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PUBLIC DISCLOSURE COPY



Rehmann Robson LLC

570 Seminole Rd.
Suite 200
Muskegon, MI 49444
P: 231.739.9441
F: 231.733.0031
rehmann.com

August 29, 2016

Ms. Christine McGuigan
Community Foundation for Muskegon County
425 Western Avenue No. 200
Muskegon, MI 49440-1101

Dear Chris:

Enclosed is the 2015 Exempt Organization return, as follows...

2015 Form 990

Instructions for filing the above form are furnished for easy reference. Your copy should be retained for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

David F. Gerdes, CPA
Rehmann Robson LLC

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
December 31, 2015

| | |
|--|--|
| Prepared for | Ms. Christine McGuigan Community Foundation for Muskegon County 425 Western Avenue No. 200 Muskegon, MI 49440-1101 |
| Prepared by | Rehmann Robson LLC 570 Seminole Rd Ste 200 Muskegon, MI 49444 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed. |

Form **990**

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 425 WESTERN AVENUE 200 City or town, state or province, country, and ZIP or foreign postal code MUSKEGON, MI 49440-1101 F Name and address of principal officer: CHRIS MCGUIGAN 425 W. WESTERN AVE., SUITE 200, MUSKEGON, MI | D Employer identification number 38-6114135 E Telephone number (231) 722-4538 G Gross receipts \$ 31,189,639. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.CFFMC.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1961 | | M State of legal domicile: MI |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: BETTER THE LIVES OF AREA RESIDENTS THROUGH INVESTING AND ADMINISTERING GIFTS AND BEQUESTS AND 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 57 6 Total number of volunteers (estimate if necessary) 6 250 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------|--------------|---|---------------------|--|--------------------|--|---------------------|---|-----------|--|--|---|-------------------|---|--------------------|--|--------------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 15,165,887. 18,951,417. 9 Program service revenue (Part VIII, line 2g) 405,762. 398,114. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,364,966. 3,727,218. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 275,160. 143,328. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37,211,775. 23,220,077. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,418,223.</td> <td>7,389,065.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4) 0.</td> <td>0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,408,274.</td> <td>1,591,919.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e) 0.</td> <td>0.</td> </tr> <tr> <td> b Total fundraising expenses (Part IX, column (D), line 25) ▶ 562,307.</td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,120,796.</td> <td>2,663,762.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,947,293.</td> <td>11,644,746.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12 25,264,482.</td> <td>11,575,331.</td> </tr> </tbody> </table> | Prior Year | Current Year | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,418,223. | 7,389,065. | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,408,274. | 1,591,919. | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 562,307. | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,120,796. | 2,663,762. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,947,293. | 11,644,746. | 19 Revenue less expenses. Subtract line 18 from line 12 25,264,482. | 11,575,331. |
| Prior Year | Current Year | | | | | | | | | | | | | | | | | | | |
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| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. | 0. | | | | | | | | | | | | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,408,274. | 1,591,919. | | | | | | | | | | | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. | 0. | | | | | | | | | | | | | | | | | | | |
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| 19 Revenue less expenses. Subtract line 18 from line 12 25,264,482. | 11,575,331. | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 156,575,533. 164,169,185. 21 Total liabilities (Part X, line 26) 17,910,946. 19,353,560. 22 Net assets or fund balances. Subtract line 21 from line 20 138,664,587. 144,815,625. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16) 156,575,533.</td> <td>164,169,185.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) 17,910,946.</td> <td>19,353,560.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 138,664,587.</td> <td>144,815,625.</td> </tr> </tbody> </table> | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) 156,575,533. | 164,169,185. | 21 Total liabilities (Part X, line 26) 17,910,946. | 19,353,560. | 22 Net assets or fund balances. Subtract line 21 from line 20 138,664,587. | 144,815,625. | | | | | | | | | | |
| Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | |
| 20 Total assets (Part X, line 16) 156,575,533. | 164,169,185. | | | | | | | | | | | | | | | | | | | |
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| 22 Net assets or fund balances. Subtract line 21 from line 20 138,664,587. | 144,815,625. | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

| | | |
|-------------------------------|---|------|
| Sign Here | Signature of officer CHRIS MCGUIGAN, PRESIDENT Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name DAVID F. GERDES, CPA Preparer's signature DAVID F. GERDES, CPA Date 08/29/16 Check if self-employed <input type="checkbox"/> PTIN P00185284 Firm's name ▶ REHMANN ROBSON LLC Firm's EIN ▶ 38-3635706 Firm's address ▶ 570 SEMINOLE RD STE 200 MUSKEGON, MI 49444 Phone no. 231-739-9441 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY IS TO BUILD COMMUNITY ENDOWMENT, EFFECT POSITIVE CHANGE THROUGH GRANTMAKING AND PROVIDE LEADERSHIP ON KEY COMMUNITY ISSUES, ALL TO SERVE DONORS' DESIRES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF OUR REGION,

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

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

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

4a (Code:) (Expenses \$ 3,043,504. including grants of \$ 2,164,087.) (Revenue \$) EDUCATION - PROVIDE SCHOLARSHIP SUPPORT FOR MUSKEGON COUNTY STUDENTS PURSUING POST-SECONDARY EDUCATION; PROVIDE EDUCATION GRANTS TO SUPPORT THE INCREASING NUMBER OF CAREER AND COLLEGE READY HIGH SCHOOL GRADUATES; IMPROVE STUDENT ACCESS TO HIGH QUALITY EXTENDED LEARNING PROGRAMS AFTER SCHOOL AND DURING THE SUMMER.

4b (Code:) (Expenses \$ 2,735,973. including grants of \$ 1,945,416.) (Revenue \$) HEALTH AND HUMAN SERVICES - ENCOURAGE PROGRAMS THAT MEET THE BASIC QUALITY OF LIFE NEEDS OF MUSKEGON COUNTY CHILDREN AND YOUTH; PROMOTE HEALTH PROGRAMS AND PROJECTS THAT INCREASE THE QUALITY OF HEALTH CARE AVAILABLE IN MUSKEGON COUNTY WITH EMPHASIS ON THE NEEDS OF LOW-INCOME FAMILIES AND CHILDREN; ENCOURAGE AND PROMOTE PROJECTS AND PROGRAMS THAT EMBRACE RACIAL DIVERSITY AND MULTICULTURALISM; PROMOTE HEALTHY LIFESTYLES THROUGH EDUCATION AND PREVENTION PROGRAMMING; SUPPORT EFFORTS THAT ADDRESS THE NEEDS OF CHILDREN FROM BIRTH THROUGH AGE SIX, INCLUDING QUALITY CHILD CARE; SUPPORT PROGRAMS THAT ENCOURAGE FAMILIES TO SUCCEED AND BECOME SELF-SUFFICIENT.

4c (Code:) (Expenses \$ 2,216,762. including grants of \$ 1,576,230.) (Revenue \$ 398,114.) ARTS - PRESERVE AND SUPPORT THE FRAUENTHAL CENTER FOR THE PERFORMING ARTS AS A SIGNIFICANT COMMUNITY RESOURCE; ENCOURAGE QUALITY ARTS PROGRAMMING THAT BENEFITS A DIVERSE AUDIENCE; IMPROVE ACCESS TO YOUTH FOCUSED CULTURAL PROGRAMS; PROMOTE FINANCIAL STABILITY AND ORGANIZATIONAL DEVELOPMENT FOR ART ORGANIZATIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,395,514. including grants of \$ 1,703,332.) (Revenue \$ 248,601.)

