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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
425 WESTERN AVE NO 200

City or town, state or country, and ZIP + 4
MUSKEGON, MI 494401101

D Employer identification number
38-6114135

E Telephone number
(231)722-4538

G Gross receipts $ 39,335,161

F Name and address of principal officer
CHRIS MCGUIGAN
425 W WESTERN AVE SUITE 200
MUSKEGON,MI 49440

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFFMC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 501(C)3 | **L** Year of formation 1961 | **M** State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BETTER THE LIVES OF AREA RESIDENTS THROUGH INVESTING AND ADMINISTERING GIFTS AND BEQUESTS AND ISSUING GRANTS FOR SPECIFIC CHARITABLE AND EDUCATIONAL PROGRAMS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	65
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,017,349	5,860,926
9	Program service revenue (Part VIII, line 2g)	415,236	408,026
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,585,817	2,648,505
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,552	205,490
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,228,954	9,122,947
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,437,821	3,994,364
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,138,011	1,183,074
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶409,273		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,222,126	2,055,971
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,797,958	7,233,409
19	Revenue less expenses Subtract line 18 from line 12	2,430,996	1,889,538

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	119,040,759	113,996,605
21	Total liabilities (Part X, line 26)	11,424,049	11,255,679
22	Net assets or fund balances Subtract line 21 from line 20	107,616,710	102,740,926

Part II Signature Block

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

Sign Here

****** | 2012-09-15
Signature of officer | Date

CHRIS MCGUIGAN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: DAVID F GERDES CPA	Date 2012-09-15	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00185284
Firm's name (or yours if self-employed), address, and ZIP + 4: REHMANN ROBSON, 570 SEMINOLE RD STE 200, MUSKEGON, MI 49444			EIN ▶ 38-3635706; Phone no ▶ (231) 739-9441

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY IS TO BUILD COMMUNITY ENDOWMENT, EFFECT POSITIVE CHANGE THROUGH GRANTMAKING AND PROVIDE LEADERSHIP ON KEY COMMUNITY ISSUES, ALL TO SERVE DONORS' DESIRES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF OUR REGION, NOW AND FOR GENERATIONS TO COME

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,455,892 including grants of $ 489,050) (Revenue $)

EDUCATION - SUPPORT PROJECTS THAT ENCOURAGE HIGH SCHOOL COMPLETIONAND SUCCESS IN SCHOOL, PROMOTE THE IMPORTANCE POST SECONDARY EDUCATIONTHROUGH THE COMMUNITY FOUNDATION SCHOLARSHIP PROGRAM, AND SUPPORT OPPORTUNITIES AND INNOVATIONS THAT POSITIVELY IMPACT PUBLIC AND PRIVATE K-12 EDUCATION THROUGH PROGRAMS THAT SERVE MULTIPLE DISTRICTS

4b (Code) (Expenses $ 1,711,974 including grants of $) (Revenue $)

HEALTH AND HUMAN SERVICES - ENCOURAGE PROGRAMS THAT MEET THE BASIC QUALITY OF LIFE NEEDS OF MUSKEGON COUNTY CHILDREN AND YOUTH, PROMOTE HEALTH PROGRAMS AND PROJECTS THAT INCREASE THE QUALITY OF HEALTH CARE AVAILABLE IN MUSKEGON COUNTY WITH EMPHASIS ON THE NEEDS OF LOW-INCOME FAMILIES AND CHILDREN, ENCOURAGE AND PROMOTE PROJECTS AND PROGRAMS THAT EMBRACE RACIAL DIVERSITY AND MULTICULTURALISM, PROMOTE HEALTHY LIFESTYLES THROUGH EDUCATION AND PREVENTION PROGRAMMING, SUPPORT EFFORTS THAT ADDRESS THE NEEDS OF CHILDREN FROM BIRTH THROUGH AGE SIX, INCLUDING QUALITY CHILD CARE,SUPPORT PROGRAMS THAT ENCOURAGE FAMILIES TO SUCCEED AND BECOME SELF-SUFFICIENT

4c (Code) (Expenses $ 860,450 including grants of $) (Revenue $)

ARTS - PROVIDE SUPPORT FOR THE FRAUENTHAL CENTER FOR THE PERFORMING ARTS,PROMOTE QUALITY ARTS PROGRAMMING THAT BENEFITS A BROAD COMMUNITY AUDIENCE,PROMOTE AND PROVIDE ACCESS TO YOUTH FOCUSED CULTURAL PROGRAMS WITH EMPHASIS ON DIVERSE ART FORMS, CONTRIBUTE TO THE VITALITY AND SUSTAINABILITY OF ARTSORGANIZATIONS AND INSTITUTIONS

(Code) (Expenses $ 2,093,856 including grants of $ 831,422) (Revenue $)

MUSKEGON DEVELOPMENT AND DOWNTOWN RE-DEVELOPMENT, ENVIRONMENT, EMERGING COMMUNITY NEEDS

4d Other program services (Describe in Schedule O)

(Expenses $ 2,093,856 including grants of $ 831,422) (Revenue $)

4e **Total program service expenses** ▶ $ 6,122,172

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	75		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	65		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ, OC See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION
425 WESTERN AVE NO 200
MUSKEGON, MI 494401101
(231) 722-4538

