name of security)		Cost or end-of-year m	arket value
	al derivatives	0		
	held equity interests	0		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII	Investments—Program Related.			
I dit viii	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	luation:
			Cost or end-or-year n	larket value
(1)				
(2)				
(3)				
(4)			-	
(5)				
(6)				
(7)				
(8)				
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0		
Part IX	Other Assets			
T dit ix	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 9	990, Part X, line 15.
	(a) Descr			(b) Book value
(1)				·
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
_(5)				
_(6)				
(9)	lumn (b) must equal Form 990, Part X, col. (B) I	lino 15 l	· · · · · · · · · · · · · · · · · · ·	0
		mie 10.)		<u> </u>
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
	line 25.	otion of liability		(b) Book value
1.		don or hability		0
	al income taxes Baby Custodial Certifiicates of Deposit			21,939
	saby Custodiai Certificates of Deposit			
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Co	lumn (b) must equal Form 990, Part X, col. (B)	line 25.)		21,939
2 Liability	for uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the	organization's financial statements the	nat reports the
organizatio	n's liability for uncertain tax positions under FASB A	SC 740. Check here if th	e text of the footnote has been provi	ded in Part XIII

Schedule D (Fo		MARQUETTE COUNTY HEA	ALTH FOUNDATION	38-3040125	Page <b>5</b>
Part XIII	Supplemental Inform	nation (continued)			
				·	
			·		•
					·
					·

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

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Employer Identification number

	FERN MARQUETTE COUNTY HEAD	LIH FOUNDATI	ON			38-302	
Par					ered "Yes" on For	m 990, Part IV, li	ne 17.
1	Form 990-EZ filers are no Indicate whether the organization re	i required to co	unh anv of	the followin	g activities. Check a	all that apply	
ı a	Mail solicitations	alseu fullus tillo			f non-government g		
b	Internet and email solicitations				f government grants		
C	Phone solicitations				raising events		
d	In-person solicitations		- —	•	•		
2a	Did the organization have a written	or oral agreeme	nt with any	/ individual	(including officers, d	irectors, trustees,	
	key employees listed in Form 990,	Part VII) or entity	y in connec	ction with pr	ofessional fundraisi	ng services?	Yes No
b	If "Yes," list the 10 highest paid ind		es (fundrais	sers) pursua	ant to agreements u	nder which the fund	Iraiser is to be
	compensated at least \$5,000 by the	e organization.					
		<del></del>					
	(i) Name and address of individual	/11\ A =41.44.		ndralser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(II) Activity		or control of butions?	from activity	fundraiser listed in col. (i)	organization
-			Yes	No			
1					0	0	0
2					0	0.	
			<u> </u>		0	0	0
3					0	0	0
4					0	0	0
5			-				
6					0	0	0
7				-	0	0'	0
					0	0	0
8					o	0	0
9					0	0	0
10							
			<u> </u>		0	0	0
Total			<u>.</u>	▶	0	0	0
3	List all states in which the organiza	ition is registered	d or license	d to solicit	contributions or has	been notified it is e	xempt from
	registration or licensing.						

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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through col. (c)) **GOLF CLASSIC** RD INDOOR BIKE RA 1 (event type) (event type) (total number) Revenue Gross receipts . . . . 12,283 775 14,312 27,370 Less: Contributions . . . 0 0 Gross income (line 1 minus line 2) . . . . . . . . . 12,283 775 14,312 27,370 Cash prizes . . . . . 0 Noncash prizes . . . . . 3,038 2,932 0 5,970 Direct Expenses Rent/facility costs . . . . 3,293 0 3,293 Food and beverages . . . 3,293 461 3,754 Entertainment . . . . . 0 0 Other direct expenses . . 2,390 2,619 1,751 6,760 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . . . . . . . . . . . . . 19,777) Net income summary. Subtract line 10 from line 3, column (d) . . . . . . 11 7,593 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant bingo/progressive bingo (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) Gross revenue . . . . . 0 Direct Expenses Cash prizes . . . . . . 0 Noncash prizes . . . . . 0 Rent/facility costs . . . . 0 Other direct expenses . . Yes % Yes Yes Volunteer labor . . . . 6 No Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: 9 If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . Yes If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2019 WESTERN MARQUETTE COUNTY HEALTH FOUNDATION 38-3040125 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization  \$\int \text{\text{0}} and the
	amount of gaming revenue retained by the third party > \$ 0
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$0
	Description of services provided
	Director/officer Employee Independent contractor
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
Par	

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answere

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Open to Public 2019 OMB No. 1545-0047

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

Inspection Employer identification number

38-3040125

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NDATION	and Assist
ALTH FOUN	Information on Grants and Assistance
OUNTY HE	rmation o
WESTERN MARQUETTE COUNTY HEALTH FOUNDATION	Seneral Info
WESTERN M	Part

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part

space is needed.	
ace is needed	
ated if additional spa	(f) Method of value (a)
that received more than \$5,000. Part II can be duplicated if additional space	
more than \$5,000.	
ient that received n	20 Cal (-)
, for any recip	1 13
990, Part IV, line 21	1 (a) Name and address of casacianismissing

