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**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C Name of organization</b> <b>MUSKEGON COMMUNITY HEALTH PROJECT</b> Doing Business As		<b>D Employer identification number</b> 91-1932918
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>565 W. WESTERN AVENUE</b>		<b>E Telephone number</b> 231-673-3201
		City or town, state or country, and ZIP + 4 <b>MUSKEGON, MI 49440</b>		<b>G Gross receipts \$</b> 508,248.
		<b>F Name and address of principal officer:</b> VONDIE WOODBURY SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ►
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW.MCHP.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				
<b>L Year of formation:</b> 1991 <b>M State of legal domicile:</b> MI				

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>MUSKEGON COMMUNITY HEALTH PROJECT IS A CITIZEN-LED EFFORT TO IMPROVE HEALTH STATUS AND QUALITY</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) <b>3</b>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>		
Revenue	5	Total number of employees (Part V, line 2a) <b>0</b>		
	6	Total number of volunteers (estimate if necessary) <b>332</b>		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>		
	7b	Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>		
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	474,787.	259,637.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	814,227.	246,012.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,257.	2,599.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,996.	1,291,275.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,039.	508,248.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,132.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>16,517.</b>		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,314,205.	779,469.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,324,244.	783,601.
	19	Revenue less expenses. Subtract line 18 from line 12	-32,969.	-275,353.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	451,509.	358,488.	
22	Net assets or fund balances. Subtract line 21 from line 20	869,276.	129,104.	
		-417,767.	229,384.	

**Part II Signature Block**

Sign Here	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.			
	Signature of officer <i>Vondie Woodbury</i>		Date Jan. 20. 2011	
Paid Preparer's Use Only	Preparer's signature BREND A K. JACOBS		Date 01/12/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 BRICKLEY DELONG, PC PO BOX 999 MUSKEGON, MI 49443-0999		Preparer's identifying number (see instructions) EIN ► Phone no. ► 231-726-5800	

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

SCANNED FEB 10 2011

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22

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

MUSKEGON COMMUNITY HEALTH PROJECT IS A CITIZEN-LED EFFORT TO IMPROVE HEALTH STATUS AND QUALITY OF LIFE FOR ALL FAMILIES OF MUSKEGON COUNTY BY ENCOURAGING COLLABORATION BETWEEN PROVIDERS, CONSUMERS AND PAYERS OF HEALTH CARE.

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 618,861. including grants of \$ ) (Revenue \$ 246,012. )

OUTREACH AND ENROLLMENT - APPROXIMATELY 5,646 INDIVIDUALS SERVED WITH 14,115 UNITS OF SERVICE.

THE ORGANIZATION PERFORMS OUTREACH TO THE COMMUNITY IN THE FORM OF PUBLIC AWARENESS CAMPAIGNS AND EVENTS REGARDING OUTSTANDING LOCAL HEALTH ISSUES; HEALTH AND WELLNESS EDUCATION TO THE GENERAL PUBLIC, SPECIFIC COMMUNITY AGENCIES AND ORGANIZATIONS; CHRONIC DISEASE MANAGEMENT TRAINING FOR HEALTH PROVIDERS; PROMOTING ACCESS TO HEALTH COVERAGE, PRIMARY MEDICAL CARE AND DENTAL CARE FOR THE UNINSURED; HEALTH NAVIGATION AND ADVOCACY SERVICES TO INDIVIDUALS, AND PRESCRIPTION PHARMACEUTICAL ASSISTANCE; COMMUNITY BENEFIT PROGRAM SERVICES TO MERCY HEALTH PARTNERS.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► \$ 618,861.

**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>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>N/A</b>	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
9 Did the organization report an amount in Part X, line 21; 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>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		<b>X</b>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</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>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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).		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country. <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

**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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body ...	9	
<b>b</b> Enter the number of voting members that are independent	9	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (231) 672-3201**  
**565 W. WESTERN AVENUE, MUSKEGON, MI 49440**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LINDA BAILEY TRUSTEE	0.50	X						0.	0.	0.
AMY HEISSER TRUSTEE	0.50	X						0.	0.	0.
CINDY MORAT-LARSEN TRUSTEE	0.50	X						0.	0.	0.
ROGER SPOELMAN TRUSTEE	0.50	X						0.	0.	0.
F. REMINGTON SPRAGUE CHAIR	0.50	X		X				0.	0.	0.
LOUIS CHURCHWELL TRUSTEE	0.50	X						0.	0.	0.
TONY MOULATSIOTIS SEC/TREAS	0.50	X		X				0.	0.	0.
JANIE SANTOS TRUSTEE	0.50	X						0.	0.	0.
JAMES BURTON TRUSTEE	0.50	X						0.	0.	0.
VONDIE WOODBURY EXECUTIVE DIRECTOR	40.00			X				124,316.	0.	22,379.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
<b>1b Total</b>								124,316.	0.	22,379.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MERCY HEALTH PARTNERS 1700 CLINTON AVE, MUSKEGON, MI 49442	LEASES EMPLOYEES TO THE ORGANIZATION	398,544.