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY L CRANDALL CHAIR	0 00	X		X				0	0	0
(2) JOHN W SWANSON II VICE CHAIR	0 00	X		X				0	0	0
(3) ARTHUR V SCOTT TREASURER	0 00	X		X				0	0	0
(4) TIM ACHTERHOFF TRUSTEE	0 00	X						0	0	0
(5) WES EKLUND TRUSTEE	0 00	X						0	0	0
(6) MICHAEL D GLUHANICH TRUSTEE	0 00	X						0	0	0
(7) AMY HEISSER TRUSTEE	0 00	X						0	0	0
(8) CHARLES E TRIP JOHNSON TRUSTEE	0 00	X						0	0	0
(9) SUSAN MESTON TRUSTEE	0 00	X						0	0	0
(10) JOHN L MIXER TRUSTEE	0 00	X						0	0	0
(11) MARVIN NASH TRUSTEE	0 00	X						0	0	0
(12) DALE K NESBARY TRUSTEE	0 00	X						0	0	0
(13) STEPHEN G OLSEN TRUSTEE	0 00	X						0	0	0
(14) RICHARD W PETERS MD TRUSTEE	0 00	X						0	0	0
(15) KAY OLTHOFF TRUSTEE	0 00	X						0	0	0
(16) ASALINE SCOTT TRUSTEE	0 00	X						0	0	0
(17) MICHAEL SOIMAR TRUSTEE	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROGER SPOELMAN TRUSTEE	0 00	X						0	0	0
(19) ALAN STEINMAN TRUSTEE	0 00	X						0	0	0
(20) BERNICE L SYDNOR TRUSTEE	0 00	X						0	0	0
(21) JOHN SYTSEMA TRUSTEE	0 00	X						0	0	0
(22) KATHLEEN TORRENSEN TRUSTEE	0 00	X						0	0	0
(23) PETER M TURNER TRUSTEE	0 00	X						0	0	0
(24) CHRIS A MCGUIGAN PRESIDENT/SECRETARY	40 00			X				149,249	0	0

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	149,249	0	0

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

			Yes	No
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*	3		No
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*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5,860,926				
	g	Noncash contributions included in lines 1a-1f $ 1,247,838				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,860,926			
Program Service Revenue		Business Code				
	2a	FRAUENTHAL CENTER FOR 711190	408,026	408,026		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	408,026			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,638,156			2,638,156
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 96,546				
	b	Less rental expenses 103,638				
	c	Rental income or (loss) -7,092				
	d	Net rental income or (loss) . . . . . ▶	-7,092			-7,092
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 30,118,925				
	b	Less cost or other basis and sales expenses 30,108,576				
	c	Gain or (loss) 10,349				
	d	Net gain or (loss) . . . . . ▶	10,349	10,349		
Other Revenue	8a	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 . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	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				
	11a	OTHER REVENUE 561000	212,582	212,582		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	212,582			
	12	**Total revenue.** See Instructions . . . ▶	9,122,947	630,957	0	2,631,064

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,994,364	3,994,364		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	953,567	313,440	469,744	170,383
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,238	14,870	20,993	9,375
9	Other employee benefits	108,725	23,978	76,393	8,354
10	Payroll taxes	75,544	26,574	35,936	13,034
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	8,200		8,200	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	3,000	3,000		
12	Advertising and promotion	31,940	6,382	11,279	14,279
13	Office expenses	35,936	14,018	21,918	
14	Information technology	10,047		10,047	
15	Royalties				
16	Occupancy	201,592	167,992	33,600	
17	Travel	780		780	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,048	1,791	5,257	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	300,486	274,236	26,250	
23	Insurance	21,353	21,353		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT FUND EXPENSES	909,785	909,785		
b	COMMUNITY SERVICE NET E	348,894	348,894		
c	MISCELLANEOUS	44,618	44,618		
d	HOUSEFRONT EXPENSE	41,371	41,371		
e					
f	All other expenses	90,921	-84,494	-18,433	193,848
25	**Total functional expenses.** Add lines 1 through 24f	7,233,409	6,122,172	701,964	409,273
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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
Assets	1	Cash—non-interest-bearing	2,500,586	1	7,686,633
	2	Savings and temporary cash investments	1,340,420	2	2,329,815
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	229,919	4	328,180
	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	2,587,369	7	2,521,253
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 14,032,731			
	b	Less accumulated depreciation — 10b: 6,854,229	7,609,943	10c	7,178,502
	11	Investments—publicly traded securities	102,026,521	11	91,226,995
	12	Investments—other securities See Part IV, line 11	2,193,721	12	2,248,754
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	552,280	15	476,473
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	119,040,759	16	113,996,605
Liabilities	17	Accounts payable and accrued expenses	111,817	17	69,383
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	11,312,232	25	11,186,296
	26	**Total liabilities.** Add lines 17 through 25	11,424,049	26	11,255,679
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	107,064,430	27	102,264,453
	28	Temporarily restricted net assets	552,280	28	476,473
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	107,616,710	33	102,740,926
	34	Total liabilities and net assets/fund balances	119,040,759	34	113,996,605

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,122,947
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,233,409
3	Revenue less expenses Subtract line 2 from line 1	3	1,889,538
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	107,616,710
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,765,322
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	102,740,926

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,849,975	4,289,206	6,310,194	4,687,349	4,102,708	29,239,432
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	9,849,975	4,289,206	6,310,194	4,687,349	4,102,708	29,239,432
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						29,239,432

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,849,975	4,289,206	6,310,194	4,687,349	4,102,708	29,239,432
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,152,670	3,399,428	2,250,376	2,137,098	2,638,156	13,577,728
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						42,817,160

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	68 290 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	67 060 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 38-6114135
Name: COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,093,856 including grants of $ 831,422) (Revenue $)

MUSKEGON DEVELOPMENT AND DOWNTOWN RE-DEVELOPMENT, ENVIRONMENT, EMERGING COMMUNITY NEEDS

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	189	
2	Aggregate contributions to (during year)	2,286,591	
3	Aggregate grants from (during year)	1,034,826	
4	Aggregate value at end of year	14,978,735	