4e Total program service expenses 10,391,753.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 21 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 21 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ANN VANTASSEL - (231) 722-4538**
425 WESTERN AVENUE, NO. 200, MUSKEGON, MI 49440-1101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RICHARD W. PETERS, M.D. CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) SUSAN MESTON, PH.D. VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JAN DEUR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) WES EKLUND TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) AMY HEISSER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) CHARLES E. JOHNSON III TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) DICK KAMPS, M.D. TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) KATHLEEN TORRESEN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) MARVIN NASH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) DALE K. NESBARY, PH.D. TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) KATRINA OLSON, M.D. TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) KAY OLTHOFF TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) ASALINE SCOTT TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (14) MICHAEL SOIMAR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) ROGER SPOELMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) ALAN STEINMAN PH.D. TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) JOHN SYTSEMA TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KATHLEEN TYLER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) JAMES WATERS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) DEANNA R. BURT-JOHNSON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) THOMAS G. WITT TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) CHRIS A. MCGUIGAN PRESIDENT/SECRETARY | 40.00 1.00 | | | X | | | 169,060. | 0. | 26,670. | |
| (23) ANN VAN TASSELL VICE PRESIDENT FINANCE | 40.00 | | | X | | | 110,837. | 0. | 20,467. | |
| (24) ROBERT CHAPLA VICE PRESIDENT DEVELOPMENT | 40.00 1.00 | | | X | | | 107,837. | 0. | 8,315. | |
| 1b Sub-total | | | | | | | 387,734. | 0. | 55,452. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 387,734. | 0. | 55,452. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| HEIRLOOM CONSTRUCTION, LLC 407 E LOOMIS STREET, LUDINGTON, MI 49431 | CONSTRUCTION | 521,540. |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 18,951,417. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 927,949. | | | | | |
| | h Total. Add lines 1a-1f | | | 18,951,417. | | | | |
| Program Service Revenue | 2 a FRAUENTHAL CENTER FOR THE PERFORM | Business Code | 711190 | 398,114. | 398,114. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 398,114. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,621,945. | | | 3,621,945. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | | 105,273. | 105,273. | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | | |
| | | b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from fundraising events | | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | | |
| | b Less: cost of goods sold | | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a RENTAL REVENUE | | 531190 | 96,803. | 96,803. | | | | |
| b OTHER REVENUE | | 561000 | 46,525. | 46,525. | | | | |
| c | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | 143,328. | | | | | |
| 12 Total revenue. See instructions. | | | 23,220,077. | 646,715. | 0. | 3,621,945. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,810,385. | 5,810,385. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,578,680. | 1,578,680. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 443,184. | | 443,184. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 859,337. | 362,073. | 314,578. | 182,686. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 46,046. | 20,492. | 14,261. | 11,293. |
| 9 Other employee benefits | 147,951. | 37,429. | 85,761. | 24,761. |
| 10 Payroll taxes | 95,401. | 27,699. | 53,727. | 13,975. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 9,000. | | 9,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 3,000. | 3,000. | | |
| 12 Advertising and promotion | 45,534. | 16,033. | 12,190. | 17,311. |
| 13 Office expenses | 26,790. | 9,720. | 17,070. | |
| 14 Information technology | 9,984. | | 9,984. | |
| 15 Royalties | | | | |
| 16 Occupancy | 135,828. | 97,284. | 38,544. | |
| 17 Travel | 1,973. | | 1,973. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 14,162. | 1,398. | 12,764. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 298,110. | 285,166. | 12,944. | |
| 23 Insurance | 21,645. | 21,645. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DIRECT FUND EXPENSES | 1,937,462. | 1,937,462. | | |
| b MISCELLANEOUS | 325,597. | 11,636. | 313,961. | |
| c COMMUNITY SERVICE NET E | 183,192. | 183,192. | | |
| d REPAIRS AND MAINTENANCE | 95,591. | 95,591. | | |
| e All other expenses | -444,106. | -107,132. | -649,255. | 312,281. |
| 25 Total functional expenses. Add lines 1 through 24e | 11,644,746. | 10,391,753. | 690,686. | 562,307. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,579,321. | 1 | 3,163,663. |
| | 2 Savings and temporary cash investments | 6,086,201. | 2 | 6,598,973. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 236,708. | 4 | 179,639. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 3,469,072. | 7 | 1,742,404. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,159,958. | | |
| | b Less: accumulated depreciation | 10b 7,548,519. | 10c | 6,611,439. |
| | 11 Investments - publicly traded securities | 134,613,664. | 11 | 141,524,458. |
| | 12 Investments - other securities. See Part IV, line 11 | 3,560,344. | 12 | 4,220,262. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 222,616. | 15 | 128,347. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 156,575,533. | 16 | 164,169,185. | |
| Liabilities | 17 Accounts payable and accrued expenses | 94,649. | 17 | 96,415. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 1,597,107. | 24 | 125,107. |
| | 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 | 16,219,190. | 25 | 19,132,038. |
| | 26 Total liabilities. Add lines 17 through 25 | 17,910,946. | 26 | 19,353,560. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 138,441,971. | 27 | 144,687,278. |
| | 28 Temporarily restricted net assets | 222,616. | 28 | 128,347. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 138,664,587. | 33 | 144,815,625. | |
| 34 Total liabilities and net assets/fund balances | 156,575,533. | 34 | 164,169,185. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 23,220,077. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,644,746. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 11,575,331. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 138,664,587. |
| 5 | Net unrealized gains (losses) on investments | 5 | -3,470,212. |
| 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 in Schedule O) | 9 | -1,954,081. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 144,815,625. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION FOR MUSKEGON COUNTY** Employer identification number **38-6114135**

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 11, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|------------|------------|------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,102,708. | 6,901,678. | 7,660,986. | 12,380,875. | 14,831,346. | 45,877,593. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 4,102,708. | 6,901,678. | 7,660,986. | 12,380,875. | 14,831,346. | 45,877,593. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 45,877,593. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|------------|------------|------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 4,102,708. | 6,901,678. | 7,660,986. | 12,380,875. | 14,831,346. | 45,877,593. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 2,638,156. | 3,081,673. | 3,605,968. | 3,103,995. | 3,621,945. | 16,051,737. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 61,929,330. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 74.08 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 71.04 % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c 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 . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|---|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| | |
|---|---|
| Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY | Employer identification number 38-6114135 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>1,207,857.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>8,005,928.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>1,001,029.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>437,500.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>910,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY | Employer identification number 38-6114135 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY | Employer identification number 38-6114135 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (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 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION FOR MUSKEGON COUNTY; Employer identification number: 38-6114135

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Table for conservation contribution details (2a-2d). 3-8. Questions regarding modified easements, states, monitoring policy, staff hours, expenses, and requirements.

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.

Form with 2 main sections: 1a-1b. Questions about reporting art and historical treasures. 2. Questions about reporting financial gain from art and historical treasures.

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

Schedule D (Form 990) 2015

532051 11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 11,909,583. | 9,040,256. | 8,516,825. | 8,146,054. | 8,664,671. |
| b Contributions | 1,622,790. | 2,798,770. | 219,452. | 75,589. | 390,535. |
| c Net investment earnings, gains, and losses | -128,606. | 504,177. | 922,058. | 894,405. | -381,792. |
| d Grants or scholarships | 450,417. | 433,620. | 618,079. | 599,223. | 527,360. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 12,953,350. | 11,909,583. | 9,040,256. | 8,516,825. | 8,146,054. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 9.00 %
- b Permanent endowment %
- c Temporarily restricted endowment 91.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,281,000. | | 1,281,000. |
| b Buildings | | 10,916,600. | 5,989,206. | 4,927,394. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,962,358. | 1,559,313. | 403,045. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 6,611,439. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE GIFT ANNUITIES | 1,595,464. |
| (3) FUNDS HELD AS AGENCY ENDOWMENTS | 12,953,350. |
| (4) LIABILITY FOR FUNDS HELD AS | |
| (5) COMMUNITY SERVICE | 4,583,224. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 19,132,038. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, THE PAUL C. JOHNSON FOUNDATION AND THE PENNIES FROM HEAVEN FOUNDATION ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE ALSO EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE ORGANIZATIONS WERE GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION.

THE ORGANIZATIONS ANALYZED THEIR FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE THEY ARE REQUIRED TO FILE INCOME TAX RETURNS, AS WELL

Part XIII Supplemental Information (continued)

AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS. THE ORGANIZATIONS HAVE ALSO ELECTED TO RETAIN THEIR EXISTING ACCOUNTING POLICIES WITH RESPECT TO THE TREATMENT OF INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND CONTINUE TO REFLECT ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF THEIR MANAGEMENT AND GENERAL EXPENSES.