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	20,120.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	66,212.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	173,305.			
	g	Noncash contributions included in lines 1a-1f \$		26,116.			
	h	<b>Total.</b> Add lines 1a-1f		259,637.			
	Program Service Revenue	2 a	PROGRAM GRANTS AND CON	Business Code 624100	246,012.	246,012.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		246,012.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		2,599.		
	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)					
	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	b				
	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	b				
	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	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		508,248.	246,012.	0.	2,599.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	4,132.	4,132.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	24,584.		24,584.	
c Accounting	31,483.	14,138.	17,345.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	285.		285.	
g Other	515,448.	463,165.	41,827.	10,456.
12 Advertising and promotion	8,279.	5,394.		2,885.
13 Office expenses	8,382.	2,908.	5,064.	410.
14 Information technology	2,074.	1,757.	317.	
15 Royalties				
16 Occupancy	51,157.	22,720.	28,437.	
17 Travel	31,269.	17,489.	12,885.	895.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,056.	7,167.	1,889.	
20 Interest	9,042.		9,042.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,252.	961.	1,291.	
23 Insurance	238.		238.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>MEDICAL/PROGRAM SUPPLIE</b>	58,934.	58,914.	20.	
b <b>MISCELLANEOUS</b>	11,231.	9,602.	867.	762.
c <b>PRINTING AND PUBLICATIO</b>	6,761.	5,485.	317.	959.
d <b>EQUIPMENT RENT</b>	6,473.	2,748.	3,725.	
e <b>LICENSES AND FEES</b>	2,521.	2,281.	90.	150.
f All other expenses				
<b>25 Total functional expenses</b> Add lines 1 through 24f	783,601.	618,861.	148,223.	16,517.
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	228,847.	2	145,450.
	3 Pledges and grants receivable, net	29,729.	3	17,485.
	4 Accounts receivable, net	72,924.	4	75,186.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	34,735.	7	36,162.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,755.	9	3,413.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 28,242.		
	b Less: accumulated depreciation	10b 21,271.	9,223.	10c 6,971.
	11 Investments - publicly traded securities	100.	11	100.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	73,196.	15	73,721.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	451,509.	16	358,488.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	572,552.	17	113,734.
	18 Grants payable		18	
	19 Deferred revenue	106,425.	19	13,750.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	185,514.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,785.	25	1,620.
	26 <b>Total liabilities.</b> Add lines 17 through 25	869,276.	26	129,104.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-498,988.	27	170,834.
	28 Temporarily restricted net assets	30,724.	28	8,053.
	29 Permanently restricted net assets	50,497.	29	50,497.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	-417,767.	33	229,384.
	34 <b>Total liabilities and net assets/fund balances</b>	451,509.	34	358,488.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- 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

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

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

MUSKEGON COMMUNITY HEALTH PROJECT

Employer identification number

91-1932918

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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)

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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	272,572.	323,320.	359,683.	456,309.	259,637.	1,671,521.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge				134,842.	44,490.	179,332.
<b>4 Total.</b> Add lines 1 through 3	272,572.	323,320.	359,683.	591,151.	304,127.	1,850,853.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						1,850,853.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	272,572.	323,320.	359,683.	591,151.	304,127.	1,850,853.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,690.	9,556.	3,347.	4,257.	2,599.	37,449.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			17,196.	21,235.		38,431.
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						1,926,733.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,944,511.

**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** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.06 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	95.73 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12)						
<b>14</b> 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 <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 ► ☐



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MUSKEGON COMMUNITY HEALTH PROJECT**

Employer identification number  
**91-1932918**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**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 XIV.

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 organization answered "Yes" to 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 XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	73,196.	77,590.			
b Contributions	0.	49.			
c Net investment earnings, gains, and losses	810.	-913.			
d Grants or scholarships					
e Other expenditures for facilities and programs		-3,210.			
f Administrative expenses	285.	-320.			
g End of year balance	73,721.	73,196.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 32.00 %  
 b Permanent endowment ► 68.00 %  
 c Term endowment ► %

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		28,242.	21,271.	6,971.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,971.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	508,248.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	783,601.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-275,353.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	935,176.
9	Total adjustments (net). Add lines 4 through 8	9	935,176.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	659,823.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	595,431.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-173.
b	Donated services and use of facilities	2b	44,490.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	55,823.
e	Add lines 2a through 2d	2e	100,140.
3	Subtract line 2e from line 1	3	495,291.
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	285.
b	Other (Describe in Part XIV.)	4b	12,672.
c	Add lines 4a and 4b	4c	12,957.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	508,248.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	885,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	44,490.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	57,733.
e	Add lines 2a through 2d	2e	102,223.
3	Subtract line 2e from line 1	3	783,316.
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	285.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	285.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	783,601.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: INTENDED USE OF CFFMC AMOS FUND ANNUAL DISTRIBUTION:**

THIS FUND CAME TO THE HEALTH PROJECT AS PART OF THE ACQUISITION OF THE FORMER LAKESHORE LUNG SOCIETY. THE ANNUAL PROCEEDS FROM THE FUND'S DISTRIBUTION ARE USED EXCLUSIVELY TO HELP SUPPORT THE PROGRAMS OF THE HEALTH PROJECT'S LAKESHORE LUNG PROGRAM, WHICH PROVIDES AWARENESS AND EDUCATION ABOUT THE HAZARDS OF TOBACCO USE, AS WELL AS AWARENESS AND PREVENTION OF LUNG DISEASES SUCH AS ASTHMA AND EMPHYSEMA.

**Part XIV** Supplemental Information (continued)

**PART X:** THE ORGANIZATION AND ITS SUBSIDIARY HAVE ADOPTED ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10 AS IT RELATES TO UNCERTAIN TAX POSITIONS. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX PROVISION ARE CLASSIFIED AS CURRENT IN THE ORGANIZATION AND ITS SUBSIDIARY'S FINANCIAL STATEMENTS. THE ORGANIZATION AND ITS SUBSIDIARY HAVE EVALUATED THEIR TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2007-2009 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION AND ITS SUBSIDIARY ARE NOT CURRENTLY UNDER AUDIT NOR HAVE THEY BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE ORGANIZATION AND ITS SUBSIDIARY'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE NINE MONTHS END JUNE 30, 2010.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

REALIZED/UNREALIZED LOSS IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS: -173.  
CONTRIBUTION OF NET ASSETS RESULTING FROM MERGER: 935349.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

TAXABLE SUBSIDIARY INCOME REPORTED ON FORM 1120: 55821.  
ROUNDING: 2.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

CHANGE IN NET ASSETS RELEASED FROM RESTRICTIONS: 12672.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information *(continued)*

TAXABLE SUBSIDIARY EXPENSES REPORTED ON FORM 1120: 57731.