	•			artin carino artino	ביישמים וו מתמומו של שנים וו הכתכת.	sec is received.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Bear Center at NMU	38 6000000	50123	2. 2. 0. 0.				BAH Program
יייייייייייייייייייייייייייייייייייייי	L	3	000,14				
(2) Blue Cross Blue Shield of MI Foun	38 2338508	504	7				Matching Grant for
COO EN ALEITE E BLVD ANZO DETR	-	3100	000,61				or nesearch initiative
(3) Cancer Care of Marquette County		6	1				Fall 2019 Grant for
100 W KAYE MAKCUELLE, MI 49855	38-2251717	50103	5,000				Cancer Patient
(4) Ishpeming Public Schools							School year 2019/2020
319 EAST DIVISION STREET ISHPER	38-6002599	501c3	12,500				Grant
(5) Ishpeming Ski Club							Fall 2019 Grant for Ski
PO BOX 127 ISHPEMING, MI 49849	38-1783634	501c3	000'9				Jumping Equipment
(6) Mgt Co Health Dept -MC2							2019 WEHF Golf
184 US 41 EAST NEGAUNEE, MI 498	38-6004869	115	15,220				Classic Revenues
(7) Negaunee Public Schools							School year 2019/2020
101 S. PIONEER AVE NEGAUNEE, M	38-6002593	501c3	12,500				Grant
(8) NICE Community Schools							School year 2019/2020
300 N. WESTWOOD DRIVE ISHPEMI	38-1982096	501c3	14,000				Grant
(9) Partridge Creek Farm							Summer 2019 Growing
112 S MAIN ISHPEMING, MI 49849	46-3382040	501c3	5,000				Season-Spring 2019
(10) Republic Michigamme Schools							School year 2019/2020
227 MAPLE STREET REPUBLIC, MI	38-6002605	50103	12,500				Grant
(11) Superior Health Foundation							Non Emergency
121 NORTH FRONT ST MARQUETTE	20-3615349	501c3	15,500				Medical Transportation
(12) UP Children's Therapy							Athletic Training Grant
600 US 41 NEGAUNEE, MI 49866	82-1798559	501c3	12,750				2019/2020 School

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

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

Schedule I (Form 990) (2019)

:

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38-3040125

Schedule I (Form 990) (2019)

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. Part III

Schedule I (Form 990) (2019)						ĺ
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litional information.	the information required in Part I, line 2; Part III, column (b); and any other additional information.	e 2; Part III, column	required in Part I, lin	e the information	Part IV Supplemental Information. Provide	<u>_</u> _
						۵ (
						١.,
						١
						l _
(f) Description of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of noncash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance	

# Continuation Sheet for Schedule I (Form 990)

Employer identification number

Teal Lake Swim 2019 Matching Funds (h) Purpose of grant or assistance 38-3040125 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (e) Amount of non-cash assistance 25,363 (d) Amount of cash grant (c) IRC section (if applicable) 50103 WESTERN MARQUETTE COUNTY HEALTH FOUNDATION 38-1957176 (p) EIN 1025 COLES DRIVE STE B MARQUETTE, M (a) Name and address of organization or government (14) (13) UPDON (29) (15) (26) (22) (18) (25) (16) (17) (13) (20) (21) (23) (24)

orm 990)
<u></u>
Sheet for Schedule I
Continuation

Name of the organization  WESTERN MARQUETTE COUNTY HEALTH FOUNDATION  Part III Continuation of Grants and Other Assistance (a) Type of grant or assistance recipients cash grant non-cash assistance (b) Number of cash grant non-cash assistance (b) Number of cash grant non-cash assistance (b) Number of cash grant non-cash assistance (b) Number of cash grant non-cash assistance (c) Amount of non-cash assistance (d) Amount of non-cash assistance (e)	NC Sector				Employer identification number 38-3040125
	interior to Ind				27.00.00
]		ividuals in the Uni	ted States		
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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25					
26					

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

WESTERN MARQUETTE COUNTY HEALTH FOUNDATION	38-3040125
Form 990, Part VI, Section A, Line 7A: The Michigan Attorney General reserves the right to	
elect or appoint members to the governing Board.	
Form 990, Part VI, Section B, Line 11A: Form 990 was presented to the Board of Directors for	
review prior to being submitted to the IRS. Questions and comments were solicited from the	
Board of Directors to ensure completeness and accuracy of the form.	
Form 990, Part VI, Section B, Line 12C: Board members are required to review and sign conflict	
of interest disclosures annually. The Organization's legal counsel reviews these disclosures	
to ensure policy compliance. If it is determined that a conflict of interest exists, the board	
member must remove himself or herself from all discussions of the matter and abstain from	
voting on the matter.	
Form 990, Part VI, Section C, Line 19: Consistent with requirements of the Internal Revenue	
Code, the Organization makes its Form 990 and Form 1023 available upon request.	·
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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Employer identification number
WESTERN MARQUETTE COUNTY HEALTH FOUNDATION	38-3040125