THE ORGANIZATIONS HAVE EVALUATED THE PROVISIONS OF ASC TOPIC 740 FOR THE YEARS 2011 THROUGH 2015, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2015. THE ORGANIZATIONS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATIONS' COMBINED FINANCIAL STATEMENTS. THE ORGANIZATIONS DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS. THE ORGANIZATIONS DO NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2015 AND 2014, AND THEY ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION FOR MUSKEGON COUNTY** Employer identification number **38-6114135**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALLIANCE FOR ECONOMIC SUCCESS 395 THIRD STREET MANISTEE, MI 49660 | 20-8656518 | 501(C)(3) | 33,000. | 0. | | | SUPPORT FOR MANISTEE AREA NONPROFITS |
| AMERICAN CANCER SOCIETY P.O. BOX 720366 OKLAHOMA CITY, OK 73162 | 13-1788491 | 501(C)(3) | 8,702. | 0. | | | RELAY FOR LIFE AND GENERAL OPERATING SUPPORT |
| AMERICAN RED CROSS OF MUSKEGON 1050 FULLER AVE, NE GRAND RAPIDS, MI 49503 | 53-0196605 | 501(C)(3) | 23,002. | 0. | | | SENIOR TRANSPORTATION AND MUSKEGON COUNTY GENERAL OPERATING SUPPORT |
| ANNIS WATER RESOURCES INSTITUTE GRAND VALLEY STATE UNIVERSITY MUSKEGON, MI 49441 | 38-1684280 | 501(C)(3) | 10,000. | 0. | | | EXAMINE THE FEASIBILITY OF ESTABLISHING INTEGRATED WATERSHED COMMISSIONS IN THE STATE |
| ARTS COUNCIL OF WHITE LAKE 106 E. COLBY ST. WHITEHALL, MI 49461 | 38-2614596 | 501(C)(3) | 35,771. | 0. | | | WHITE LAKE AREA ARTS PROGRAMMING |
| BETHANY CHRISTIAN REFORMED CHURCH 1105 TERRACE STREET MUSKEGON, MI 49442 | 38-1422400 | 501(C)(3) | 7,000. | 0. | | | FOR THE DAUGHTERS OF IMANI AND YOUNG LIONS PROGRAMS AND CATCH CAMP |