ROUNDING: 2.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MUSKEGON COMMUNITY HEALTH PROJECT**

Employer identification number

**91-1932918**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	5	24,116.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>EDUC. MATERIA</u> )	X	1	2,000.	ESTIMATED COST
26 Other ► ( <u>PROF SERVICES</u> )	X	4	0.	\$38,570 VALUE-SCH D
27 Other ► ( <u>USE OF FACILI</u> )	X	3	0.	\$5,920 VALUE-SCH D
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 Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?

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?

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MUSKEGON COMMUNITY HEALTH PROJECT

Employer identification number

91-1932918

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

OF LIFE FOR ALL FAMILIES OF MUSKEGON COUNTY BY ENCOURAGING

COLLABORATION BETWEEN PROVIDERS, CONSUMERS AND PAYERS OF HEALTH CARE.

FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE DECEMBER 15, 2009, THE

STATE OF MICHIGAN APPROVED THE MERGER OF LAKESHORE LUNG SOCIETY, A TAX

EXEMPT ENTITY INTO MUSKEGON COMMUNITY HEALTH PROJECT. DOCUMENTATION IS

ATTACHED.

ADDITIONALLY, THE ORGANIZATION RESTATED ITS ARTICLES OF INCORPORATION,

FILED WITH THE STATE OF MICHIGAN ON MARCH 1, 2010. ARTICLE II WAS

SIGNIFICANTLY EXPANDED, ADDING THE PURPOSE OF CARRYING OUT CHARITABLE

COMMUNITY SERVICES FOR ITS OWNER ENTITY, MERCY HEALTH PARTNERS, AMONG

SEVERAL OTHER EXPANSIONS OF ITS CHARITABLE PURPOSE. DOCUMENTATION IS

ATTACHED.

FORM 990, PART VI, SECTION A, LINE 6: AS DISCLOSED IN THE AMENDED AND

RESTATED ARTICLES OF INCORPORATION AS FILED MARCH 1, 2010, MERCY HEALTH

PARTNERS, A MICHIGAN NONPROFIT CORPORATION, IS THE SOLE MEMBER OF MUSKEGON

COMMUNITY HEALTH PROJECT, A NONSTOCK MEMBERSHIP CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: IN ACCORDANCE WITH ARTICLE VI OF

THE AMENDED AND RESTATED ARTICLES OF INCORPORATION FILED MARCH 1, 2010, THE

CORPORATE MEMBER, MERCY HEALTH PARTNERS, HAS THE RIGHT TO APPOINT AND

REMOVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS.



**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

MUSKEGON COMMUNITY HEALTH PROJECT

Employer identification number

91-1932918

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS PRESENTED AS AN AGENDA ITEM AT A REGULAR MEETING OF THE BOARD OF DIRECTORS. EACH BOARD MEMBER IS PROVIDED A COPY OF FORM 990. THE BOARD TREASURER PRESENTS THE 990 TO THE BOARD FOR REVIEW AND DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 12C: A LETTER IS SIGNED BY EACH BOARD MEMBER EACH CALENDAR YEAR THAT IDENTIFIES POTENTIAL AREAS OF CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY MERCY HEALTH PARTNERS HUMAN RESOURCES DEPT., ACCORDING TO JOB CLASSIFICATION.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS PROVIDED ON THE ORGANIZATION'S WEBSITE. THE 990 IS ALSO AVAILABLE TO VIEW AT WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS PROVIDED ON THE ORGANIZATION'S WEBSITE. ADDITIONALLY, THE ARTICLES OF NONPROFIT INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE FROM MICHIGAN DEPT OF ENERGY, LABOR & ECONOMIC GROWTH AT WWW.DLEG.STATE.MI.US/BCS CORP.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MUSKEGON COMMUNITY HEALTH PROJECT

Employer identification number  
91-1932918

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE  
AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF  
AN INDEPENDENT ACCOUNTANT. THERE WAS NO CHANGE IN THIS PROCESS FROM  
THE PREVIOUS YEAR.

FORM 990, PART VII AND PART IX

LEASED EMPLOYEE EXPENSE

THE ORGANIZATION LEASES ITS EMPLOYEES FROM ANOTHER TAX EXEMPT  
ORGANIZATION. AS SUCH, THERE IS NO COMPENSATION EXPENSE REFLECTED IN  
PART IX. RATHER, LEASED EMPLOYEE EXPENSE OF \$398,544 IS INCLUDED IN  
PART IX, LINE 11F. EXECUTIVE DIRECTOR W-2 COMPENSATION HAS BEEN  
DISCLOSED IN PART VII. THE EXECUTIVE DIRECTOR'S 2009 W-2 COMPENSATION  
IN PART VII INCLUDES WAGES FOR WORK PERFORMED BY ANOTHER ENTITY. OF  
THE WAGES REPORTED, 25% IS ACTUALLY LEASED EMPLOYEE EXPENSE ON THE  
ORGANIZATION'S BOOKS. THE REMAINDER IS WAGES FOR WORK PERFORMED FOR  
THE OTHER ENTITY.

REASON FOR AMENDED RETURN

THE ORIGINAL RETURN INADVERTANTLY UNDERSTATED CONTRIBUTION REVENUE AND  
OVERSTATED CONTRIBUTED CAPITAL BY \$9,999. THE AMENDMENT TO CORRECT  
THIS RESULTS IN AN INCREASE TO CONTRIBUTIONS AND GRANTS REVENUE, PART  
1, LINE 8, PART VIII LINE 1H, SCH A, PART II, LINE 1 AND SCHEDULE D,  
PART XI, LINE 1 AND PART XII LINE 1 OF \$9,999, AND A DECREASE IN  
SCHEDULE D, PART XI, LINE 8 OF \$9,999.