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? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☑ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the 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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	8,664,671	7,823,753	6,378,921	9,730,297	
b Contributions	390,535	141,901	193,642	76,760	
c Investment earnings or losses	-381,792	994,991	1,556,829	-2,813,513	
d Grants or scholarships	527,360	-295,974	-305,639	-678,480	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,146,054	8,664,671	7,823,753	6,315,064	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,281,000		1,281,000
b Buildings		10,784,068	5,339,540	5,444,528
c Leasehold improvements				
d Equipment		1,967,663	1,514,689	452,974
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,178,502

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CHARITABLE GIFT ANNUITIES	1,142,415
LIFE INSURANCE	15,717
FUNDS HELD AS AGENCY ENDOWMENTS	8,146,054
LIABILITY FOR FUNDS HELD AS COMMUNITY SERVICE	1,882,110
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,186,296

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,122,947
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,233,409
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,889,538
4	Net unrealized gains (losses) on investments	4	-6,187,420
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-577,902
9	Total adjustments (net) Add lines 4 - 8	9	-6,765,322
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,875,784

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	1,165,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-6,187,920		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-115,256		
e	Add lines **2a** through **2d**			2e	-6,303,176
3	Subtract line **2e** from line **1**			3	7,468,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,654,580		
c	Add lines **4a** and **4b**			4c	1,654,580
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,122,947

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

1	Total expenses and losses per audited financial statements			1	6,417,142
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	364,049		
e	Add lines **2a** through **2d**			2e	364,049
3	Subtract line **2e** from line **1**			3	6,053,093
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,180,316		
c	Add lines **4a** and **4b**			4c	1,180,316
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,233,409

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COMMUNITY FOUNDATION FOR MUSKEGON COUNTY AND THE PAUL C JOHNSON FOUNDATION ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE ALSO EXEMPT FROM SIMILAR STATE AND LOCAL TAXES ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" SEEKS TO REDUCE THE SIGNIFICANT DIVERSITY IN PRACTICE ASSOCIATED WITH FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT IN ACCOUNTING FOR INCOME TAXES AND PRESCRIBES THE RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR DISCLOSURES OF TAX POSITIONS PREVIOUSLY TAKEN OR EXPECTED TO BE TAKEN ON AN INCOME TAX RETURN NOT-FOR-PROFIT ENTITIES ARE ALSO WITHIN THE SCOPE OF ASC TOPIC 740 AN ENTITY MUST CONSIDER WHETHER IT HAS ENGAGED IN ACTIVITIES THAT JEOPARDIZE ITS CURRENT TAX EXEMPT STATUS WITH THE INTERNAL REVENUE SERVICE FURTHERMORE, THE ENTITY MUST DETERMINE WHETHER IT HAS ANY UNRELATED BUSINESS INCOME, WHICH MAY BE SUBJECT TO US FEDERAL INCOME TAX AND MICHIGAN BUSINESS TAX THE ORGANIZATIONS ANALYZED THEIR FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE THEY ARE REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS THE ORGANIZATIONS HAVE ALSO ELECTED TO RETAIN THEIR EXISTING ACCOUNTING POLICIES WITH RESPECT TO THE TREATMENT OF INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND CONTINUE TO REFLECT ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF THEIR MANAGEMENT AND GENERAL EXPENSES THE CONTINUED APPLICATION OF ASC TOPIC 740 HAS NO SIGNIFICANT IMPACT ON THE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS THE ORGANIZATIONS HAVE EVALUATED THE PROVISIONS OF ASC TOPIC 740 FOR THE YEARS 2008 THROUGH 2011, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER 31, 2011 THE ORGANIZATIONS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATIONS' COMBINED FINANCIAL STATEMENTS THE ORGANIZATIONS DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E G TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS THE ORGANIZATIONS DO NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTB AT DECEMBER 31, 2011 AND 2010, AND THEY ARE NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		COMMUNITY SERVICES YEAR END NET ASSET CHANGE - 577,902
PART XII, LINE 2D - OTHER ADJUSTMENTS		REVENUES OF THE PAUL C JOHNSON FOUNDATION #38-2919769 SEPARATELY REPORTED -115,256
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES IN NET RENTALS - WESTERN AVENUE PROPERTIES -103,638 COMMUNITY SERVICES GIFTS & CONTRIBUTIONS 1,758,218
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF THE PAUL C JOHNSON FOUNDATION #38-2919769 SEPARATELY REPORTED 260,411 RENTAL EXPENSES - WESTERN AVENUE PROPERTIES 103,638
PART XIII, LINE 4B - OTHER ADJUSTMENTS		COMMUNITY SERVICES GRANTS AND NET EXPENSES 1,180,316