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

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

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BIG BROTHERS BIG SISTERS OF THE LAKESHORE - 4265 GRAND HAVEN RD. - MUSKEGON, MI 49441 | 38-1918631 | 501(C)(3) | 9,475. | 0. | | | TO SUPPORT ONGOING PROGRAMS |
| BLUE LAKE PUBLIC RADIO C/O BLUE LAKE FINE ARTS CAMP TWIN LAKE, MI 49457 | 38-1811838 | 501(C)(3) | 6,250. | 0. | | | CONTRIBUTION FOR GENERAL OPERATIONS, BLUE LAKE PUBLIC RADIO TOWER PROJECT |
| BOY SCOUTS OF AMERICA, PRESIDENT FORD FIELD SERVICE COUNCIL - 3213 WALKER AVENUE NW - GRAND RAPIDS, MI 49544 | 45-4003240 | 501(C)(3) | 6,602. | 0. | | | YOUTH DEVELOPMENT AND SCOUTREACH |
| BOYS AND GIRLS CLUB OF THE MUSKEGON LAKESHORE - P.O. BOX 1018 - MUSKEGON, MI 49443 | 61-1736056 | 501(C)(3) | 251,499. | 0. | | | OPERATING SUPPORT, MUSICMAKERS EDUCATION PROGRAM |
| CALVARY CHRISTIAN SCHOOLS 5873 KENDRA ROAD FRUITPORT, MI 49415 | 30-0713163 | 501(C)(3) | 90,265. | 0. | | | BUILDING PURCHASE, GENERAL OPERATING SUPORT |
| CARITAS FOOD PANTRY 85 MADISON STREET CUSTER, MI 49405 | 46-0556363 | | 6,400. | 0. | | | GENERAL OPERATING SUPPORT |
| CATHOLIC CHARITIES WEST MICHIGAN 1095 THIRD ST., STE. 125 MUSKEGON, MI 49441 | 38-3012473 | 501(C)(3) | 10,650. | 0. | | | FATHERS MATTER!, LOAVES AND FISHES FOOD PANTRY |
| CITY OF HART 407 STATE STREET HART, MI 49420 | | 501(C)(3) | 10,890. | 0. | | | HART HISTORIC DISTRICT, SIGNAGE FOR THE TRAIL REBUILD, MAIN STREET PROGRAM |
| CITY OF LUDINGTON 400 S. HARRISON STREET LUDINGTON, MI 49431 | 38-6004706 | 501(C)(3) | 62,239. | 0. | | | LUDINGTON JAYCEES MINI GOLF RENOVATION, DOG PARK, PICKLEBALL, WATERFRONT SCULPTURE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CITY OF MANISTEE 70 MAPLE STREET MANISTEE, MI 49660 | | | 10,500. | 0. | | | VETERAN'S MEMORIAL PARK, MORTON PARK |
| CITY OF MUSKEGON P.O. BOX 536 MUSKEGON, MI 49443-0536 | 38-6004522 | 501(C)(3) | 27,486. | 0. | | | LAKESHORE TRAIL, GREAT PROGRAM, POWER OF PRODUCE, ICE RINK, SUMMER PARK PROGRAMMING |
| CITY OF WHITEHALL 405 E. COLBY WHITEHALL, MI 49461 | 38-6004748 | 501(C)(3) | 19,960. | 0. | | | PAVILION IN GOODRICH PARK, HOWMET PLAYHOUSE |
| COALITION FOR COMMUNITY DEVELOPMENT - P.O. BOX 4618 - MUSKEGON, MI 49444 | 75-3204979 | 501(C)(3) | 13,533. | 0. | | | OPERATION HEALTHY HEIGHTS |
| COMMUNITY ACCESS LINE OF THE LAKESHORE - 560 SEMINOLE ROAD - MUSKEGON, MI 49444 | 38-3171086 | 501(C)(3) | 6,960. | 0. | | | YOUTH ENGAGEMENT INITIATIVE |
| COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442 | 38-3279226 | 501(C)(3) | 83,753. | 0. | | | MCLAUGHLIN GROWS URBAN FARM RELOCATION AND EXPANSION, SACRED SUDS, YEP PROJECT |
| COMMUNITY FOUNDATION FOR MUSKEGON COUNTY - 425 W. WESTERN AVE. STE. 200 - MUSKEGON, MI 49440 | 38-6114135 | 501(C)(3) | 60,000. | 0. | | | CONVERT THE WMSO LOAN TO A GRANT |
| COUNCIL OF MICHIGAN FOUNDATIONS 1 S. HARBOR DR., SUITE # 3 GRAND HAVEN, MI 49417 | 38-6263347 | | 13,000. | 0. | | | MUSKEGON HEIGHTS PUBLIC SAFETY FORUM, 2016 MEMBERSHIP |
| COVE (COMMUNITIES OVERCOMING VIOLENT ENCOUNTERS) - 906 E LUDINGTON AVENUE - LUDINGTON, MI 49431 | 38-2243550 | 501(C)(3) | 31,525. | 0. | | | TO ESTABLISH THE "GIFT FROM GOD FUND", GENERAL OPERATING, CHALLENGE MATCH |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832 | 95-6006173 | 501(C)(3) | 7,254. | 0. | | | INTERNSHIP |
| DISABILITY NETWORK WEST MICHIGAN 27 E CLAY AVENUE MUSKEGON, MI 49442 | 38-3476797 | 501(C)(3) | 7,000. | 0. | | | BOARDWALK AT PERE MARQUETTE BEACH |
| DOWNTOWN MUSKEGON NOW 380 W WESTERN AVENUE MUSKEGON, MI 49440 | 38-3603266 | 501(C)(3) | 10,000. | 0. | | | MUSKEGON AREA FIRST, LOCAL FOOD PROMOTION PROGRAM |
| EARNEST C. BROOKS CHAPEL FUND, INC. - 2540 CENTRAL AVE. - WYOMING, MI 49519 | | | 306,864. | 0. | | | BROOKS CHAPEL EXPENDITURES |
| EVERY WOMAN'S PLACE 1221 W. LAKETON AVENUE MUSKEGON, MI 49441 | 38-2072675 | 501(C)(3) | 263,985. | 0. | | | GENERAL OPERATING, GIRLS ON THE RUN, NEW BABY EQUIPMENT AND SUPPLIES |
| FAIR FOOD NETWORK 205 E. WASHINGTON ST. ANN ARBOR, MI 48104 | 26-4143394 | 501(C)(3) | 10,000. | 0. | | | DOUBLE UP FOOD BUCKS |
| FEEDING AMERICA WEST MICHIGAN FOOD BANK - 864 WEST RIVER DR. NE - COMSTOCK PARK, MI 49321 | 38-2439659 | 501(C)(3) | 7,140. | 0. | | | MUSKEGON HEIGHTS HEALTHY FOOD EXPANSION |
| FIRST CHURCH OF CHRIST, SCIENTIST 1065 4TH STREET MUSKEGON, MI 49440 | | 501(C)(3) | 8,262. | 0. | | | ANNUAL DISTRIBUTION TO BE USED FOR GENERAL OPERATING SUPPORT |
| FIRST CONGREGATIONAL CHURCH 1201 JEFFERSON MUSKEGON, MI 49441-2089 | 38-1363563 | 501(C)(3) | 17,550. | 0. | | | SATURDAY MORNING BREAKFAST PROGRAM, ANNUAL CAMPAIGN |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FIRST EVANGELICAL LUTHERAN CHURCH 1206 WHITEHALL RD N. MUSKEGON, MI 49445 | | | 10,000. | 0. | | | GENERAL OPERATING SUPPORT, BUILDING FUND |
| FIRST PRESBYTERIAN CHURCH 2577 WICKHAM DRIVE MUSKEGON, MI 49441 | | 501(C)(3) | 31,497. | 0. | | | GENERAL OPERATING SUPPORT, BUILDING MAINTENANCE |
| FIRST WESLEYAN CHURCH 1040 E FOREST AVE MUSKEGON, MI 49442 | | | 6,836. | 0. | | | GENERAL OPERATING SUPPORT |
| FOREST PARK COVENANT CHURCH 3815 HENRY STREET MUSKEGON, MI 49441 | 38-1415399 | 501(C)(3) | 5,232. | 0. | | | CANTATA MATERIALS, EQUIPMENT, MUSIC, SUPPORT OF COVENANT ENABLING RESIDENCES |
| FRIENDS OF WALKER MEMORIAL LIBRARY, INC. - 1522 RUDDIMAN - N. MUSKEGON, MI 49445 | 03-0554541 | 501(C)(3) | 6,730. | 0. | | | GENERAL OPERATING SUPPORT |
| FRUITPORT LIONS, SHORELINE BRANCH PRESIDENT - 2349 E. COLUMBIA - MUSKEGON, MI 49444 | 38-3300021 | 501(C)(3) | 10,000. | 0. | | | POWER OF PRODUCE |
| GIRL SCOUTS OF MICHIGAN SHORE TO SHORE COUNCIL - 3275 WALKER AVENUE N.W. - GRAND RAPIDS, MI 49544 | 38-1366924 | 501(C)(3) | 17,930. | 0. | | | CAMP LITTLE DEER PICNIC TABLES, GENERAL OPERATING, MAINTENANCE OF THE KISKEY SCIENCE CENTER |
| GOLDEN TOWNSHIP P.O. BOX 26 MEARS, MI 49436 | 38-1982488 | 501(C)(3) | 10,291. | 0. | | | GOLDEN TOWNSHIP PARK AND HALL AT SILVER LAKE SAND DUNES |
| GOODWILL INDUSTRIES OF WEST MICHIGAN, INC. - 271 E APPLE AVENUE - MUSKEGON, MI 49442 | 38-1357148 | 501(C)(3) | 8,400. | 0. | | | VOLUNTEER INCOME TAX ASSISTANCE (VITA) SERVICES, BUS PASSES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GRAND HAVEN CHRISTIAN SCHOOL 1102 GRANT AVENUE GRAND HAVEN, MI 49417 | 38-1467641 | 501(C)(3) | 96,000. | 0. | | | PAY OFF THE ELEMENTARY SCHOOL DEBT |
| GRAND RAPIDS OPPORTUNITIES FOR WOMEN (GROW) - 25 SHELDON BLVD SE, SUITE #210 - GRAND RAPIDS, MI 49503 | 38-2886028 | 501(C)(3) | 20,000. | 0. | | | MICROLENDING PROGRAM |
| GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 NORTH LONG LAKE RD. SUITE D - TRAVERSE CITY, MI 49684 | 38-2994229 | 501(C)(3) | 16,000. | 0. | | | PURCHASE OF A 40-ACRE ADDITION TO MISTY ACRES PRESERVE |
| GRAND VALLEY STATE ANNIS WATER RESOURCE INSTITUTE - 740 W. SHORELINE DRIVE - MUSKEGON, MI 49441 | 38-1684280 | 501(C)(3) | 67,255. | 0. | | | CAMERA CAPABLE OF MEASURING HARMFUL ALGAE BLOOMS (BLUE GREEN ALGAE) FORMING IN MUSKEGON |
| HACKLEY PUBLIC LIBRARY 316 W. WEBSTER AVENUE MUSKEGON, MI 49440 | 38-3628257 | 501(C)(3) | 22,571. | 0. | | | AN OUTDOOR A-FRAME SIGN, GENERAL OPERATING, ROBINSON SCHOLARSHIP AWARDS |
| HANDS EXTENDED LOVING PEOPLE (HELP) - P.O. BOX 97 - LUDINGTON, MI 49431 | 38-3395360 | 501(C)(3) | 2,703. | 0. | | | VETERAN ASSISTANCE, GENERAL OPERATING, MAD RIDE, BEDS FOR FAMILIES |
| HARBOR HOSPICE, 1050 W. WESTERN AVE. - 1050 W. WESTERN AVE., STE. 400 - MUSKEGON, MI 49441 | 38-2415247 | 501(C)(3) | 65,096. | 0. | | | GENERAL OPERATING SUPPORT, OPHTHALMOSCOPE, CAMP COURAGE |
| HARBOR HOUSE OF HART 315 STATE STREET HART, MI 49420 | 45-5168148 | 501(C)(3) | 22,029. | 0. | | | EQUIPPING CREATIVE ARTS & LIFE SKILLS INITIATIVE - TEEN GIRLS RESOURCE CENTER |
| HARBOR UNITARIAN UNIVERSALIST CONGREGATION - 1296 MONTGOMERY AVE. - MUSKEGON, MI 49441 | | 501(C)(3) | 5,549. | 0. | | | ENDOWMENT FUND COMMITTEE'S 2014-15 GRANT RECOMMENDATIONS |