## Name of the organization

## MUSKEGON COMMUNITY HEALTH PROJECT

Employer identification number  
91-1932918

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

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

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

Schedule R (Form 990) 2009



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
			Yes	No
(1) <b>COMMUNITY HEALTH VENTURES</b>		A		
(2) <b>MERCY HEALTH PARTNERS</b>		C		
(3) <b>MERCY HEALTH PARTNERS</b>		K		
(4)				
(5)				
(6)				



Application to Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

Attachment  
Sequence No **148**

► See separate instructions.

**Part I** General Information

*Important: All filers must complete Part I and sign below. See instructions.*

Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
MUSKEGON COMMUNITY HEALTH PROJECT	91-1932918
Number, street, and room or suite no. (if a P.O. box, see instructions)	Service Center where income tax return will be filed
565 W. WESTERN AVENUE	OGDEN, UT
City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
MUSKEGON, MI 49440	231-673-3201
Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number
VONDIE WOODBURY	231-673-3201

**1** Check the appropriate box(es) to indicate the type of applicant (see instructions).

<input type="checkbox"/> Individual	<input type="checkbox"/> Cooperative (sec. 1381(a))	<input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957)	<input type="checkbox"/> Other foreign corporation
<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign sales corporation (FSC) or interest-charge domestic international sales corporation (IC-DISC)	<input checked="" type="checkbox"/> Tax-exempt organization
<input type="checkbox"/> Domestic corporation	<input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898)	<input type="checkbox"/> Homeowners Association (sec. 528)
<input type="checkbox"/> S corporation	<input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E))	<input type="checkbox"/> Other _____
<input type="checkbox"/> Personal service corporation (PSC)	<input type="checkbox"/> Trust	(Specify entity and applicable Code section)

**2 a** Approval is requested to (check one) (see instructions)

☐ Adopt a tax year ending ► \_\_\_\_\_ (Partnerships and PSCs: Go to Part III after completing Part I.)

☒ Change to a tax year ending ► JUNE 30, 2010 ☐ Retain a tax year ending ► \_\_\_\_\_

**b** If changing a tax year, indicate the date the present tax year ends ► SEPTEMBER 30, 2010

**c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ► OCTOBER 1, 2009, and ending ► JUNE 30, 2010

**3** Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ► ☒ Yes ☐ No

If "No," attach an explanation THE ORGANIZATION WILL CHANGE ITS FINANCIAL REPORTING YEAR, ALSO.

**4** Indicate the applicant's present overall method of accounting

☐ Cash receipts and disbursements method ☒ Accrual method

☐ Other method (specify) ► \_\_\_\_\_

**5** State the nature of the applicant's business or principal source of income.

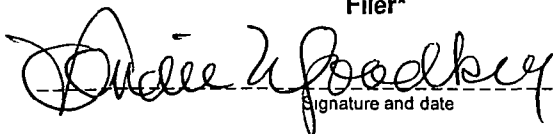
TAX-EXEMPT 501(C)(3) ORGANIZATION, A CITIZEN-LED EFFORT TO IMPROVE HEALTH STATUS AND QUALITY OF LIFE FOR ALL FAMILIES OF MUSKEGON COUNTY THROUGH COLLABORATION OF ALL PARTIES.

Signature - All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

Filer\*

Preparer (other than filer)

  
Signature and date

Signature of individual preparing the application and date

VONDIE WOODBURY, EXECUTIVE DIRECTOR

Name and title (print or type)

Name of individual preparing the application

\*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

BRICKLEY DELONG, P.C.

Name of firm preparing the application

**Part II Automatic Approval Request** (see instructions)

- Identify the revenue procedure under which this automatic approval request is filed ▶ . . . . . 85-58

**Section A - Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)**

- |   | Yes | No |
|---|-----|----|
| 1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev Proc 2006-45 (or its successor)? (see instructions) . . . . . ▶ |     |    |
| 2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553                                 |     |    |
| 3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) . . . . . ▶   |     |    |

**Section B - Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)**

- |   |  |  |
|---|--|--|
| 4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev Proc 2006-46 (or its successor)? (see instructions) . . . . . ▶  |  |  |
| 5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? . . . . . ▶  |  |  |
| 6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev Proc 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) . . . . . ▶ |  |  |
| 7 Is the S corporation requesting an ownership tax year? (see instructions) . . . . . ▶   |  |  |
| 8 Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev Proc. 2002-39 (or its successor)? (see instructions) . . . . . ▶  |  |  |

**Section C - Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)**

- |   |  |  |
|---|--|--|
| 9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? . . . . . ▶ |  |  |
|---|--|--|

**Section D - Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)**

- |  |   |  |
|--|---|--|
| 10 Is the applicant a tax-exempt organization requesting a change? . . . . . ▶ | X |  |
|--|---|--|

**Part III Ruling Request** (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)**Section A - General Information**

- |   | Yes | No |
|---|-----|----|
| 1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? . . . . . ▶<br>If "Yes," see the instructions for information that must be included on an attached explanation.   |     |    |
| 2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? . . . . . ▶<br>If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented   |     |    |
| 3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? . . . . . ▶<br>If "Yes," attach an explanation.  |     |    |
| 4 a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc 2002-39 (or its successor)? . . . . . ▶<br>If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions)<br>b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.<br><input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test<br>Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions) |     |    |
| 5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period<br>Short period      \$ _____ First preceding year      \$ _____<br>Second preceding year      \$ _____ Third preceding year      \$ _____<br>Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.  |     |    |



**Part II Automatic Approval Request** (see instructions)

- Identify the revenue procedure under which this automatic approval request is filed ▶ . . . . .