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	655	489,050			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-6114135
Name: COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR ECONOMIC SUCCESS1361 US 31 SOUTH MANISTEE,MI 49660	20-8656518		92,939				HISTORIC VOGUE THEATRE OF MANISTEE, PORTAGE LAKE WATERSHED, ONEKEMA TOWNSHIP PROJECT
AMERICAN RED CROSS313 W WEBSTER MUSKEGON,MI 49440	38-1577280		25,738				THE CHANGE A LIFE PROJECT, GENERAL OPERATING SUPPORT, MEDICAL TRANSPORTATION SERVICE FOR LOW-INCOME SENIORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTS COUNCIL OF WHITE LAKE8695 FERRY STREET MONTAGUE,MI 49437	38-2614596		6,120				THE PERFORMING ARTS INITIATIVE, SUPPORT "IT'S A STRING THING" SUMMER MUSIC CAMP
BETHANY CHRISTIAN SERVICES901 EASTERN BLVD NE GRAND RAPIDS, MI 49501			7,500				TO SUPPORT THE SAFE FAMILIES FOR CHILDREN PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALVARY CHRISTIAN SCHOOLS5873 KENDRA FRUITPORT,MI 49415			8,384				2011-2012 TMG ROUND 1, SUPPORT STUDENT SCHOLARHIPS, OPERATING COSTS
CATHOLIC CHARITIES WEST MICHIGAN1095 THIRD ST STE 125 MUSKEGON,MI 49441	38-3012473		5,550				TO SUPPORT THE TEEN PARENT PROGRAM, GENERAL OPERATING SUPPORT, LOAVES AND FISHES FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD ABUSE COUNCIL OF MUSKEGON1781 PECK STREET SUITE 1 MUSKEGON, MI 49441	38-2195091		12,260				GENERAL OPERATING SUPPORT, TRAINING MATERIAL FOR VOLUNTEERS, EDUCATIONAL VIDEO FOR PARENTS
CITY OF MANISTEEP O BOX 358 MANISTEE, MI 49660			15,485				THE PURPOSE OF IMPROVEMENTS TO THE VETERANS MEMORIAL PARK, COMMUNITY IMPROVEMENTS, GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF MUSKEGONPO BOX 536 MUSKEGON, MI 49443	38-6004522		94,695				THE MONET GARDEN, SUMMER YOUTH PROGRAM, LIFE RINGS, INSTALLATION OF CHARGING STATIONS , SMART ZONE PROPERTY DEBT PAYMENT
CITY OF WHITEHALL405 E COLBY WHITEHALL, MI 49461	38-6004748		5,000				SUPPORT OF HOWMET THEATRE OPERATIONS, BUILDING RENOVATION AND IMPROVEMENTS WHITE LAKE AREA CHAMBER OF COMMERCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COALITION FOR COMMUNITY DEVELOPMENT348 CROSS AVENUE MUSKEGON, MI 49442	75-3204979		7,500				TO SUPPORT THE MLD SUMMER LEARNING PROGRAM, MLK SUMMER PROGRAM, LIBRARY SERVICES TO STUDENTS OF MHPS, STRENGTHENING OUR FAMILIES PROGRAM
COMMUNITY ENCOMPASS1105 TERRACE ST MUSKEGON, MI 49442	38-3279226		11,625				TO SUPPORT A YOUTH ENGAGEMENT AND VIOLENCE PROGRAM IN MCLAUGHLIN AND NELSON NEIGHBORHOODS, GENERAL OPERATING SUPPORT, SUMMER YOUTH EMPLOYMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNTY OF MASON304 E LUDINGTON AVENUE LUDINGTON, MI 49431			38,000				ROOF REPLACEMENT
COUNTY OF MUSKEGON173 E APPLE AVE 104 MUSKEGON, MI 49442			62,093				TO PAY INVOICES FOR THE HOT ROD POWER TOUR EVENT, MUSKEGON COUNTY FLUORIDATION SCHOLARSHIPS, FIVE ADDITIONAL CONTROLLED MEDICATION DROP BOXES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COVE (COMMUNITIES OVERCOMING VIOLENT ENCOUNTERS)906 E LUDINGTON AVENUE LUDINGTON, MI 49431	38-2243550		100,301				BUILDING FUND, WOMEN'S DV SHELTER - TOYS FOR CHILDREN/PRESENTS FOR MOMS - SUPPORT GROUP, GENERAL OPERATING
DISABILITY CONNECTION27 E CLAY AVENUE MUSKEGON, MI 49442	38-3476797		10,000				TO MAKE STEARNS BEACH ACCESSIBLE TO EVERYONE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DISABLED AMERICAN VETERANS CHAPTER 433374 CHIPPEWA HWY MANISTEE,MI 49660	38-6104441		14,000				IN SUPPORT OF PURCHASING A NEW VAN FOR THE PROGRAM
DUCKS UNLIMITED INC1220 EISENHOWER PLACE ANN ARBOR,MI 481083281	13-5643799		24,635				TO COVER YOUR TOTAL ESTIMATE OF THE COST TO PROVIDE BOTH FULL-SITE TOPOGRAPHIC AND BATHYMETRIC SURVEY OF THE FLATS AND THE CONCEPTUAL ENGINEERING DESIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST MUSKEGON LITTLE LEAGUE 1812 KREGLE MUSKEGON, MI 49442	38-2306776		9,800				TO SUPPORT BUILDING A HANDICAP ACCESSIBLE BASEBALL FIELD AT SHELDON PARK IN MUSKEGON
EVERY WOMAN'S PLACE1221 LAKETON AVE MUSKEGON, MI 49441	38-2072675		21,558				IMPROVEMENTS TO LAKETON FACILITY, GIRLS ON THE RUN PROGRAM, COUNSELING SERVICES, IMPACT PROGRAM, SUPPORT ADDITIONAL HOURS OF RECREATIONAL ACTIVITIES AT SMITH RYERSON CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY PROMISE OF MUSKEGON COUNTY1635 KREGEL AVENUE MUSKEGON, MI 49442	26-2655248		11,900				GENERAL OPERATING SUPPORT AND PURCHASE OF NEW ROLL-AWAY BEDS
FIRST BAPTIST CHURCH OF MUSKEGON1070 S QUARTERLINE ROAD MUSKEGON, MI 49442	38-6007963		5,000				MISSION WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST CHRISTIAN REFORMED CHURCH 1450 CATHERINE MUSKEGON,MI 49442	38-1367308		23,000				NEW CARPETING
FIRST CONGREGATIONAL CHURCH1201 JEFFERSON MUSKEGON,MI 494412089	38-1363563		33,677				TO SUPPORT THE SATURDAY MORNING BREAKFAST PROGRAM, GENERAL OPERATING SUPPORT, ADULT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST PRESBYTERIAN CHURCH2577 WICKHAM DRIVE MUSKEGON,MI 49441	38-2363598		5,750				GENERAL OPERATING SUPPORT