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| HART PUBLIC SCHOOLS 301 W. JOHNSON STREET HART, MI 49420 | 38-6003143 | 501(C)(3) | 9,468. | 0. | | | MRS. MULLEN'S CLOSET, TEACHER MINI-GRANTS |
| HEALTHWEST 376 APPLE AVENUE MUSKEGON, MI 49442 | | 501(C)(3) | 8,500. | 0. | | | REAL VOICES, REAL CHOICES YOUTH SUMMIT |
| HISTORIC VOGUE THEATRE OF MANISTEE P.O. BOX 291 MANISTEE, MI 49660 | 45-2281053 | 501(C)(3) | 45,353. | 0. | | | RESTORATION RELATED EXPENSES |
| HUME HOME 3196 KRAFT AVE S.E. GRAND RAPIDS, MI 49512 | 38-1387881 | 501(C)(3) | 40,000. | 0. | | | REPAYMENT TO BARUCH FOR NEEDED REPAIRS AND EXPENSES |
| KIDS' FOOD BASKET PO BOX 34 MUSKEGON, MI 49443 | 04-3760991 | 501(C)(3) | 54,266. | 0. | | | OPERATING SUPPORT, NELSON SCHOOL, FARM TO SACK SUPPER, KIDS HELPING KIDS |
| LADDER COMMUNITY CENTER 266 W. M-20 SHELBY, MI 49455 | 47-2123160 | | 26,054. | 0. | | | SUPPORT FOR THE NEW LADDER COMMUNITY CENTER |
| LAKE COUNTY COMMUNITY FOUNDATION P.O. BOX 995 BALDWIN, MI 49304 | | 501(C)(3) | 7,142. | 0. | | | TO BE DISTRIBUTED TO PROGRAMS THAT NORMALLY WOULD BE SUPPORTED BY THE UNITED WAY |
| LAKESHORE MUSEUM CENTER 430 W. CLAY MUSKEGON, MI 49440 | 38-1367319 | 501(C)(3) | 120,219. | 0. | | | HILT'S LANDING, HACKLEY AND HUME HOME LANDSCAPING, IRON FENCE REPAIR |
| LAKESIDE UNITED METHODIST CHURCH 2160 CROZIER MUSKEGON, MI 49441 | | 501(C)(3) | 12,000. | 0. | | | QUARTERLY WITHDRAWAL |

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| LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW GRAND RAPIDS, MI 49504 | 38-2363129 | 501(C)(3) | 24,750. | 0. | | | SUPPORT ONGOING OPERATIONS, STAIRWAY AT FLOWER CREEK, BARRIER DUNES PROJECT |
| LEADER DOGS FOR THE BLIND FOUNDATION - 1039 S. ROCHESTER RD - ROCHESTER HILLS, MI 48307-3115 | 38-1366931 | 501(C)(3) | 7,142. | 0. | | | GENERAL OPERATING SUPPORT |
| LEBANON LUTHERAN CHURCH 1101 S. MEARS AVENUE WHITEHALL, MI 49461 | 38-6066217 | 501(C)(3) | 14,461. | 0. | | | SUPPORT OF THE LEBANON LUTHERAN CHURCH FOOD PANTRY, GENERAL OPERATIONS |
| LIFE LEARNING COMMUNITY 806 AIRPORT BLVD ANN ARBOR, MI 48108 | 46-2461358 | 501(C)(3) | 70,000. | 0. | | | GENERAL OPERATING EXPENSE |
| LOVE INC OF MANISTEE COUNTY P. O. BOX 28 MANISTEE, MI 49660 | 38-3089903 | 501(C)(3) | 5,000. | 0. | | | PURCHASE OF NEW BUILDING |
| LOVE INC OF MUSKEGON COUNTY 2735 E APPLE AVE MUSKEGON, MI 49442 | 38-2450507 | 501(C)(3) | 5,200. | 0. | | | EMERGENCY NEEDS ASSISTANCE |
| LUDINGTON AREA ARTS COUNCIL 107 S. HARRISON LUDINGTON, MI 49431-2109 | 42-1625326 | 501(C)(3) | 28,500. | 0. | | | SPECIAL KIDS PROGRAMS, CAPITAL REPAIRS, PERFORMANCE HALL UPGRADE |
| LUDINGTON AREA CATHOLIC EDUCATION FOUNDATION - 702 E. BRYANT ROAD - LUDINGTON, MI 49431 | 38-2932594 | 501(C)(3) | 16,751. | 0. | | | ANNUAL DISTRIBUTION TO BE USED FOR GENERAL OPERATING SUPPORT |
| LUDINGTON AREA SCHOOLS 809 E. TINKHAM AVENUE LUDINGTON, MI 49431 | 38-6002612 | 501(C)(3) | 12,827. | 0. | | | TEACHER MINI-GRANTS, YOUTH RESOURCE CENTER, BPA TRIP |

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| LUDINGTON ROTARY CLUB P.O. BOX 149 LUDINGTON, MI 49431 | | | 16,640. | 0. | | | STRIVE PROGRAM |
| LUDINGTON YOUTH SAILING SCHOOL 1472 N WASHINGTON AVE. LUDINGTON, MI 49431 | 46-3594743 | 501(C)(3) | 7,500. | 0. | | | LUDINGTON YOUTH SAILING SCHOOL (LYSS) |
| MANISTEE AREA PUBLIC SCHOOLS 550 MAPLE STREET MANISTEE, MI 49660 | | 501(C)(3) | 12,930. | 0. | | | TEACHER MINI-GRANTS, PAINE AQUATIC CENTER |
| MASON COUNTY HISTORICAL SOCIETY, INC. - 1687 S. LAKE SHORE DRIVE - LUDINGTON, MI 49431 | 38-1689000 | 501(C)(3) | 5,000. | 0. | | | MARITIME MUSEUM PROJECT |
| MASON COUNTY SHERIFF'S DEPARTMENT 302 N. DELIA STREET LUDINGTON, MI 49431 | | | 61,410. | 0. | | | BOOTS ON THE DOOR FOR MASON COUNTY SCHOOLS |
| MERCY HEALTH MUSKEGON 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444 | 38-2589966 | 501(C)(3) | 386,384. | 0. | | | WOMEN FOR HEALTH PROGRAM, GENERAL OPERATIONS, BREAST CANCER CENTER |
| MICHIGAN NATURE ASSOCIATION 2310 SCIENCE PARKWAY OKEMOS, MI 48864 | 38-6093404 | 501(C)(3) | 1,031. | 0. | | | GENERAL OPERATING SUPPORT GAUTHIER FAMILY SCHOLARSHIP ENDOWMENT - IN LOVING MEMORY OF BARBARA GAUTHIER |
| MICHIGAN TECHNOLOGICAL UNIVERSITY OFFICE OF FINANCIAL AID HOUGHTON, MI 49931 | | 501(C)(3) | 6,000. | 0. | | | MUSIC FOR MEDS PROGRAM, COLOR PRINTERS, HEALTHY FOOD PANTRIES |
| MISSION FOR AREA PEOPLE 2500 JEFFERSON MUSKEGON, MI 49444 | 38-3220964 | 501(C)(3) | 11,715. | 0. | | | MUSIC FOR MEDS PROGRAM, COLOR PRINTERS, HEALTHY FOOD PANTRIES |

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| MOKA CORPORATION 715 TERRACE STREET MUSKEGON, MI 49440-1168 | 38-2227805 | 501(C)(3) | 6,500. | 0. | | | APPLIED BEHAVIOR ANALYST (ABA) INFORMED TREATMENT GROUP FOR ADULTS, TOYS FOR YOUTH WITH AUTISM |
| MONTAGUE AREA PUBLIC SCHOOLS 4882 STANTON BLVD. MONTAGUE, MI 49437 | 38-6002940 | 501(C)(3) | 8,990. | 0. | | | TEACHER MINI-GRANTS, ADVISE MI COLLEGE ADVISING |
| MT. ZION CHURCH OF GOD IN CHRIST 188 W. MUSKEGON AVENUE MUSKEGON, MI 49440 | 38-3715411 | 501(C)(3) | 7,000. | 0. | | | CLUB 188 |
| MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT - 630 HARVEY STREET - MUSKEGON, MI 49442-2398 | 38-1717461 | 501(C)(3) | 6,500. | 0. | | | MUSKEGON OPPORTUNITY PROGRAM COSTS |
| MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT - 630 HARVEY STREET - MUSKEGON, MI 49442-2398 | 38-1717461 | 501(C)(3) | 51,178. | 0. | | | READ EARLY READ OFTEN, WINGS LEGO ROBOTICS |
| MUSKEGON CATHOLIC EDUCATION FOUNDATION - 1145 W. LAKETON AVE. - MUSKEGON, MI 49441 | 23-7019036 | 501(C)(3) | 48,981. | 0. | | | STUDENT SCHOLARSHIPS, ATHLETIC PROGRAMS |
| MUSKEGON CHARTER TOWNSHIP 1990 APPLE AVENUE MUSKEGON, MI 49442 | 38-6006915 | 501(C)(3) | 20,000. | 0. | | | FRED MEIJER BERRY JUNCTION TRAIL - PHASE II |
| MUSKEGON CHRISTIAN SCHOOL 1220 EASTGATE MUSKEGON, MI 49442 | 38-1515402 | 501(C)(3) | 199,658. | 0. | | | WHITE FOLDING TABLES, CHROME BOOKS, GENERAL SUPPORT |
| MUSKEGON CIVIC THEATRE 425 W. WESTERN, SUITE 401 MUSKEGON, MI 49440 | 38-2335336 | 501(C)(3) | 54,295. | 0. | | | GENERAL OPERATING SUPPORT, MCT TOURS |