**Section A - Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)**

- |   | Yes | No |
|---|-----|----|
| 1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶ |     |    |
| 2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553                         |     |    |
| 3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) . . . . . ▶   |     |    |

**Section B - Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)**

- |  |  |  |
|--|--|--|
| 4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) . . . . . ▶   |  |  |
| 5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? . . . . . ▶   |  |  |
| 6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months (See instructions for information required to be submitted) . . . . . ▶ |  |  |
| 7 Is the S corporation requesting an ownership tax year? (see instructions) . . . . . ▶  |  |  |
| 8 Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) . . . . . ▶  |  |  |

**Section C - Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)**

- |   |  |  |
|---|--|--|
| 9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? . . . . . ▶ |  |  |
|---|--|--|

**Section D - Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)**

- |  |   |  |
|--|---|--|
| 10 Is the applicant a tax-exempt organization requesting a change? . . . . . ▶ | X |  |
|--|---|--|

**Part III Ruling Request** (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)**Section A - General Information**

- |   | Yes | No |
|---|-----|----|
| 1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? . . . . . ▶<br>If "Yes," see the instructions for information that must be included on an attached explanation  |     |    |
| 2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? . . . . . ▶<br>If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.  |     |    |
| 3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? . . . . . ▶<br>If "Yes," attach an explanation.  |     |    |
| 4a Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev. Proc. 2002-39 (or its successor)? . . . . . ▶<br>If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).  |     |    |
| b If your business purpose is based on one of the natural business year tests under section 5 03, check the applicable box.<br><input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test<br>Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)  |     |    |
| 5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.<br>Short period      \$ _____ First preceding year      \$ _____<br>Second preceding year      \$ _____ Third preceding year      \$ _____<br><b>Note:</b> Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions |     |    |

6 Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period		Yes	No
	Generated		
Net operating loss . . . . .	\$ _____ \$ _____		
Capital loss . . . . .	\$ _____ \$ _____		
Unused credits . . . . .	\$ _____ \$ _____		
7 Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev Proc 2002-39, or its successor) . . . . . ▶ \$ _____			
8 a Is the applicant a U.S. shareholder in a CFC? . . . . . ▶			
If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.			
b Will each CFC concurrently change its tax year? . . . . . ▶			
If "Yes" to line 8b, go to Part II, line 3			
If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.			
9 a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? . . . . . ▶			
If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant			
b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? . . . . . ▶			
10 a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? . . . . . ▶			
If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount			
b Will any partnership concurrently change its tax year to conform with the tax year requested? . . . . . ▶			
c If "Yes" to line 10b, has any Form 1128 been filed for such partnership? . . . . . ▶			
11 Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? . . . . . ▶			
If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.			
12 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? . . . . . ▶			
13 Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? . . . . . ▶			
14 Enter amount of user fee attached to this application (see instructions) . . . . . ▶ \$ _____			
<b>Section B - Corporations (other than S corporations and controlled foreign corporations) (see instructions)</b>			
15 Enter the date of incorporation ▶			
16 a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? . . . . . ▶		Yes	No
b If "Yes," will the corporation be going to a permitted S corporation tax year? . . . . . ▶			
If "No" to line 16b, attach an explanation.			
17 Is the corporation a member of an affiliated group filing a consolidated return? . . . . . ▶			
If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return, (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period, and (d) the name of the parent corporation.			
18 a Personal service corporations (PSCs). Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.			
b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year			
<input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____)			
<input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))			

**Section C - S Corporations** (see instructions)

<b>19</b>	Enter the date of the S corporation election. ▶	Yes	No
<b>20</b>	Is any shareholder applying for a corresponding change in tax year? . . . . . ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
<b>21</b>	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		
<b>22</b>	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period		

**Section D - Partnerships** (see instructions)

<b>23</b>	Enter the date the partnership's business began ▶	Yes	No
<b>24</b>	Is any partner applying for a corresponding change in tax year? . . . . . ▶		
<b>25</b>	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
<b>26</b>	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? . . . . . ▶ If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
<b>27</b>	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		

**Section E - Controlled Foreign Corporations (CFC)**

<b>28</b>	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period		
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**Section F - Tax-Exempt Organizations**

<b>29</b>	Type of organization.      Corporation      Trust      Other (specify) ▶	Yes	No
<b>30</b>	Date of organization. ▶		
<b>31</b>	Code section under which the organization is exempt. ▶		
<b>32</b>	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶		
<b>33</b>	Enter the date the tax exemption was granted ▶      Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation		
<b>34</b>	If the organization is a private foundation, is the foundation terminating its status under section 507? . . . . . ▶		

**Section G - Estates**

<b>35</b>	Enter the date the estate was created ▶
<b>36 a</b>	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate.
<b>b</b>	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.

**Section H - Passive Foreign Investment Companies**

<b>37</b>	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned
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# ***Michigan Department of Energy, Labor & Economic Growth***

## ***Filing Endorsement***

***This is to Certify that the MERGER DOCUMENT***

***for***

***MUSKEGON COMMUNITY HEALTH PROJECT***

***ID NUMBER: 757194***

***received by facsimile transmission on December 15, 2009 is hereby endorsed***

***Filed on December 15, 2009 by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 15TH day of December, 2009.***

***Director***

***Bureau of Commercial Services***

BCS/CD-550 (Rev. 12/06)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name Jeffery A. Jacobson	
Address P.O. Box 786	
City	State      Zip Code
Muskegon	MI      49443-0786
EFFECTIVE DATE:	

Document will be returned to the name and address you enter above.  
If left blank document will be mailed to the registered office.

## CERTIFICATE OF MERGER / CONSOLIDATION

For use by Domestic Nonprofit Corporations

(Please read information and instructions on the last page)

Pursuant to the provisions of Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporations execute the following Certificate:

1. The Plan of Merger (Consolidation) is as follows

a. The name of each constituent corporation and its identification number is:

Lakeshore Lung Society

787228

Muskegon Community Health Project

757194

b. The name of the surviving (new) corporation and its identification number is:

Muskegon Community Health Project

757194

c. For each constituent stock corporation, state:

Name of corporation	Designation and number of outstanding shares of each class	Indicate classes of shares entitled to vote	Indicate each class, if any, entitled to vote as a class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the number of shares is subject to change prior to the effective date of the merger or consolidation, the manner in which the change may occur is as follows:

- 2, a) For each corporation organized on a membership basis, state (a) the name of the corporation, (b) a description of its members, and (c) the number, classification and voting rights of its members.