FOREST PARK COVENANT CHURCH3815 HENRY STREET MUSKEGON,MI 49441	38-1415399		5,550				TO SUPPORT AN EIGHT-MONTH TEACHING MISSION ASSIGNMENT TO GHANA, MOBILE KEYBOARD AND BASS GUITAR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR MUSKEGON COMMUNITY COLLEGE221 S QUARTERLINE MUSKEGON, MI 49442	38-2363598		51,687				PLANETARIUM "REACH FOR THE STARS", PLANETARIUM PROJECT, EXPENSES OF THE CLASSES OF 1947-49 ALUMNI DINNER, AND A DONATION OF $45,000 FOR THE CARR-FLES PLANETARIUM RENOVATIONS
FRIENDS OF WALKER MEMORIAL LIBRARY INC1522 RUDDIMAN N MUSKEGON, MI 49445	03-0554541		6,500				GENERAL OPERATING SUPPORT, GREAT PAST FANTASTIC FUTURE CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRL SCOUTS OF MICHIGAN SHORE TO SHORE COUNCIL3275 WALKER AVENUE NW GRAND RAPIDS, MI 49544	38-1366924		5,680				GENERAL OPERATING SUPPORT, AMAZING JOURNEY PROGRAM
GOODWILL INDUSTRIES OF WEST MICHIGAN INC271 E APPLE AVENUE MUSKEGON, MI 49442	38-1357148		90,750				THE TRANSITIONAL HOUSING AND EMPLOYMENT SERVICES PROGRAM, PROGRAM DEVELOPMENT EXPENSES, VITA-FREE TAX PREPARATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GRAND VALLEY STATE ANNIS WATER RESOURCE INSTITUTE740 W SHORELINE DRIVE MUSKEGON, MI 49441	38-1684280		218,180				THE FINAL PAYMENT OF THE ANNIS WATER RESOURCE INSTITUTE POSTDOCTORAL RESEARCH, DOCTORAL RESEARCH PROGRAM, PRODUCE THE SUMMARY OF USE REPORT FOR THE 2011 SEASON ONBOARD THE W G JACKSON
HABITAT FOR HUMANITY OF MASON COUNTY 3408 WEST US 10 LUDINGTON, MI 49431	38-3027383		11,950				TO ASSIST FINANCIALLY IN THE BUILDING OF A HABITAT HOME, GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HACKLEY COMMUNITY CARE CENTER2700 BAKER STREET 3RD FLOOR MUSKEGON, MI 49444	38-3014011		8,000				USE IN PROVIDING UNINSURED CHILDREN DENTAL SUPPLIES AND SERVICES
HACKLEY PUBLIC LIBRARY316 W WEBSTER AVENUE MUSKEGON, MI 49440			56,545				CAPITAL CAMPAIGN EXPENSES, BUILDING OF CHARACTER CAMPAIGN, GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HANDS EXTENDED LOVING PEOPLE (HELP)PO BOX 97 LUDINGTON, MI 49431	38-3395360		10,250				TO SUPPORT BEDS FOR THE NEEDY, SUPPLY ECONOMICALLY DISADVANTAGED FAMILIES WITH MAJOR APPLIANCES, GENERAL OPERATING SUPPORT
HARBOR HOSPICE 1050 W WESTERN AVE STE 400 MUSKEGON, MI 49441	38-2415247		39,662				TWO MAXISLIDES TO USE FOR PATIENT TRANSFER - ONE FOR POPPEN HOUSE AND ONE FOR HOMECARE, PATIENT CARE COSTS NOT COVERED, GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HARBOR UNITARIAN UNIVERSALIST CONGREGATION 1296 MONTGOMERY AVE MUSKEGON, MI 49441			5,950				GENERAL OPERATING SUPPORT
HEART OF THE BRIDE MINISTRIES INCPO BOX 786 NICEVILLE, FL 32588	74-2848196		5,000				THE NOW CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HUME HOME1244 W SOUTHERN AVENUE MUSKEGON, MI 49441	38-1387881		7,500				GENERAL OPERATING SUPPORT THIS IS THE 2ND OF 4 QUARTERLY PAYMENTS
LAKESHORE MUSEUM CENTER 430 W CLAY MUSKEGON, MI 49440	38-1367319		13,880				GENERAL OPERATING SUPPORT, HILTS LANDING VISITOR CENTER AND FARMHOUSE, INTERNS, FENCING, TIMELINE PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LAND CONSERVANCY OF WEST MICHIGAN 1345 MONROE AVE NW STE 324 GRAND RAPIDS,MI 49505	38-2363129		32,167				GENERAL OPERATING SUPPORT, SAUGATUCK HARBOR NATURAL AREA, CHALLENGE FUND
LEBANON LUTHERAN CHURCH 1101 S MEARS AVENUE WHITEHALL,MI 49461	38-6066217		14,175				TO SUPPORT THE WHITE LAKE FOOD PANTRY, GENERAL OPERATING FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOVE INC OF MUSKEGON COUNTY2735 E APPLE SUITE A MUSKEGON, MI 49442	38-2450507		11,500				TO SUPPORT EMERGENCY NEEDS ASSISTANCE TO LOW-INCOME CITY OF MUSKEGON RESIDENTS, GENERAL OPERATING
LUDINGTON AREA ARTS COUNCIL107 S HARRISON LUDINGTON, MI 494312109	42-1625326		11,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LUDINGTON AREA SCHOOLS809 E TINKHAM AVENUE LUDINGTON, MI 49431	38-6002612		5,838				2011-2012 TMG, JUMP START STAY SMART PROGRAM
LUDINGTON PETUNIA PARADE PO BOX 5 LUDINGTON, MI 49431			20,000				TO SUPPORT THE 2011 LUDINGTON PETUNIA PARADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MAISD630 HARVEY STREET MUSKEGON, MI 49442	38- 1717461		6,059				2010-2012 TMG, UP FROM THE BOTTOMS CURRICULM, WM SCIENCE CHALLENGE, REAL SCIENCE PROGRAM
MASON COUNTY DISTRICT LIBRARY 217 E LUDINGTON AVENUE LUDINGTON, MI 49431	38- 3199023		51,719				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MASON COUNTY HISTORICAL SOCIETY INC1687 S LAKESHORE DRIVE LUDINGTON,MI 49431	38-1689000		5,000				TO ENHANCE LUMBERING ERA COLLECTIONS
MASON-LAKE-OCEANA INTERMEDIATE SCHOOL DISTRICT 2130 WEST US 10 LUDINGTON,MI 49431			9,000				TO PROVIDE SCIENCE EDUCATION TO STUDENTS IN GRADES K-6