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| MUSKEGON COMMUNITY CONCERT ASSOCIATION - 711 RUDDIMAN DRIVE - N. MUSKEGON, MI 49445 | 38-2812739 | 501(C)(3) | 7,358. | 0. | | | STUDENT CONCERTS |
| MUSKEGON COMMUNITY HEALTH PROJECT 565 WEST WESTERN AVE. MUSKEGON, MI 49440 | 91-1932918 | 501(C)(3) | 51,610. | 0. | | | MUSKEGON AREA LIONS CLUB VISION SERVICES PROGRAM, PATHWAYS TO HEALTHY FUTURES, VOLUNTEER FOR |
| MUSKEGON CONSERVATION DISTRICT 4735 HOLTON ROAD TWIN LAKE, MI 49457 | 38-2333068 | 501(C)(3) | 6,030. | 0. | | | 6' ROTARY MOWER FOR MAINTENANCE OF NATIVE WILDFLOWER PLANTINGS, GENERAL OPERATING |
| MUSKEGON COUNTY COOPERATING CHURCHES - 1095 THIRD ST., SUITE 10 - MUSKEGON, MI 49441-1976 | 38-2746797 | 501(C)(3) | 5,300. | 0. | | | OUTFITTING MOBILE PANTRY CRIB (TRAILER), FOOD TRUCK |
| MUSKEGON COUNTY HEALTH DEPARTMENT 209 E. APPLE AVENUE MUSKEGON, MI 49442 | 38-6006063 | 501(C)(3) | 6,500. | 0. | | | EAT HEALTHY, MUSKEGON! |
| MUSKEGON ELKS LODGE #274 513 W. PONTALUNA RD. MUSKEGON, MI 49444 | 36-0793011 | | 5,000. | 0. | | | ANNUAL DISTRIBUTION OF CHRISTMAS BASKETS |
| MUSKEGON ENVIRONMENTAL RESEARCH AND EDUCATION SOCIETY - P.O. BOX 5038 - N. MUSKEGON, MI 49445 | 38-3330000 | 501(C)(3) | 36,450. | 0. | | | TOWARDS REPAIR OF THE WALKWAY AT THE MUSKEGON LAKE NATURE PRESERVE, EDUCATIONAL MATERIALS, |
| MUSKEGON FAMILY YMCA PO BOX 1667 MUSKEGON, MI 49443 | 38-2000172 | 501(C)(3) | 17,300. | 0. | | | YOUTH MEMBERSHIPS, ANNUAL SUPPORT |
| MUSKEGON HEIGHTS HOUSING COMMISSION - 615 E. HOVEY AVE. - MUSKEGON, MI 49444 | 30-0206829 | 501(C)(3) | 9,500. | 0. | | | PLAYGROUND |

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| MUSKEGON HERITAGE ASSOCIATION 561 W. WESTERN AVENUE MUSKEGON, MI 49440-1042 | 23-7350112 | 501(C)(3) | 13,882. | 0. | | | HARDWOOD FLOORING AND TRIM, OUTBOARD MOTOR, STORAGE RACK, DISPLAY CASES |
| MUSKEGON MUSEUM OF ART 296 W. WEBSTER MUSKEGON, MI 49440 | 38-6002960 | 501(C)(3) | 738,311. | 0. | | | GENERAL OPERATING SUPPORT, FESTIVAL OF TREES, PURCHASE ARTWORK, AVIAN AVATAR, IMAGINE |
| MUSKEGON NORTHSIDE LIONS CHARITIES, INC. - 166 ELM COURT - MUSKEGON, MI 49445 | | | 9,675. | 0. | | | VETERAN'S MEMORIAL PARK |
| MUSKEGON PUBLIC SCHOOLS 630 HARVEY ST. MUSKEGON, MI 49442 | 38-6002960 | 501(C)(3) | 180,759. | 0. | | | POPPEN PROGRAM, TEACHER MINI-GRANTS, FIELD TRIPS, GROWING GOODS |
| MUSKEGON RESCUE MISSION 1715 PECK STREET MUSKEGON, MI 49441 | 38-3525239 | 501(C)(3) | 48,190. | 0. | | | GENERAL OPERATING SUPPORT, FOOD PROCESSORS, BIBLES, REMODELING FAMILIES CAMPAIGN |
| NELSON NEIGHBORHOOD IMPROVEMENT ASSOCIATION - P.O. BOX 1224 - MUSKEGON, MI 49443 | 38-1969959 | 501(C)(3) | 20,150. | 0. | | | GARDEN & CAR SHOW EXPENSES |
| NEW ERA CHRISTIAN SCHOOL 1901 S. OAK AVENUE NEW ERA, MI 49446 | 38-1547024 | 501(C)(3) | 59,510. | 0. | | | TEACHER MINI-GRANTS, CHRISTIAN LEARNING CENTER NETWORK |
| NORTH MUSKEGON PUBLIC SCHOOLS 1600 MILLS AVENUE NORTH MUSKEGON, MI 49445 | | 501(C)(3) | 17,748. | 0. | | | HELMETS FOR THE FOOTBALL PROGRAM, MINI-GRANTS |
| NORTON SHORES BRANCH OF THE MUSKEGON AREA DISTRICT LIBRARY - 705 SEMINOLE - MUSKEGON, MI 49441 | | 501(C)(3) | 10,248. | 0. | | | THE PURCHASE OF BOOKS, GENERAL OPERATING SUPPORT |

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| NUVEEN COMMUNITY CENTER FOR THE ARTS - 106 E. COLBY ST. - WHITEHALL, MI 49461 | 38-2614596 | 501(C)(3) | 5,000. | 0. | | | YOUTH THEATER PROGRAM AND THE SUMMER ART CLASSES |
| OAK GROVE LUTHERAN SCHOOL 124 N. TERRACE FARGO, ND 58102 | | | 10,000. | 0. | | | BERNSTON FUND WHICH IS HELD BY THE OAK GROVE LUTHERAN SCHOOL |
| OAKTREE ACADEMY 6498 W. DECKER LUDINGTON, MI 49431 | 46-5611781 | 501(C)(3) | 4,000. | 0. | | | GENERAL OPERATING SUPPORT, INDOOR PLAYGROUND |
| OCEANA COUNTY OCEANA COUNTY ADMINISTRATOR HART, MI 49420 | | | 50,000. | 0. | | | TRAIL REBUILD EXPENSES |
| OUR LADY OF GRACE CATHOLIC CHURCH 451 S. GETTY STREET MUSKEGON, MI 49441 | | 501(C)(3) | 10,738. | 0. | | | GENERAL OPERATING SUPPORT: 1/2 TO THE CHURCH AND 1/2 TO THE WOMEN'S GUILD OF OUR LADY |
| PARTIES IN THE PARK INC. P.O. BOX 1461 MUSKEGON, MI 49443 | 38-3100908 | 501(C)(3) | 80,866. | 0. | | | LAKESHORE JAZZ FEST, HACKLEY PARK STAGE |
| PHOENIX CONTINUUM 1274 EAST ISABELLA AVENUE MUSKEGON, MI 49442 | 46-0560058 | 501(C)(3) | 5,000. | 0. | | | VICTORIAN GARDEN |
| PIGEON HILL ALLIANCE 3328 WILCOX AVENUE MUSKEGON, MI 49441-1095 | 47-1501048 | | 45,000. | 0. | | | INITIAL FUNDING FOR PIGEON HILL ALLIANCE |
| PIONEER RESOURCES 601 TERRACE ST MUSKEGON, MI 49440-1192 | 38-1367329 | 501(C)(3) | 17,892. | 0. | | | STIMULATING HEALTHY APPETITES AND MINDS, RECREATION FOR INDIVIDUALS WITH |