Lakeshore Lung Society

Members with full voting privileges are those persons who pay \$1 per year to the corporation.

- b) For each corporation organized on a directorship basis, state (a) the name of the corporation, (b) a description of the organization of its board, and (c) the number, classification and voting rights of its directors.

Muskegon Community Health Project

The Board of Directors consists of between 17 and 19 persons, who all have full voting privileges and are elected to 3 year terms.

- c) State the terms and conditions of the proposed merger or consolidation. Include the manner and basis of converting the shares of, or membership or other interests in, each constituent corporation into shares, bonds, or other securities of, or membership or other interest in, the surviving or consolidated corporation, or into cash or other consideration.

The surviving corporation shall succeed to all of the constituent company's property, assets, debts and other interests belonging to the constituent company. The membership interests of the constituent company shall be cancelled.

- d) If a consolidation, the Articles of Incorporation of the consolidated corporation are attached to this Certificate and are incorporated herein. If a merger, the amendments to the Articles, or a restatement of the Articles, of the surviving corporation to be effected by the merger are as follows:

None

- e) Other provisions with respect to the merger (consolidation) are as follows:

None

- 3 The corporation has complied with the applicable provisions of the law of the jurisdiction where it is organized.

4. (Complete only if an effective date is desired other than the date of filing. The date must be no more than 90 days after receipt of this document in this office.)

The merger (consolidation) shall be effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

5. The Plan of Merger or consolidation was approved by:

- ☒ the Board of Directors and shareholders or members of the following Michigan corporation(s) in accordance with Sections 701 and 703(1) and (2) of the Act:

Lakeshore Lung Society

- ☒ the Board of Directors of the following Michigan corporation(s) organized on a directorship basis in accordance with Section 703(3) of the Act:

Muskegon Community Health Project

By Carolyn K. Howes  
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)

CAROLYN HOWES, PRESIDENT  
(Type or Print Name and Title)

Lakeshore Lung Society

(Name of Corporation)

By [Signature]  
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)

CHAIRPERSON  
(Type or Print Name and Title)

Muskegon Community Health Project

(Name of Corporation)

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERALMIKE COX  
ATTORNEY GENERALP.O. Box 30214  
LANSING, MICHIGAN 48909

December 15, 2009

Jeffery A. Jacobson  
Parmenter O'Toole  
601 Terrace Street, PO Box 786  
Muskegon, Mi. 49443 - 0786

Dear Mr. Jacobson:

Re: MERGER OF: Lakeshore Lung Society (787-228)  
into Muskegon Community Health Project (757-194)

The Attorney General's Charitable Trust Section has received your request to review the proposed merger of the above-captioned organizations pursuant to the provisions of the Dissolution of Charitable Purpose Corporations Act, MCL 450.251 et seq. and the Supervision of Trustees for Charitable Purposes Act, MCL 14.251 et seq. Please be advised that the Department of Attorney General does not object to the merger.

The non-objection is based upon the facts as represented in materials disclosed to this office and is limited to that set of facts and to the named organizations. Additionally, please be advised that the review performed by this office has been solely for purposes of determining compliance with the provisions of the Dissolution of Charitable Purpose Corporations Act, MCL 450.251 et seq. and the Supervision of Trustees for Charitable Purposes Act, MCL 14.251 et seq. and in no way should be construed as an approval or review of the proposed merger for purposes of determining compliance with any other state or federal law.

Very truly yours,

Joseph J. Kylan  
Auditor  
Charitable Trust Section  
(517) 373-1152

JJK/mjm



# ***Michigan Department of Energy, Labor & Economic Growth***

## ***Filing Endorsement***

***This is to Certify that the RESTATED ARTICLES OF INCORPORATION - NONPROFIT***

***for***

***MUSKEGON COMMUNITY HEALTH PROJECT***

***ID NUMBER: 757194***

***received by facsimile transmission on March 1, 2010 is hereby endorsed***

***Filed on March 1, 2010 by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 1ST day of March, 2010.***

***Director***

***Bureau of Commercial Services***

**MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
BUREAU OF COMMERCIAL SERVICES  
CORPORATION DIVISION  
LANSING, MICHIGAN**

**Second Amended and Restated Articles of Incorporation of  
Muskegon Community Health Project**

A Michigan Nonprofit Corporation

1. The present name of the Corporation is Muskegon Community Health Project which was incorporated on April 7, 1998.
2. The identification number assigned by the Bureau is 757-194.
3. There are no former names of the corporation.
4. The date of filing the original Articles of Incorporation was April 7, 1998.

These Second Amended and Restated Articles of Incorporation ("Amended and Restated Articles of Incorporation") amend and supersede the previous Restated Articles of Incorporation and are executed pursuant to the provisions of the Michigan Nonprofit Corporation Act (the "Act"), as amended and shall be the Articles of Incorporation for the corporation.

The text of the Amended and Restated Articles of Incorporation is as follows:

**Article I**

Name

The name of the Corporation is Muskegon Community Health Project.