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MEMORIAL MEDICAL CENTER ONE ATKINSON DR LUDINGTON, MI 49431	38-1359266		5,000				THE MILAN & DOROTHY REED DONATION TO THE FOUNDER'S SOCIETY
MERCY HEALTH PARTNERS1500 E SHERMAN BLVD MUSKEGON, MI 49443	38-2589966		245,700				GENERAL OPERATING SUPPORT, JOHNSON FAMILY CANCER CENTER, MHP "THE RIDE"

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONA LAKE WATERSHED COUNCILPO BOX 4072 MUSKEGON HTS, MI 49444	20-0306245		19,000				CONTINUED WEB DEVELOPMENT, APPRAISAL OF THE CELERY FLATS PROPERTIES
MUSKEGON CHRISTIAN SCHOOL1220 EASTGATE STREET MUSKEGON,MI 49442			5,000				TO SUPPORT A COMMUNITY-WIDE HISPANIC SERVICES CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON CIVIC THEATRE425 W WESTERN SUITE 401 MUSKEGON,MI 49440	38-2335336		14,199				GENERAL OPERATING SUPPORT, HOW I BECAME A PIRATE PRODUCTION, PROOF PRODUCTION
MUSKEGON COMMUNITY COLLEGE221 S QUARTERLINE RD MUSKEGON,MI 49442	38-1212800		9,170				GENERAL OPERATING SUPPORT, UPWARD BOUND PROGRAM, MUSKEGON COUNTY VOTER EDUCATION FORUM, ARTS & HUMANITIES FESTIVAL, STEINWAY PIANO RESTORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON COMMUNITY CONCERT ASSOCIATIONP O BOX 1544 MUSKEGON, MI 49443	38-2812739		7,010				STUDENT CONCERTS, GENERAL OPERATING SUPPORT
MUSKEGON COMMUNITY HEALTH PROJECT 565 WEST WESTERN AVE MUSKEGON, MI 49440	91-1932918		33,220				GENERAL OPERATING SUPPORT FOR THE LAKESHORE LUNG PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON CONSERVATION DISTRICT940 N VAN EYCK ST MUSKEGON,MI 494423130	38-2333068		5,840				TO SUPPORT THE "BUY A BUNDLE" INITIATIVE, PORTABLE RECYCLING CONTAINERS FOR MUSKEGON COUNTY FESTIVALS
MUSKEGON FAMILY YMCA900 W WESTERN AVE MUSKEGON,MI 49441	38-2000172		134,864				THE STRONG KIDS CAMPAIGN, PURCHASE OF ROTARY PARK PROPERTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON HEIGHTS PUBLIC SCHOOLS2603 LEAHY MUSKEGON HTS, MI 49444			7,686				2011-2012 TMG AND THE COST OF A SERIES 8000 GUN PRACTICE MACHINE WITH PRINTER, SHOT TRAACKER AND STORAGE COVER, WITH COLORS/LOGO CUSTOMIZED FOR YOUR TIGERS, INCLUDING SHIPPING
MUSKEGON MUSEUM OF ART 296 W WEBSTER MUSKEGON, MI 49440	38-6002960		276,246				CENTENNIAL FUND AND PROJECTS, EXHIBITIONS, ACQUISITIONS OF WORKS OF ART, CONSTRUCTION OF THE TUTTLE GALLERY, ANNIVERSARY GALA, GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON NORTHSIDE LIONS CHARITIES INC166 ELM COURT MUSKEGON, MI 49445	38-3532091		12,805				ELECTRICAL SERVICES AT VETS PARK
MUSKEGON OCEANA COMMUNITY ACTION PARTNERSHIP INC 1170 W SOUTHERN AVENUE MUSKEGON, MI 49441	38-1802280		5,500				TO SUPPORT EMPLOYMENT OPPORTUNITIES FOR FOUR TO EIGHT YOUTH THROUGH MOCAP'S YEAR-LONG EMPLOYMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON PUBLIC SCHOOLS349 W WEBSTER MUSKEGON, MI 494401275	38-6002960		123,485				EDUCATION FUND PROJECTS, POPPEN SCHOLARSHIPS, TEACHER REIMBURSEMENTS, NATIONAL HONOR SOCIETY MEDALLIONS, BOOKS, FIELD TRIP EXPENSES, SCHOLARSHIPS
MUSKEGON RESCUE MISSION 1691 PECK STREET MUSKEGON, MI 49441	38-3525239		15,263				TO SUPPORT THE WOMEN'S DISCIPLESHIP PROGRAM, NEW BEDS, BUILDING CAMPAIGN, GENERAL OPERATING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MUSKEGON SPORTS COUNCIL PO BOX 5085 MUSKEGON, MI 49445	38-2639291		5,000				TO SUPPORT THE MUSKEGON ECO-ADVENTURES DAY CAMP AT THE MUSKEGON STATE PARK
NEW ERA CHRISTIAN SCHOOL1901 S OAK AVENUE NEW ERA, MI 49446	38-1547024		11,058				TO SUPPORT SERVICES FROM CHRISTIAN LEARNING CENTER IN GRAND RAPIDS FOR THE SECOND QUARTER OF THE 2010-2011 SCHOOL YEAR, OPERATION OF A SOUND SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PATHWAYS MI INC 1760 WELLS AVE MUSKEGON, MI 49442	38-2118103		5,000				TO SUPPORT THE CHILD CARE QUALITY INITIATIVE
PIONEER RESOURCES1145 E WESLEY MUSKEGON, MI 49442	38-1367329		9,700				THANK YOU FOR LETTING US USE YOUR BUS FOR OUR STAFF RETREAT, PIONEER TRAILS MAKEOVER, SUMMER CAMPS FOR MUSKEGON RESIDENTS WITH DISABILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443	41- 2176728		5,050				GENERAL OPERATING SUPPORT, COMPUTER AND SOFTWARD
SALVATION ARMY 1221 SHONAT MUSKEGON, MI 49442	38- 2699000		11,020				GENERAL OPERATING SUPPORT, SUPPORT PERSONAL NEEDS PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SANDCASTLES CHILDREN'S MUSEUM1421 N WOODED LAKE DR LUDINGTON,MI 49431	35-2340348		63,845				MONEY DOWN ON NEW BUILDING AND FOR RENOVATION COSTS, CAPITAL CAMPAIGN
SENIOR RESOURCES OF WEST MICHIGAN 560 SEMINOLE RD MUSKEGON,MI 49444	38-2048765		127,638				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SHORELINE CYCLING CLUB 6984 PARTRIDGE CIRCLE LUDINGTON,MI 49431	27-0619872		14,745				TO COVER THE EXPENSE OF FUEL TO RUN THE STUMP GRINDER AND TO PURCHASE TRAIL MARKETING MATERIALS AND BUILDING SUPPLIES FOR SIGNAGE, DEPOSIT AND SKI GROOMING EQUIPMENT
SOUTHSIDE VINEYARD CHRISTIAN FELLOWSHIP1040 26TH STREET SW GRAND RAPIDS,MI 49509	38-2904463		14,400				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ST CATHERINE'S CHURCH3376 THOMAS STREET RAVENNA,MI 49451			10,000				GENERAL OPERATING SUPPORT