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| PLEASANT VALLEY COMMUNITY CENTER 3586 GLOVERS LAKE RD. ARCADIA, MI 49613 | 83-0464390 | 501(C)(3) | 5,350. | 0. | | | DOOR REPAIRS |
| POUND BUDDIES ANIMAL SHELTER & ADOPTION CENTER - 1300 E. KEATING AVENUE - MUSKEGON, MI 49442 | 38-3590598 | 501(C)(3) | 6,500. | 0. | | | INDUSTRIAL WASHER AND DRYER, MICROSCOPE |
| READ MUSKEGON P.O. BOX 1312 MUSKEGON, MI 49443-1312 | 41-2176728 | 501(C)(3) | 13,200. | 0. | | | JOB TRAINING AND TESTING BOOKLETS, COOKING CLASS, EXIT PROGRAM |
| REETHS PUFFER SCHOOL DISTRICT 991 W. GILES ROAD N. MUSKEGON, MI 49445 | 38-1816725 | 501(C)(3) | 7,246. | 0. | | | TEACHER MINI-GRANTS, ADOPT-A-READER |
| RIVERTON FIREFIGHTERS ASSOCIATION, INC. - 4622 S. MORTON RD. - LUDINGTON, MI 49431 | 38-2679823 | | 8,000. | 0. | | | BRUSH TRUCK |
| ROTARY CLUB OF LUDINGTON CHARITIES, - PO BOX 149 - LUDINGTON, MI 49431 | 27-4860991 | 501(C)(3) | 29,500. | 0. | | | ROTARY CLUB OF LUDINGTON CHARITIES CITY PARK RESTORATION PROJECT |
| SANDCASTLES, A LAKE MICHIGAN CHILDREN'S MUSEUM - 129 E. LUDINGTON AVENUE - LUDINGTON, MI 49431 | 35-2340348 | 501(C)(3) | 13,000. | 0. | | | BUILDING EXPENSES |
| SENIOR RESOURCES OF WEST MICHIGAN 560 SEMINOLE RD. MUSKEGON, MI 49444 | 38-2048765 | 501(C)(3) | 12,560. | 0. | | | GENERAL OPERATING SUPPORT, HEARING AIDS |
| SHELBY PUBLIC SCHOOLS 525 N. STATE STREET SHELBY, MI 49455 | 38-6003167 | 501(C)(3) | 13,061. | 0. | | | TEACHER MINI-GRANTS, ASPIRE PROGRAM |

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| SOUTHSIDE VINEYARD CHRISTIAN FELLOWSHIP - 1040 26TH STREET SW - GRAND RAPIDS, MI 49509 | 38-2904463 | 501(C)(3) | 12,000. | 0. | | | GENERAL OPERATING SUPPORT |
| SPECTRUM HEALTH LUDINGTON HOSPITAL ONE ATKINSON DR. LUDINGTON, MI 49431 | 38-1359266 | 501(C)(3) | 11,000. | 0. | | | WIN WITH WELLNESS FIT CLUB |
| SPECTRUM HEALTH LUDINGTON HOSPITAL FOUNDATION - ONE ATKINSON DR. - LUDINGTON, MI 49431 | | | 7,317. | 0. | | | FOUNDER'S SOCIETY |
| ST. CATHERINE'S CHURCH 3376 THOMAS STREET RAVENNA, MI 49451 | | 501(C)(3) | 24,349. | 0. | | | ST. CATHERINE'S LIGHTING PROJECT, ST CATHERINE SCHOOL |
| ST. JAMES CATHOLIC CHURCH 5179 DOWLING MONTAGUE, MI 49437 | | 501(C)(3) | 289,405. | 0. | | | MAINTENANCE AND UPKEEP OF ST. JOHNS CEMETERY IN CLAYBANKS TOWNSHIP, EXPANSION OF MULTIPURPOSE |
| ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 1716 SIXTH STREET - MUSKEGON, MI 49441 | | 501(C)(3) | 29,751. | 0. | | | TO BE USED AS THE ST. MICHAEL'S PARISH COUNCIL SEES FIT |
| SUMMIT TOWNSHIP 4560 W. ANTHONY RD. LUDINGTON, MI 49431 | 38-2078182 | | 5,000. | 0. | | | WALKWAY AT SUMMIT PARK AND PICNIC TABLES |
| TEMPLE UNITED METHODIST CHURCH 2500 JEFFERSON MUSKEGON HTS., MI 49444 | | 501(C)(3) | 7,100. | 0. | | | PATHFINDER PROGRAM, NEW BOILER, YOUNG EDUCATED AFRICAN AMERICANS REALIZING AND REACHING |
| THE ARC MUSKEGON 601 TERRACE ST MUSKEGON, MI 49440-1192 | 38-1586705 | 501(C)(3) | 65,193. | 0. | | | GENERAL OPERATING SUPPORT, REPRESENTATIVE PAYEE SERVICES, CAMPERSHIPS FOR THE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE HENRY FORD 20900 OAKWOOD BLVD DEARBORN, MI 48124 | 38-1359513 | 501(C)(3) | 7,500. | 0. | | | GENERAL OPERATING SUPPORT |
| THE LITTLE RED HOUSE INC. 311 E. EXCHANGE ST. SPRING LAKE, MI 49456 | 35-2119160 | 501(C)(3) | 11,350. | 0. | | | LAUNDRY CART, BUILDING EXPANSION |
| TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY LIVONIA, MI 48152 | 38-3321856 | 501(C)(3) | 22,311. | 0. | | | USED TO SUPPORT PROGRAMS AND PROJECTS THAT BENEFIT MUSKEGON COUNTY RESIDENTS |
| UNITED WAY OF MASON COUNTY 108 S. RATH AVE. SUITE 201 LUDINGTON, MI 49431 | 38-2943115 | 501(C)(3) | 1,000. | 0. | | | GENERAL OPERATING SUPPORT, LAKESHORE EMPLOYEE RESOURCE NETWORK |
| UNITED WAY OF THE LAKESHORE P.O. BOX 207 MUSKEGON, MI 49443-0207 | 38-1426895 | 501(C)(3) | 98,094. | 0. | | | BUILDING CAMPAIGN, IMAGINATION LIBRARY, MICHIGAN EDUCATION CORPS PREK PROGRAM |
| VILLAGE OF RAVENNA 12090 CROCKERY CREEK DRIVE RAVENNA, MI 49451 | | 501(C)(3) | 18,367. | 0. | | | ICE RINK PROJECT |
| WEST MICHIGAN CONCERT WINDS P.O. BOX 1317 MUSKEGON, MI 49443 | 38-2370939 | 501(C)(3) | 6,450. | 0. | | | MUSICAL MILESTONES, SCHOLARSHIPS, CONCERTS |
| WEST MICHIGAN ENVIRONMENTAL ACTION COUNCIL - 1007 LAKE DRIVE SE - GRAND RAPIDS, MI 49503 | 23-7128379 | 501(C)(3) | 6,700. | 0. | | | MUSKEGON COUNTY RECYCLING PLANNING, ZERO WASTE PROGRAM |
| WEST MICHIGAN SYMPHONY 360 W. WESTERN AVE. MUSKEGON, MI 49440 | 38-6092131 | 501(C)(3) | 36,766. | 0. | | | GENERAL OPERATING SUPPORT, BLOCK SPONSOR, WEST MICHIGAN SYMPHONY CHILDREN'S CHOIR |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WEST MICHIGAN TEAM P.O. BOX 68553 GRAND RAPIDS, MI 49516-8553 | 20-8873170 | 501(C)(3) | 3,000. | 0. | | | WORKFORCE SUPPORT AND DEVELOPMENT |
| WEST MICHIGAN VETERANS, INC 165 EAST APPLE AVENUE MUSKEGON, MI 49442 | 38-3036621 | 501(C)(3) | 10,982. | 0. | | | VETERAN'S MEMORIAL PARK |
| WEST SHORE COMMUNITY COLLEGE FOUNDATION - 3000 N. STILES ROAD, BOX 277 - SCOTTVILLE, MI 49454 | 23-7128810 | 501(C)(3) | 9,142. | 0. | | | GENERAL OPERATING SUPPORT |
| WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL - 455 E. ELLIS RD. - MUSKEGON, MI 49441 | 38-3488222 | 501(C)(3) | 20,774. | 0. | | | TEACHER MINI-GRANTS, GENERAL OPERATIONS |
| WHITE LAKE CHAMBER OF COMMERCE 124 W. HANSON WHITEHALL, MI 49461 | 38-1948640 | 501(C)(3) | 6,850. | 0. | | | RENOVATION TO BUILDING, WHITE LAKE VISIONING |
| WHITE RIVER TOWNSHIP 7386 POST ROAD MONTAGUE, MI 49437 | 38-2533815 | 501(C)(3) | 43,624. | 0. | | | LIFE RINGS, BARRIER DUNE SANCTUARY |
| WHITEHALL DISTRICT SCHOOLS 541 SLOCUM STREET WHITEHALL, MI 49461 | 38-2503241 | 501(C)(3) | 64,064. | 0. | | | TEACHER MINI-GRANTS, MONTAGUE/WHITEHALL SCHOOL MEALS TRANSFORMATION |
| YMCA CAMP PENDALOUAN 1243 FRUITVALE RD. MONTAGUE, MI 49437-9540 | 38-2000172 | 501(C)(3) | 91,881. | 0. | | | ANGEL TREE CAMPERSHIPS, CAPITAL IMPROVEMENTS |
| | | | | | | | |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| EDUCATIONAL SCHOLARSHIPS | 794 | 1,578,680. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ANNIS WATER RESOURCES INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXAMINE THE FEASIBILITY OF ESTABLISHING INTEGRATED WATERSHED COMMISSIONS IN THE STATE OF MICHIGAN