**Article II**

Purposes

The purposes for which the Corporation is organized are:

- A. To receive and administer funds for charitable, educational and scientific purposes as described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time, or comparable provisions of subsequent legislation (the "Code"), including promoting community health;
- B. To further any and all charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Code;

- C. To carry out the purposes of Mercy Health Partners, a Michigan nonprofit corporation, or its successor (the "Corporate Member"), which is the member of the Corporation, and to further the apostolate of Catholic Health Ministries on behalf of and as an integral part of the Roman Catholic Church in the United States;
- D. To facilitate and coordinate the delivery of health care and health care related services of every kind, nature and description which, in the opinion of the Directors of the Corporation, are appropriate in carrying out the purposes of the Corporation and the Corporate Member and the health care mission of Catholic Health Ministries. The Corporation shall take all such actions as may be necessary or desirable to accomplish the foregoing purpose within the restrictions and limitations of these Amended and Restated Articles of Incorporation, the Bylaws of the Corporation or applicable law, including, without limitation, promoting and carrying on educational activities related to the care of the sick and promotion of health, and establishing, maintaining, owning, managing, operating, transferring, conveying, supporting, assisting and acquiring institutions, facilities and programs, directly or through one or more affiliates;
- E. To coordinate and oversee the activities of subsidiaries and affiliates;
- F. To acquire, purchase, own, loan and borrow, erect, maintain, hold, use, control, manage, invest, exchange, convey, transfer, sell, mortgage, lease and rent all real and personal property of every kind and nature, which may be necessary or incidental to the accomplishment of any and all of the above purposes;
- G. To accept, receive and hold, in trust or otherwise, all contributions, legacies, bequests, gifts and benefactions which may be left, made or given to the Corporation, or its predecessor or constituent corporations, by any person, persons or organizations;
- H. To provide benefit to Trinity Health - Michigan, the parent corporation of the Corporate Member, in conformity with the purposes of the Corporation;
- I. To take all such actions as may be necessary or desirable to accomplish the foregoing purposes within the restrictions and limitations of these Amended and Restated Articles of Incorporation, the Bylaws of the Corporation and applicable law, provided that no substantial part of the activities of the Corporation shall be to carry out propaganda, or to otherwise attempt to influence legislation; and the Corporation shall not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office (by the publishing or distribution of statements or otherwise), in violation of any provisions applicable to corporations exempt from taxation under Section 501(c)(3) of the Code and the regulations promulgated thereunder as they now exist or as they may be hereafter amended;
- J. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its Directors, officers or other private individuals, except that the

Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to or for the Corporation and to make payments and distributions in furtherance of the purposes set forth herein;

- K. Notwithstanding any other provisions of these Amended and Restated Articles of Incorporation, the Corporation shall not carry on any activity not permitted to be carried on by:
- (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Code;
  - (ii) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code; or
  - (iii) a corporation described in Section 509(a)(3) of the Code (or, if the Corporation is so classified, Section 509(a)(1) or 509(a)(2) of the Code).

### Article III

#### Organization

The Corporation is organized on a nonstock basis as a membership corporation.

- A. The Corporation's member is Mercy Health Partners, a Michigan nonprofit corporation.
- B. The assets which the Corporation possesses are:
- Real Property – None  
Personal Property – Furniture, fixtures, computer equipment and software with a net book value of approximately \$12,000.
- C. The Corporation is to be financed by gifts, grants, contributions, investment income, and revenues and fees from its exempt activities.

### Article IV

#### Registered Office and Resident Agent

The address of the Corporation's registered office is Office of Legal Affairs, 34605 Twelve Mile Road, Farmington Hills, Michigan 48331-3221. The name of the resident agent of the Corporation is Agnes Hagerty. The address of the Corporation's registered office and/or name of the Corporation's resident agent may be changed from time to time by the Board of Directors of the Corporation.

## **Article V**

### **Catholic Identity**

The activities of the Corporation shall be carried out in a manner consistent with "The Guiding Principles for Catholic Health Ministries and its Apostolic Works" or a successor document which sets forth the principles, describing how the Apostolic and Charitable Works of Catholic Health Ministries are to be carried out; the teachings of the Roman Catholic Church; other directives promulgated from time to time by Catholic Health Ministries; and, the values and principles inherent in the medical-moral teachings of the Church (such as the Ethical and Religious Directives for Catholic Health Care Services) as promulgated from time to time by the National Conference of Catholic Bishops (or any successor organization) and as interpreted by the local Ordinary.

## **Article VI**

### **Corporate Member Action**

The following matters are reserved to the Corporate Member:

- A. Approve changes to the Corporation's vision statement;
- B. Appoint and remove members of the Corporation's Board of Directors;
- C. Approve capital and operating budgets;
- D. Approve capital expenditures, as specified by then-existing policies;
- E. Approve the Corporation's participation in managed care contracts and arrangements, as specified by then-existing policies;
- F. Approve the Corporation's entry into leases and contracts, as specified by then-existing policies;
- G. Approve management policies and procedures, as specified by then-existing policies;
- H. Appoint and/or remove the Corporation's Chief Executive Officer/Executive Vice President; and
- I. All other matters reserved to members of nonprofit corporations by the laws of Michigan or as reserved in these Amended and Restated Articles of Incorporation or Bylaws of the Corporation.

## Article VII

### Reserved Power of Trinity Health - Michigan

Trinity Health - Michigan, the corporate member of the Corporate Member, shall have the following reserved power with respect to the Corporation:

In recognition of the benefits accruing to the Corporation from Trinity Health - Michigan, Trinity Health - Michigan shall have the power to transfer assets, or to require the Corporation to transfer assets, to Trinity Health - Michigan or an entity controlled by, controlling or under common control with Trinity Health - Michigan, whether within or without the state of domicile of the Corporation, to the extent necessary to accomplish the goals and objectives of the Corporate Member or Trinity Health - Michigan. The Corporation shall not be required to violate its corporate or charitable purposes, the terms of any restricted gifts, the covenants of its debt instruments, or the law of any applicable jurisdiction as a result of any asset transfers to be made to or directed by the Corporate Member or Trinity Health - Michigan pursuant to this provision.

## Article VIII

### Indemnification and Standard of Care

Section 1. Indemnification. The Corporation shall, to the maximum extent allowed by law, indemnify those persons who are serving or have served as members, trustees, directors, religious congregations or other canonical persons serving as sponsors, officers, employees, committee members, or agents of the Corporation, and those who are serving or have served at the request of the Corporation as a trustee, director, religious congregations or other canonical persons serving as sponsors, officer, manager, partner, employee, committee member, or agent of another corporation, partnership, joint venture, trust, employee benefit plan, limited liability company or other enterprise, whether for profit or nonprofit, against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit, or proceeding.