ST JAMES CATHOLIC CHURCH 5179 DOWLING MONTAGUE,MI 49437			10,500				TO SUPPORT THE WHITE LAKE GIVING TREE PROGRAM, CATHOLIC EDUCATION MATERIALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ST PAUL'S EPISCOPAL CHURCH1006 3RD STREET MUSKEGON, MI 49440	38-1568900		261,990				THE REPLACEMENT OF CHURCH ROOF, ADDITION TO PROMISSORY NOTE, GENERAL OPERATING
ST SIMON'S ROMAN CATHOLIC CHURCH702 E BRYANT STREET LUDINGTON, MI 49431			5,700				THE FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TAHQUAMENON EDUCATION FOUNDATIONPO BOX 482 NEWBERRY, MI 49868	38-2744932		5,000				GRADUATES OF NEWBERRY HIGH SCHOOL TO PURSUE TECHNICAL DEGREES AT MICHIGAN TECH (USE SPECIAL WORDING FOR LETTER)
TEMPLE B'NAI ISRAEL391 W WEBSTER AT FOURTH ST MUSKEGON, MI 49440	38-1549121		15,000				GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEMPLE UNITED METHODIST CHURCH2500 JEFFERSON MUSKEGON HTS, MI 49444			7,930				TO SUPPORT THE PATHFINDERS PROGRAM, SUPPORT THE SOS SEMINAR ON SURVIVAL
THE HOPE PROJECT INC1887 HOLTON RD SUITE D BOX 170 N MUSKEGON,MI 49445			5,000				TO SUPPORT TRAUMA COUNSELING AT HOPE VILLAGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE UNIVERSITY OF MICHIGAN DEPARTMENT OF CHEMISTRY 930 N UNIVERSITY ANN ARBOR, MI 48109			10,000				THE MEYERHOFF LAB TO BE USED AT YOUR DISCRETION
UNITED WAY OF THE LAKESHOREP O BOX 207 MUSKEGON, MI 494430207	38-1426895		101,383				TO BE APPLIED TO THE CREATION OF THE NEW HUMAN SERVICES CENTER AT 31 EAST CLAY IN DOWNTOWN MUSKEGON, GENERAL OPERATING SUPPORT, LIGHTS ON AFTERSCHOOL, CAPITAL FUND DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MICHIGAN2011 STUDENT ACTIV BLDG-1316 ANN ARBOR,MI 481091382			224,500				THE OVERBERGER FUND, NONNA HAMILTON FUND, RAOUL WALLENBERG ENDOWMENT, ACADEMIC FREEDOM LECTURE FUND
VILLAGE OF FRUITPORT288 S THIRD AVENUE FRUITPORT,MI 49415			5,400				FRUITPORT "WAYSIDES" AND CEMETERY SIGN, SUPPORT OF FRUITPORT VETERAN'S PARK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUNTEER CENTER OF WEST MICHIGAN880 JEFFERSON SUITE A MUSKEGON, MI 49440	38-3030970		10,740				GENERAL OPERATING SUPPORT
WAYNE STATE UNIVERSITY540 CANFIELD-RM 1374 DETROIT, MI 48201	38-6028429		25,000				FOR THE KRESGE EYE INSTITUTE DISCRETIONARY FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAYPOINT ACADEMY2900 APPLE AVENUE MUSKEGON, MI 49442			69,500				GENERAL OPERATING SUPPORT
WE CAN DO THIS COMPANY415 S DIVISION STREET WHITEHALL, MI 49461			10,000				TO SUPPORT THE RELOCATION, RESTORATION AND INSTALLATION OF NEW WINDOWS AND A ROOF ON THE MEINHARDI BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST MICHIGAN FAIR ASSOCIATION PO BOX 404 502 N WILLIAM STREET LUDINGTON, MI 49431	38-1849651		10,000				TO SUPPORT GRANDSTAND ROOF PROJECT
WEST MICHIGAN FLIGHT ACADEMY PO BOX 7747 GRAND RAPIDS, MI 49510	36-4618249		7,000				TO SUPPORT THE YOUNG AVIATORS CLUB IN MUSKEGON COUNTY, WHICH EMPHASIZES MATH & SCIENCE CONCEPTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST MICHIGAN SHORELINE REGIONAL DEV COMMISSION316 MORRIS AVENUE SUITE 340 MUSKEGON, MI 494430387			24,000				FOR PROGRAM ACTIVITIES OF THE MUSKEGON WATERSHED PARTNERSHIP
WEST MICHIGAN STRATEGIC ALLIANCEP O BOX 68046 GRAND RAPIDS, MI 495168046	38-3551109		5,000				WEST MICHIGAN INTERNSHIP INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST MICHIGAN SYMPHONY425 W WESTERN AVE STE 409 MUSKEGON, MI 49440	38-6092131		48,318				TO SUPPORT ONGOING PROGRAMS, GENERAL OPERATING SUPPORT, CONCERT SERIES, VIBRAPHONE PURCHASE, WSYS MEMBERS GRANTS
WEST MICHIGAN THERAPY1823 COMMERCE ST MUSKEGON, MI 49442	38-2573356		20,500				TO SUPPORT THE YOUTH RISE PROGRAM WHICH INCLUDES PARTICIPATION IN THE AMERICAN YOUTH BASKETBALL TOUR, COMMERCE STREET CENTER, MILLION QUARTERS DRIVE, GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST SHORE COMMUNITY COLLEGE FOUNDATION3000 N STILES ROAD BOX 277 SCOTTVILLE,MI 49454	23-7128810		9,232				THE MAJOR GIFTS CAMPAIGN, NEEDY STUDENTS, DIRECTORS CIRCLE
WESTERN MICHIGAN CHRISTIAN HIGH SCHOOL455 E ELLIS RD MUSKEGON,MI 49441	38-3488222		8,995				GENERAL OPERATING SUPPORT,TO SUPPORT FAMILIES THAT CANNOT PAY THE FULL TUITION COST, SCHOLARSHIP SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTERN MICHIGAN FAIR ASSOCIATIONPO BOX 153 SCOTTVILLE,MI 49454	38-1849651		20,000				THE PURCHASE OF STEEL FOR THE GRANDSTAND ROOF AT THE MASON COUNTY FAIRGROUNDS
WHITE LAKE COMMUNITY LIBRARY3900 WHITE LAKE DRIVE WHITEHALL,MI 49461	38-3469904		8,115				TO SUPPORT THE PURCHASE OF NEEDED TECHNOLOGY EQUIPMENT AND WIRING IN THE COMMUNITY MEETING ROOM AND TO UPGRADE PUBLIC AND STAFF COMPUTERS, MURAL PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITEHALL DISTRICT SCHOOLS541 SLOCUM STREET WHITEHALL,MI 49461			127,688				TEACHER AND STUDENT AWARDS, GENERAL OPERATING SUPPORT FOR MUSKEGON OPPORTUNITY
WHITEHALL EDUCATION FOUNDATION813 SLOCUM STREET WHITEHALL,MI 49461	38-2503241		5,777				TO SUPPORT 2010 SCHOLARSHIPS OF $5,000 AND $777 IN TEACHER MINI GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITEHALL TOWNSHIP7644 DURHAM WHITEHALL,MI 49461			15,000				TO SUPPORT THE PURCHASE OF THE HILT'S LANDING PROPERTY FROM THE COUNTY OF MUSKEGON