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF LUDINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: LUDINGTON JAYCEES MINI GOLF RENOVATION, DOG PARK, PICKLEBALL, WATERFRONT SCULPTURE MAINTANCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GRAND VALLEY STATE ANNIS WATER RESOURCE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMERA CAPABLE OF MEASURING HARMFUL ALGAE BLOOMS (BLUE GREEN ALGAE) FORMING IN MUSKEGON LAKES, AWRI, DATA COLLECTION

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON COMMUNITY HEALTH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: MUSKEGON AREA LIONS CLUB VISION SERVICES PROGRAM, PATHWAYS TO HEALTHY FUTURES, VOLUNTEER FOR DENTAL CARE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON CONSERVATION DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: 6' ROTARY MOWER FOR MAINTENANCE OF NATIVE WILDFLOWER PLANTINGS, GENERAL OPERATING SUPPORT, IPAD MINI, TOW BEHIND SPRAYER

NAME OF ORGANIZATION OR GOVERNMENT:

MUSKEGON ENVIRONMENTAL RESEARCH AND EDUCATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARDS REPAIR OF THE WALKWAY AT THE MUSKEGON LAKE NATURE PRESERVE, EDUCATIONAL MATERIALS, GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: MUSKEGON MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, FESTIVAL OF TREES, PURCHASE ARTWORK, AVIAN AVATAR, IMAGINE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: OUR LADY OF GRACE CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT: 1/2 TO THE CHURCH AND 1/2 TO THE WOMEN'S GUILD OF OUR LADY OF GRACE (CHARLENE

Part IV Supplemental Information

MATTESON PRES OF GUILD)

NAME OF ORGANIZATION OR GOVERNMENT: PIONEER RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: STIMULATING HEALTHY APPETITES AND MINDS, RECREATION FOR INDIVIDUALS WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: MAINTENANCE AND UPKEEP OF ST. JOHNS CEMETERY IN CLAYBANKS TOWNSHIP, EXPANSION OF MULTIPURPOSE ROOM

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PATHFINDER PROGRAM, NEW BOILER, YOUNG EDUCATED AFRICAN AMERICANS REALIZING AND REACHING SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC MUSKEGON

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT, REPRESENTATIVE PAYEE SERVICES, CAMPERSHIPS FOR THE DISABLED

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2015

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHRIS A. MCGUIGAN PRESIDENT/SECRETARY | (i) | 169,060. | 0. | 0. | 10,904. | 15,766. | 195,730. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **COMMUNITY FOUNDATION FOR MUSKEGON COUNTY** Employer identification number **38-6114135**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 42 | 571,149. | MKT CLOSE - DATE OF |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | X | 1 | 341,600. | DOUBLE ASSESSED VALU |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (ENGAGEMENT RN) | X | 1 | 15,200. | APPRAISED VALUE |
| 26 | Other ▶ () | | | | |
| 27 | Other ▶ () | | | | |
| 28 | Other ▶ () | | | | |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

SCHEDULE M, LINE 32B:

INVESTMENT SECURITIES ARE HELD AT AN UNRELATED BROKERAGE FIRM.
CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE RECEIVED AND SOLD VIA
THIS 3RD PARTY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number

38-6114135

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ISSUING GRANTS FOR SPECIFIC CHARITABLE AND EDUCATIONAL PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NOW AND FOR GENERATIONS TO COME

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY DEVELOPMENT; ENVIRONMENT; EMERGING COMMUNITY NEEDS

EXPENSES \$ 2,395,514. INCL GRANTS OF \$ 1,703,332. REVENUE \$ 248,601.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S STAFF AND CIRCULATED IN
DRAFT FORM TO DIRECTORS FOR COMMENT.

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

BOARD MEMBERS AND TOP MANAGEMENT ANNUALLY COMPLETE CONFLICT OF INTEREST
QUESTIONNAIRES WHICH ARE REVIEWED BY THE CHAIRMAN FOR COMPLIANCE WITH
FOUNDATION POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PERSONNEL COMMITTEE CONSISTING OF FOUNDATION TRUSTEES ANNUALLY REVIEWS
THE WAGES OF ALL EMPLOYEES UTILIZING COMPARABILITY DATA FROM THIRD PARTY
SOURCES FOR PURPOSES OF RECOMMENDING TO THE BOARD ANY COMPENSATION
ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

| | |
|--|--|
| Name of the organization COMMUNITY FOUNDATION FOR MUSKEGON COUNTY | Employer identification number 38-6114135 |
|--|--|

INFORMATION REGARDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|-------------|
| FUNDS HELD AS COMMUNITY SERVICE - NET INCREASE IN ASSETS | -1,766,652. |
| SMASH WINE BAR NET CHANGE IN ASSETS | -100,706. |
| CHANGE IN VALUE OF CHARITABLE LEAD TRUST | 12,466. |
| RENTAL EXPENSES - WESTERN AVENUE PROPERTIES | -99,189. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -1,954,081. |

PART XI, LINE 2C

THE AUDIT COMMITTEE OF THE FOUNDATION IS RESPONSIBLE FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND REVIEW OF THE AUDITORS' REPORT, MEETING AS NECESSARY DURING THE YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION FOR MUSKEGON COUNTY** Employer identification number **38-6114135**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| MORRIS STREET LLC 425 W. WESTERN AVENUE, SUITE 200 MUSKEGON, MI 49440 | REAL PROPERTY OWNERSHIP | MICHIGAN | 0. | 2,316,812. | |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No). Includes entries for DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION and PKT TWELVE, INC.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) PKT TWELVE INC DBA SMASH WINE BAR AND BISTRO | D | 0. | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION

PRIMARY ACTIVITY: SALE OF DOWNTOWN MUSKEGON, MI PARCELS FOR REDEVELOPMENT OF CITY CORE.