Section 2. Insurance. Except as may be limited by law, the Corporation may purchase and maintain insurance on behalf of any person who is or was a member, director, trustee, religious congregation or other canonical person serving as sponsor, officer, director, committee member, employee, or agent of the Corporation, or who is or was serving at the request of the Corporation as a trustee, religious congregation or other canonical person serving as sponsor, officer, director, committee member, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, to protect against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not this Corporation would have power to indemnify him or her against such liability under state law.

Section 3. Standard of Care. Each Director shall stand in a fiduciary relation to the Corporation and shall perform his or her duties as a Director, including his or her duties as a member of any committee of the Board upon which he or she may serve, in good faith, in a manner he or she reasonably believes to be in the best interests of the Corporation, and with such

care, including reasonable inquiry, skill and diligence, as a person of ordinary prudence would use under similar circumstances.

**Section 4. Justifiable Reliance.** In performing his or her duties, a Director (including when such Director is acting as an officer of the Corporation) shall be entitled to rely in good faith on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by any of the following:

- A. One or more officers or employees of the Corporation whom the Director reasonably believes to be reliable and competent in the matters presented.
- B. Counsel, public accountants or other persons on matters that the Director reasonably believes to be within the professional or expert competence of such person.
- C. A committee of the Board upon which he or she does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the Director reasonably believes to merit confidence.
- D. A Director shall not be considered to be acting in good faith if he or she has knowledge concerning the matter in question that would cause his or her reliance to be unwarranted.

**Section 5. Consideration of Factors.** In discharging the duties of their respective positions, the Board of Directors, committees of the Board and individual Director may, in considering the best interests of the Corporation, consider the effects of any action upon employees, upon suppliers and customers of the Corporation and upon communities in which offices or other establishments of the Corporation are located, and all other pertinent factors. The consideration of those factors shall not constitute a violation of the standards described herein.

**Section 6. Presumption.** Absent breach of fiduciary duty, lack of good faith or self-dealing, actions taken as a Director or any failure to take any actions shall be presumed to be in the best interests of the Corporation.

**Section 7. Personal Liability of Director.** No Director shall be personally liable for monetary damages for any action taken, or any failure to take any action, unless the Director has breached or failed to perform the duties of his or her office under the standards described herein, has engaged in self-dealing, or the action or inaction constitutes willful misconduct or recklessness. The provisions of this Section shall not apply to the responsibility or liability of a Director pursuant to any criminal statute or the liability of a Director for the payment of taxes pursuant to local, state or federal law.

Nothing in this Article is intended to preclude or limit the application of any other provision of law that may provide a more favorable standard or higher level of protection for the Corporation's Directors.

## Article IX

### Liability of Non-Director Volunteers

The Corporation assumes the liability for all acts or omissions of a non-Director volunteer (as defined in accordance with Section 108(2) of the Act) occurring on or after the effective date of the filing of these Amended and Restated Articles of Incorporation or any predecessor document containing similar provisions if all of the following are met:

- A. The non-Director volunteer was acting or reasonably believed he or she was acting within the scope of his or her authority;
- B. The non-Director volunteer was acting in good faith;
- C. The non-Director volunteer's conduct was not gross negligence or willful or wanton misconduct;
- D. The non-Director volunteer's conduct was not an intentional tort; and
- E. The non-Director volunteer's conduct was not a tort arising out of the ownership, maintenance, or use of a motor vehicle for which tort liability may be imposed as provided in Section 3135 of the Michigan Insurance Code of 1956, Act No. 218 of the Public Acts of 1956, being Section 500.3135 of the Michigan Compiled Laws.

Any repeal or modification of this section by the Board of Directors of the Corporation shall not adversely affect any right or protection of any non-Director volunteer existing at the time of, or with respect to, any acts or omissions occurring before the effective date of such repeal or modification.

## Article X

### Dissolution

Upon the dissolution of the Corporation or the winding up of its affairs, the assets of the Corporation remaining after satisfaction of all of its obligations will be distributed to a qualifying entity, exempt from federal taxation under Section 501(c)(3) of the Code as directed the Corporate Member, taking into account the requirements of civil law.

## Article XI

### Effective Date of These Second Restated Articles of Incorporation

These Second Restated Articles of Incorporation are effective as of the date of filing with the State of Michigan.



## Article XII

### Bylaws

Except as otherwise provided in these Amended and Restated Articles of Incorporation, provisions for the membership, terms of office, manner of election and removal, time and place of meetings and powers and duties of the Board of Directors of the Corporation shall be governed by the Bylaws of the Corporation.

These Amended and Restated Articles of Incorporation were duly adopted on the 7th day of October, 2009, in accordance with Section 642 of the Act. These Amended Restated Articles of Incorporation, restate, integrate and do further amend the provisions of the Restated Articles of Incorporation and were duly adopted by the Corporate Member.

Signed this 26 day of February, 2010

MUSKEGON COMMUNITY HEALTH PROJECT

  
By: Dr. F. Remington Sprague  
Its: President

After Filing, return to:  
Thomas H. Van Dis, Esq.  
Miller Canfield, Paddock and Stone, PLC  
277 South Rose Street, Suite 5000  
Kalamazoo, MI 49007

4,070,669.5\139894-00001

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	MUSKEGON COMMUNITY HEALTH PROJECT	91-1932918
	Number, street, and room or suite no. If a P.O. box, see instructions	
	565 W. WESTERN AVENUE	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MUSKEGON, MI 49440	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### THE ORGANIZATION

- The books are in the care of ► **565 W. WESTERN AVENUE - MUSKEGON, MI 49440**

Telephone No. ► **(231) 672-3201**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **OCT 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☒ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)