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	12	1,247,838	CLOSING AT DATE OF GIFT
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				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
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?	30a		No
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?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
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			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S STAFF AND CIRCULATED IN DRAFT FORM TO DIRECTORS FOR COMMENT
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND TOP MANAGEMENT ANNUALLY COMPLETE CONFLICT OF INTEREST QUESTIONNAIRES WHICH ARE REVIEWED BY THE CHAIRMAN FOR COMPLIANCE WITH FOUNDATION POLICY
	FORM 990, PART VI, SECTION B, LINE 15	THE PERSONNEL COMMITTEE CONSISTING OF FOUNDATION TRUSTEES ANNUALLY REVIEWS THE WAGES OF ALL EMPLOYEES UTILIZING COMPARABILITY DATA FROM THIRD PARTY SOURCES FOR PURPOSES OF RECOMMENDING TO THE BOARD ANY COMPENSATION ADJUSTMENTS
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST REGARDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGANIZATION
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,187,420 COMMUNITY SERVICES YEAR END NET ASSET CHANGE -577,902 TOTAL TO FORM 990, PART XI, LINE 5 -6,765,322
RESPONSIBILITY FOR AUDIT OVERSIGHT	PART XI, LINE 2C	THE AUDIT COMMITTEE OF THE FOUNDATION IS RESPONSIBLE FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND REVIEW OF THE AUDITORS' REPORT, MEETING AS NECESSARY DURING THE YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR MUSKEGON COUNTY

Employer identification number
38-6114135

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MORRIS STREET LLC 425 W WESTERN AVENUE SUITE 200 MUSKEGON, MI 49440	REAL PROPERTY OWNERSHIP	MI	0	1,150,273	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) DOWNTOWN MUSKEGON DEVELOPMENT CORPORATION 425 W WESTERN AVENUE SUITE 200 MUSKEGON, MI 494401101 36-4505998	SALE OF DOWNTOWN MUSKEGON, MI PARCELS FOR REDEVELOPMENT OF CITY CORE	MI		C	223	592,568	34 920 %

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

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MORRIS STREET LLC	A		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	